

## S 475

CCM-CARE Act

**Congress:** 115 (2017–2019, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Feb 28, 2017

**Current Status:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

**Latest Action:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Feb 28, 2017)

**Official Text:** <https://www.congress.gov/bill/115th-congress/senate-bill/475>

### Sponsor

**Name:** Sen. Udall, Tom [D-NM]

**Party:** Democratic • **State:** NM • **Chamber:** Senate

### Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Heinrich, Martin [D-NM]	D · NM		Feb 28, 2017

### Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Feb 28, 2017

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

Bill	Relationship	Last Action
115 HR 1255	Identical bill	<b>Mar 3, 2017:</b> Referred to the Subcommittee on Health.

## **Cerebral Cavernalous Malformations Clinical Awareness, Research, and Education Act of 2017 or the CCM-CARE Act**

This bill amends the Public Health Service Act to require the National Institutes of Health (NIH) to strengthen and coordinate its efforts concerning cerebral cavernous malformation (CCM). (CCM is a condition in which blood vessels in the brain and spinal cord become enlarged, which can lead to seizures, paralysis, hearing or vision loss, or bleeding in the brain.) The NIH may award grants and enter into cooperative agreements for CCM research.

The NIH must: (1) award grants and contracts to plan and provide support for a network of CCM Clinical Research Centers; (2) identify and support additional centers to facilitate medical research to develop a cure for CCM and enhance medical care for CCM; and (3) convene a Cerebral Cavernalous Malformations Research Consortium to develop programs for clinicians, scientists, and patients.

The Centers for Disease Control and Prevention may award grants and enter into cooperative agreements for the collection, analysis, and reporting of data on CCM.

The Department of Health and Human Services must award grants and enter into cooperative agreements for epidemiological activities related to CCM and must provide for a national CCM surveillance program.

The Food and Drug Administration must, in order to hasten clinical trials for CCM, coordinate with clinical centers, investigators, and advocates to support: (1) qualification of biomarkers, (2) qualification of patient reported outcome measures for quality of life, (3) investigational new drug applications, and (4) adaptive trial designs for rare disease research and expedited review of medications.

### **Actions Timeline**

---

- **Feb 28, 2017:** Introduced in Senate
- **Feb 28, 2017:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.