

116TH CONGRESS
1ST SESSION

H. R. 5321

To amend the Public Health Service Act to expand, enhance, and improve public health data systems, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 5, 2019

Mrs. MCBATH (for herself and Mr. CARTER of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to expand, enhance, and improve public health data systems, 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 “Public Health Infra-
5 structure Modernization Act of 2019”.

6 **SEC. 2. PUBLIC HEALTH DATA SYSTEM TRANSFORMATION.**

7 Subtitle C of title XXVIII of the Public Health Serv-
8 ice Act (42 U.S.C. 300hh–31 et seq.) is amended by add-
9 ing at the end the following:

1 **“SEC. 2822. PUBLIC HEALTH DATA SYSTEM TRANS-**
2 **FORMATION.**

3 “(a) EXPANDING CDC AND PUBLIC HEALTH DE-
4 PARTMENT CAPABILITIES.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall—

8 “(A) conduct activities to expand, enhance,
9 and improve public health data systems used by
10 the Centers for Disease Control and Prevention,
11 related to the interoperability and improvement
12 of such systems (including with respect to pre-
13 paredness for, prevention and detection of, and
14 response to public health emergencies); and

15 “(B) award grants or cooperative agree-
16 ments to State, local, Tribal, or territorial pub-
17 lic health departments for the expansion and
18 modernization of public health data systems, to
19 assist public health departments in—

20 “(i) assessing current data infrastruc-
21 ture capabilities and gaps to improve con-
22 sistency in data collection, storage, and
23 analysis, and as appropriate to improve
24 dissemination of public health-related in-
25 formation;

1 “(ii) improving secure public health
2 data collection, transmission, exchange,
3 maintenance, and analysis;

4 “(iii) improving the secure exchange
5 of data between the Centers for Disease
6 Control and Prevention, State, local, Trib-
7 al, and territorial public health depart-
8 ments, public health organizations, and
9 health care providers, including—

10 “(I) between public health offi-
11 cials in multiple jurisdictions within a
12 State; and

13 “(II) by simplifying and sup-
14 porting reporting by health care pro-
15 viders pursuant to State law, includ-
16 ing through the use of health informa-
17 tion technology;

18 “(iv) enhancing the interoperability of
19 public health data systems (including sys-
20 tems created or accessed by public health
21 departments) with health information tech-
22 nology, including with health information
23 technology certified under section
24 3001(c)(5);

1 “(v) supporting and training public
2 health data systems, data science, and
3 informatics personnel;

4 “(vi) supporting earlier disease and
5 health condition detection, such as through
6 near real-time data monitoring, to support
7 rapid public health responses;

8 “(vii) supporting activities within the
9 applicable jurisdiction related to the expan-
10 sion and modernization of electronic case
11 reporting; and

12 “(viii) developing and disseminating
13 information related to the use and impor-
14 tance of public health data.

15 “(2) DATA STANDARDS.—In carrying out para-
16 graph (1), the Secretary, acting through the Direc-
17 tor of the Centers for Disease Control and Preven-
18 tion, shall, as appropriate and in coordination with
19 the Office of the National Coordinator for Health
20 Information Technology, designate data and tech-
21 nology standards (including standards for interoper-
22 ability) for public health data systems, with def-
23 erence given to standards published by consensus-
24 based standards development organizations with

1 public input and voluntary consensus-based stand-
2 ards bodies.

3 “(3) PUBLIC-PRIVATE PARTNERSHIPS.—The
4 Secretary may develop and utilize public-private
5 partnerships for technical assistance, training, and
6 related implementation support for State, local,
7 Tribal, and territorial public health departments,
8 and the Centers for Disease Control and Prevention,
9 on the expansion and modernization of electronic
10 case reporting and public health data systems, as
11 applicable.

12 “(b) REQUIREMENTS.—

13 “(1) HEALTH INFORMATION TECHNOLOGY
14 STANDARDS.—The Secretary may not award a grant
15 or cooperative agreement under subsection (a)(1)(B)
16 unless the applicant uses or agrees to use standards
17 endorsed by the National Coordinator for Health In-
18 formation Technology pursuant to section
19 3001(e)(1) or adopted by the Secretary under sec-
20 tion 3004.

21 “(2) WAIVER.—The Secretary may waive the
22 requirement under paragraph (1) with respect to an
23 applicant if the Secretary determines that the activi-
24 ties under subsection (a)(1)(B) cannot otherwise be
25 carried out within the applicable jurisdiction.

1 “(3) APPLICATION.—A State, local, Tribal, or
2 territorial health department applying for a grant or
3 cooperative agreement under this section shall sub-
4 mit an application to the Secretary at such time and
5 in such manner as the Secretary may require. Such
6 application shall include information describing—

7 “(A) the activities that will be supported
8 by the grant or cooperative agreement; and

9 “(B) how the modernization of the public
10 health data systems involved will support or im-
11 pact the public health infrastructure of the
12 health department, including a description of
13 remaining gaps, if any, and the actions needed
14 to address such gaps.

15 “(c) STRATEGY AND IMPLEMENTATION PLAN.—Not
16 later than 180 days after the date of enactment of this
17 section, the Secretary, acting through the Director of the
18 Centers for Disease Control and Prevention, shall submit
19 to the Committee on Health, Education, Labor, and Pen-
20 sions of the Senate and the Committee on Energy and
21 Commerce of the House of Representatives a coordinated
22 strategy and an accompanying implementation plan that
23 identifies and describes the measures the Secretary will
24 utilize to—

1 “(1) update and improve public health data sys-
2 tems used by the Centers for Disease Control and
3 Prevention; and

4 “(2) carry out the activities described in this
5 section to support the improvement of State, local,
6 Tribal, and territorial public health data systems.

7 “(d) CONSULTATION.—In carrying out this section,
8 the Secretary, acting through the Director of the Centers
9 for Disease Control and Prevention, shall consult with
10 State, local, Tribal, and territorial public health depart-
11 ments, professional medical and public health associations,
12 associations representing hospitals or other health care en-
13 tities, health information technology experts, and other ap-
14 propriate public or private entities.

15 “(e) REPORT TO CONGRESS.—Not later than 1 year
16 after the date of enactment of this section, the Secretary
17 shall submit a report to the Committee on Health, Edu-
18 cation, Labor, and Pensions of the Senate and the Com-
19 mittee on Energy and Commerce of the House of Rep-
20 resentatives that includes—

21 “(1) a description of any barriers to—

22 “(A) public health authorities imple-
23 menting interoperable public health data sys-
24 tems and electronic case reporting;

1 “(B) the exchange of information pursuant
2 to electronic case reporting; or

3 “(C) reporting by health care providers
4 using such public health data systems, as ap-
5 propriate, and pursuant to State law;

6 “(2) an assessment of the potential public
7 health impact of implementing electronic case re-
8 porting and interoperable public health data sys-
9 tems; and

10 “(3) a description of the activities carried out
11 pursuant to this section.

12 “(f) ELECTRONIC CASE REPORTING.—In this sec-
13 tion, the term ‘electronic case reporting’ means the auto-
14 mated identification, generation, and bilateral exchange of
15 reports of health events among electronic health record or
16 health information technology systems and public health
17 authorities.

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there is authorized to be appro-
20 priated \$100,000,000 for each of fiscal years 2020
21 through 2024.”.

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