

118TH CONGRESS
1ST SESSION

H. R. 5699

To provide programs to assist diagnosis, awareness, and education of blood clot conditions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2023

Ms. BLUNT ROCHESTER (for herself, Mr. BUCSHON, Mr. BURGESS, and Mr. TONKO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide programs to assist diagnosis, awareness, and education of blood clot conditions, 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 “Charles Rochester
5 Blood Clot Prevention and Treatment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Deep venous thrombosis (in this Act re-
9 ferred to as “DVT”) occurs when blood clots form
10 in the legs, pelvis, or arms, and the most serious

1 complications occur when a part of the clot breaks
2 off and travels to the lungs, causing a blockage
3 called pulmonary embolism (in this Act referred to
4 as “PE”).

5 (2) According to the Centers for Disease Con-
6 trol and Prevention, 1 American dies every 6 min-
7 utes as a result of a blood clot, and 1 in 4 people
8 who have a PE die without warning.

9 (3) The Centers for Disease Control and Pre-
10 vention has estimated that about 900,000 people
11 suffer from DVT/PE per year and 100,000 people
12 die each year from blood clots, but also recognizes
13 that the precise number of people affected by DVT/
14 PE is unknown.

15 (4) These numbers are estimated because cur-
16 rently there is no systematic collection of DVT/PE-
17 related morbidity or mortality data in the United
18 States.

19 (5) Blood clots can affect anyone, but certain
20 risk factors make certain individuals more suscep-
21 tible, including pregnancy, cancer, hospitalizations,
22 obesity, older age, and African American race.

23 (6) The overall incidence of DVT and PE is 30
24 to 60 percent higher in Black Americans, who also

1 have a higher rate of 30-day mortality compared
2 with White Americans.

3 (7) The direct and indirect cost of blood clots
4 is more than \$10,000,000,000 annually.

5 (8) Early diagnosis of a DVT is one of the most
6 important factors in preventing a PE.

7 **SEC. 3. PUBLIC EDUCATION, AWARENESS, AND DIAGNOSIS**
8 **OF DVT/PE.**

9 Part J of title III of the Public Health Service Act
10 (42 U.S.C. 280b et seq.) is amended by inserting after
11 section 393D the following:

12 **“SEC. 393E. PREVENTION OF MORBIDITY AND MORTALITY**
13 **AS A RESULT OF DEEP VENOUS THROMBO-**
14 **EMBOLISM.**

15 “(a) IN GENERAL.—The Secretary, acting through
16 the Director of the Centers for Disease Control and Pre-
17 vention, (in this section referred to as the ‘Secretary’)
18 shall carry out projects to increase education, awareness,
19 or diagnosis of deep venous thrombosis (in this section re-
20 ferred to as ‘DVT’) or pulmonary embolism (in this sec-
21 tion referred to as ‘PE’) and to reduce the incidence of
22 morbidity and mortality caused by blood clots. Such
23 projects may be carried out by the Secretary directly or
24 through awards of grants or contracts to public or non-
25 profit private entities. The Secretary may directly (or

1 through such awards) provide technical assistance with re-
2 spect to the planning, development, and operation of such
3 projects.

4 “(b) PROJECTS.—A project under this section may
5 include—

6 “(1) the implementation of public information
7 and education programs for—

8 “(A) the prevention of death from DVT/
9 PE;

10 “(B) broadening the awareness of the pub-
11 lic concerning—

12 “(i) the risk factors for and the symp-
13 toms of DVT/PE;

14 “(ii) target populations with greater
15 risk for DVT/PE, including women, sen-
16 iors, cancer patients, hospitalized patients,
17 pregnant and postpartum women, Black
18 Americans, and those in rural areas; and

19 “(iii) the public health consequences
20 of DVT/PE; and

21 “(C) increasing screening, detection, and
22 diagnosis of DVT/PE; and

23 “(2) surveillance of the prevalence and inci-
24 dence of DVT/PE to improve patient outcomes.

1 “(c) GRANT AND CONTRACT PRIORITIZATION.—The
2 Secretary may, in awarding grants or entering into con-
3 tracts under this section, give priority to entities seeking
4 to carry out projects that target the populations referred
5 to in subsection (b)(1)(B)(ii).

6 “(d) COORDINATION OF ACTIVITIES.—The Secretary
7 shall ensure that projects carried out under this section
8 are coordinated, as appropriate, with other agencies of the
9 Public Health Service that carry out activities regarding
10 DVT/PE.

11 “(e) BEST PRACTICES.—The Secretary shall—

12 “(1) collect and analyze the findings of research
13 conducted with respect to DVT/PE; and

14 “(2) taking into account such findings, publish
15 on the website of the Centers for Disease Control
16 and Prevention best practices for physicians and
17 other health care providers who provide care to indi-
18 viduals with DVT/PE.”.

19 **SEC. 4. ADVISORY COMMITTEE FOR DVT/PE PREVENTION.**

20 “(a) ESTABLISHMENT.—Not later than 180 days after
21 the date of enactment of this Act, the Secretary of Health
22 and Human Services (in this section referred to as the
23 “Secretary”) shall establish an advisory committee to be
24 known as the “Advisory Committee for DVT/PE Preven-

1 tion” (in this section referred to as the “Advisory Com-
2 mittee”).

3 (b) DUTIES.—The Advisory Committee shall—

4 (1) identify the aggregate number of individuals
5 in the United States who experience DVT/PE annu-
6 ally;

7 (2) identify how data are collected regarding
8 DVT/PE and the adverse outcomes associated with
9 such conditions;

10 (3) identify how DVT/PE impacts the lives of
11 individuals in the United States;

12 (4) identify the standard of care for DVT/PE
13 surveillance, detection, and treatment;

14 (5) identify emerging treatments, therapies, and
15 research relating to DVT/PE;

16 (6) develop recommendations to help health
17 care providers identify patients who may be at a
18 higher risk of forming DVT/PE in health care facili-
19 ties;

20 (7) develop recommendations to help improve
21 patient awareness of DVT/PE;

22 (8) develop recommendations with respect to
23 the standard of care for patients at risk of forming
24 DVT/PE;

1 (9) develop recommendations relating to pro-
2 viding patients and their families with written notice
3 of increased risks of forming DVT/PE; and

4 (10) identify the estimated level of Federal
5 funding needed for DVT/PE services to meet the
6 needs of high-risk populations.

7 (c) MEMBERSHIP.—The Advisory Committee shall be
8 composed of members appointed by the Secretary as fol-
9 lows:

10 (1) At least 1 individual who has experienced
11 blood clots.

12 (2) At least 1 family member of an individual
13 who died from DVT/PE.

14 (3) At least 1 health services researcher.

15 (4) At least 1 health care provider.

16 (5) At least 1 representative of a health plan.

17 (6) At least 1 representative of a hospital or
18 health system.

19 (7) At least 1 epidemiologist.

20 (8) At least 1 public health expert.

21 (9) At least 1 patient representative or rep-
22 resentative of a patient group.

23 (10) Such individuals representing other inter-
24 ested parties or associations, as the Secretary deter-
25 mines appropriate.

1 (d) REPORT.—Not later than 18 months after the
2 first meeting of the Advisory Committee, the Secretary
3 shall submit to Congress (and make publicly available) a
4 report—

5 (1) summarizing the meetings and findings of
6 the Advisory Committee; and

7 (2) describing the recommendations of the Ad-
8 visory Committee for legislative or administrative ac-
9 tion to improve DVT/PE prevention, treatment, and
10 diagnosis, including the recommendations described
11 in paragraphs (6) through (9) of subsection (b).

12 (e) TERMINATION.—The Advisory Committee shall
13 terminate on the earlier of—

14 (1) the date on which the Secretary submits the
15 report under subsection (d); and

16 (2) the date that is 18 months after the first
17 meeting of the Advisory Committee.

18 **SEC. 5. DVT/PE SURVEILLANCE STUDY AND REPORT.**

19 (a) STUDY.—The Secretary of Health and Human
20 Services (in this section referred to as the “Secretary”)
21 shall conduct or support a study on model systems of
22 DVT/PE surveillance, including the use of electronic med-
23 ical record-based methods of detecting DVT and PE Inter-
24 national Classification of Diseases codes (commonly

1 known as “ICD codes”) or other population-based surveil-
2 lance.

3 (b) REPORT.—Not later than 1 year after the date
4 of enactment of this Act, the Secretary shall submit to
5 Congress and the Advisory Committee for DVT/PE Pre-
6 vention established under section 4(a) a report detailing
7 the results of the study under subsection (a).

8 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

9 There is authorized to be appropriated to carry out
10 this section \$20,000,000 for each of fiscal years 2025
11 through 2029.

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