

119TH CONGRESS
2D SESSION

H. R. 9696

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

IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2026

Mr. BEYER (for himself, Mr. VAN DREW, 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 “Saving Lives and Re-
5 ducing Health Care Waste by Improving Diagnosis in
6 Medicine Act”.

7 **SEC. 2. FINDINGS AND PURPOSE.**

8 Congress finds that diagnostic error is a leading
9 cause of preventable harm and waste in the United States
10 health system, and the modernization of diagnostic safety

1 and quality infrastructure, through applied research, data
2 science, patient engagement, and systems learning, is nec-
3 essary to improve outcomes and reduce costs.

4 **SEC. 3. RESEARCH AND QUALITY IMPROVEMENT PRO-**
5 **GRAM.**

6 Part B of title IX of the Public Health Service Act
7 (42 U.S.C. 299b et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 918. RESEARCH AND QUALITY IMPROVEMENT PRO-**
10 **GRAM.**

11 “(a) IN GENERAL.—The Director shall establish a
12 comprehensive program of patient-centered research and
13 quality improvement to—

14 “(1) assess and understand diagnostic errors,
15 including diagnostic delays, and how to eliminate
16 common failures in the diagnostic process that lead
17 to significant patient harm; and

18 “(2) identify, develop, implement, and dissemi-
19 nate evidence-based strategies and best practices for
20 improving diagnostic quality, safety, timeliness, and
21 eliminating health care waste resulting from diag-
22 nostic errors and delays.

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

1 “(1) CONTINUUM OF RESEARCH.—A portfolio
2 of conducted and supported activities that is con-
3 sistent with the research, implementation, and dis-
4 semination activities of the Center for Quality Im-
5 provement and Patient Safety of the Agency for
6 Healthcare Research and Quality, including—

7 “(A) research to assess diagnostic errors
8 and identify improved methods to prevent er-
9 rors and the harm errors cause;

10 “(B) translation and synthesis of research
11 findings and development of tools for imple-
12 menting prevention strategies into practice;

13 “(C) implementation research to refine evi-
14 dence-based tools for improving diagnostic proc-
15 esses and effectively integrate these solutions
16 into practice; and

17 “(D) collaboration with stakeholders across
18 the health care community to disseminate and
19 promote implementation of effective methods,
20 strategies, and tools for wide-scale improve-
21 ment, including identifying where digital- and
22 artificial intelligence-enabled tools could be ben-
23 eficial, measure and assess diagnostic safety,
24 accuracy, and timeliness, and assess the impact
25 of improvement on wasteful spending.

1 “(2) RESEARCH CENTERS OF DIAGNOSTIC EX-
2 CELLENCE.—Consistent with section 911(b), the
3 health care improvement research centers described
4 in such section shall link research directly with clin-
5 ical practice in geographically diverse locations
6 throughout the United States, and may include—

7 “(A) academic medical and institutional re-
8 search centers that combine demonstrated mul-
9 tidisciplinary expertise in diagnostic outcomes
10 or quality improvement research with linkages
11 directly or through national, State, or local
12 stakeholder partner organizations to relevant
13 sites of care; and

14 “(B) provider-based research networks, in-
15 cluding plan, facility, or delivery system sites of
16 care (especially primary care), that can evaluate
17 outcomes and evaluate and promote quality im-
18 provement approaches.

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

24 “(4) ADVISORY COMMITTEE.—

1 “(A) ESTABLISHMENT.—The Director
2 shall establish a multi-stakeholder advisory
3 committee, with members that include patients,
4 family members with lived experience, and the
5 patient or consumer advocacy organizations
6 that represent such patients and family mem-
7 bers, to support the Director in the planning,
8 implementation, and evaluation of the program
9 under this section.

10 “(B) PURPOSE.—The committee estab-
11 lished under subparagraph (A) shall ensure that
12 the program under this section improves patient
13 outcomes by—

14 “(i) incorporating advances in data
15 science, artificial intelligence, and health
16 information technology to empower pa-
17 tients and families and strengthen sys-
18 tems-based approaches to improving diag-
19 nosis;

20 “(ii) integrating the lived experience
21 and the outcomes that matter most to pa-
22 tients and families as well as perspectives
23 of clinicians and health systems, to ensure
24 relevance and uptake in practice; and

1 “(iii) maintains a balanced research
2 portfolio that emphasizes scientific rigor,
3 patient-centeredness, and real world appli-
4 cability.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—

6 “(1) IN GENERAL.—To carry out this section,
7 there are authorized to be appropriated \$45,000,000
8 for each of fiscal years 2027 through 2031.

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

12 **SEC. 4. PATIENT SAFETY REPORTING AND LEARNING IN-**
13 **FRASTRUCTURE.**

14 (a) IN GENERAL.—Not later than 1 year after the
15 date of enactment of this Act, the Director of the Agency
16 for Healthcare Research and Quality shall develop and
17 submit to Congress a strategic plan to modernize Federal
18 approaches and establish mechanisms that enable pa-
19 tients, families, and caregivers to voluntarily report their
20 experiences of diagnostic error (as defined by the National
21 Academy of Medicine in the consensus study report titled
22 “Improving Diagnosis in Health Care 2015”) and other
23 patient-safety adverse events and near misses (as defined
24 in the Patient Safety Network primer titled “Adverse
25 Events, Near Misses, and Errors”, published on December

1 15, 2024) to a system that meets the requirements estab-
2 lished in subsection (c).

3 (b) RESTRICTIONS ON THE USE OF REPORTS.—

4 (1) IN GENERAL.—Notwithstanding any other
5 provision of law, reports collected under subsection
6 (a) shall not be admissible in civil or criminal pro-
7 ceedings, and shall be used solely for public health,
8 improvement, and learning purposes.

9 (2) CLARIFICATION.—Reporting under sub-
10 section (a) shall not preclude or affect the legal
11 rights of patients or family members or caregivers of
12 patients or remedies available to such parties.

13 (c) PURPOSES.—The strategic plan required under
14 subsection (a) shall—

15 (1) modernize Federal approaches to capturing
16 and using patient-reported safety information, in a
17 manner that—

18 (A) safeguards patient privacy;

19 (B) facilitates integration, as appropriate,
20 with existing data and learning systems within
21 the Department of Health and Human Services,
22 including the Agency for Healthcare Research
23 and Quality, the Centers for Medicare & Med-
24 icaid Services, the National Institutes of

1 Health, and the Advanced Research Projects
2 Agency for Health;

3 (C) considers the use of modern data-
4 science methods, including natural-language
5 processing and artificial intelligence, to enable
6 detection of diagnostic and other safety signals
7 from patient-reported data and narrative; and

8 (D) identifies opportunities to align such
9 reporting mechanisms with existing Federal pa-
10 tient-experience (such as Consumer Assessment
11 of Healthcare Providers and Systems), quality-
12 measurement, and safety programs to minimize
13 burden and maximize learning; and

14 (2) recommend a coordinated Federal approach
15 for piloting, evaluating, and scaling such reporting
16 mechanisms to support continuous improvement in
17 diagnostic safety and quality.

18 (d) CONSULTATION.—In developing the strategic
19 plan under subsection (a), the Director of the Agency for
20 Healthcare Research and Quality shall consult with the
21 Administrator of the Centers for Medicare & Medicaid
22 Services, the National Coordinator for Health Information
23 Technology, the Chief Data Officer of the Department of
24 Health and Human Services, and the Chief Artificial In-

1 telligence Officer of the Department of Health and
2 Human Services.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) IN GENERAL.—To carry out this section,
5 there are authorized to be appropriated \$20,000,000
6 for each of fiscal years 2027 through 2030.

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

10 **SEC. 5. FELLOWSHIPS AND TRAINING GRANTS.**

11 (a) RUTH KIRSCHSTEIN 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. 6. 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. 7. STANDARDIZED DATA FOR DIAGNOSIS RESEARCH**
11 **AND IMPROVEMENT.**

12 (a) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this section as the “Sec-
14 retary”) shall coordinate with relevant departmental com-
15 ponents to promote the standardization, interoperability,
16 and responsible use of key data elements to support diag-
17 nostic safety and quality research and improvement.

18 (b) CONSULTATION WITH EXPERT PANEL.—In car-
19 rying out subsection (a), the Secretary, in coordination
20 with the Director of the Agency for Healthcare Research
21 and Quality, the Administrator of the Centers for Medi-
22 care & Medicaid Services, the Director of the National Li-
23 brary of Medicine, the Chief Data Officer of the Depart-
24 ment of Health and Human Services, and the Chief Artifi-
25 cial Intelligence Officer of the Department of Health and
26 Human Services, shall convene an expert panel to consider

1 and make recommendations to the National Coordinator
2 for Health Information Technology regarding the specific
3 United States Core Data for Interoperability data ele-
4 ments and classes needed to accelerate diagnostic safety
5 and quality research, training, and quality improvement
6 including—

7 (1) the fidelity, interoperability, auditability,
8 and socio-technical aspects of electronic vocabularies
9 and ontologies related to presenting symptoms as
10 stated by patients, chief complaints of patients, and
11 the status of diagnosis (such as tentative, working,
12 or confirmed);

13 (2) the development and use of symptom-based
14 clinical registries; and

15 (3) enhanced data capabilities that are nec-
16 essary to support both research and improvement of
17 diagnostic safety and quality.

18 (c) REPORT.—The Secretary shall make available a
19 summary of the panel’s recommendations and planned ac-
20 tions to advance the integration of such recommended ele-
21 ments into the learning infrastructure for diagnostic safe-
22 ty and quality.

23 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
24 out this section, there are authorized to be appropriated

1 such sums as may be necessary for each of fiscal years
2 2027 through 2029, to remain available until expended.

3 **SEC. 8. INTERAGENCY COUNCIL ON IMPROVING DIAGNOSIS**
4 **IN HEALTH CARE.**

5 (a) ESTABLISHMENT.—The Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”) shall establish within the Office of the Secretary
8 an interagency council to be known as the Interagency
9 Council on Improving Diagnosis in Health Care (referred
10 to in this section as the “Council”).

11 (b) OBJECTIVES.—The objectives of the Council shall
12 be the following:

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

15 (A) the establishment and support of a
16 broad base of scientific research;

17 (B) the dissemination and implementation
18 of the results of such research; and

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

21 (2) Identify and eliminate systemic barriers to
22 supporting research in improving diagnosis in health
23 care.

24 (3) Identify knowledge gaps, research and data
25 needs, and opportunities congruent with agency mis-

1 sions to strengthen the clinical and translational re-
2 search pipeline to improve diagnostic safety and
3 quality, including potential collaborative research ini-
4 tiatives among 2 or more agencies, offices, institutes,
5 or centers within the Department of Health and
6 Human Services or other Federal agencies or offices.

7 (c) MEMBERSHIP.—

8 (1) CHAIR.—The Director of the Agency for
9 Healthcare Research and Quality (or the Director's
10 designee) shall be the Chair of the Council.

11 (2) MEMBERS.—

12 (A) IN GENERAL.—In addition to the
13 Chair, the Council shall be comprised of the fol-
14 lowing:

15 (i) At least 1 designee from each of
16 the following, appointed by the head of the
17 applicable department or agency:

18 (I) The Centers for Disease Con-
19 trol and Prevention.

20 (II) The Centers for Medicare &
21 Medicaid Services.

22 (III) The Department of Vet-
23 erans Affairs.

1 (IV) The Congressionally Di-
2 rected Medical Research Program of
3 the Department of Defense.

4 (V) The Office of the National
5 Coordinator for Health Information
6 Technology.

7 (VI) The Office of the Chief
8 Data Officer of the Department of
9 Health and Human Services.

10 (VII) The Office of the Chief Ar-
11 tificial Intelligence Officer of the De-
12 partment of Health and Human Serv-
13 ices.

14 (VIII) The Center for Devices
15 and Radiological Health of the Food
16 and Drug Administration.

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

20 (I) The National Cancer Insti-
21 tute.

22 (II) The National Center for Ad-
23 vancing Translational Sciences.

24 (III) The National Institute of
25 Allergy and Infectious Diseases.

1 (IV) The National Heart, Lung,
2 and Blood Institute.

3 (V) The National Institute of
4 Neurological Disorders and Stroke.

5 (VI) The National Library of
6 Medicine.

7 (VII) The National Institute on
8 Minority Health and Health Dispari-
9 ties.

10 (VIII) The National Institute of
11 Nursing Research.

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

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

20 (B) ADDITIONAL MEMBERS.—In addition
21 to the designees under subparagraph (A), the
22 Council may include such other designees from
23 Federal departments or agencies as the Chair
24 of the Council determines appropriate.

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

8 (d) STRATEGIC PLAN; REPORTS.—

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

17 (A) identifies coordinated opportunities to
18 enhance scientific research and reduce systemic
19 barriers in order to improve diagnosis in health
20 care; and

21 (B) includes legislative and administrative
22 policy recommendations, including opportunities
23 to remove barriers to, and enhance, inter-agen-
24 cy coordination in the planning, conduct, and
25 funding of, such research.

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

9 (A) such updates as the Council deter-
10 mines to be appropriate;

11 (B) information on the overall progress of
12 the Federal Government in reducing barriers to
13 research on, and supporting projects to im-
14 prove, diagnosis in health care; and

15 (C) legislative and administrative policy
16 recommendations, including addressing any
17 needs for greater legislative authority to meet
18 the objectives listed in subsection (b).

19 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 \$1,500,000 for each of fiscal years 2027 through 2030.

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