

116TH CONGRESS
2D SESSION

S. 4163

To amend the Public Health Service Act to provide for timely and effective systematic testing to improve biosurveillance activities and practices.

IN THE SENATE OF THE UNITED STATES

JULY 2, 2020

Mr. GARDNER (for himself, Mr. BENNET, Mr. ROMNEY, and Ms. SINEMA) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for timely and effective systematic testing to improve biosurveillance activities and practices.

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 “Timely and Effective
5 Systematic Testing Act” or the “TEST Act”.

6 **SEC. 2. BIOSURVEILLANCE FACILITIES AND CAPACITIES OF**
7 **THE CDC.**

8 (a) IN GENERAL.—Section 319D of the Public
9 Health Service Act (42 U.S.C. 247d–4) is amended—

1 (1) In subsection (a)(3)—

2 (A) in subparagraph (C), by striking
3 “and” at the end;

4 (B) in subparagraph (D), by striking the
5 period and inserting “; and”; and

6 (C) by adding at the end the following:

7 “(E) improving coordination with Federal,
8 State, local, Tribal, and territorial public health
9 officials and other Federal agencies as appro-
10 priate, including the Centers for Medicare &
11 Medicaid Services, to identify gaps and align
12 payment incentives to improve electronic case
13 reporting capability.”;

14 (2) in subsection (c)—

15 (A) in paragraph (3)(A)(iv), by inserting
16 “(such as commercial, academic, and other hos-
17 pital laboratories)” after “clinical laboratories”;

18 (B) in paragraph (5)—

19 (i) in subparagraph (A)—

20 (I) in the matter preceding clause
21 (i), by striking “and operating” and
22 inserting “, operating, and updating”;

23 (II) in clause (iv), by striking
24 “and” at the end;

1 (III) in clause (v), by striking the
2 period and inserting a semicolon; and

3 (IV) by adding at the end the fol-
4 lowing:

5 “(vi) integrate and update applicable
6 existing systems and networks supported
7 by the Centers for Disease Control and
8 Prevention and in collaboration with State,
9 local, Tribal, and territorial public health
10 officials, including public health surveil-
11 lance and disease detection systems; and

12 “(vii) direct the Centers for Disease
13 Control and Prevention in coordination
14 with the Centers for Medicare & Medicaid
15 Services to assess the gaps in current re-
16 porting systems and evaluate grants and
17 payment mechanisms to improve electronic
18 case reporting capabilities.”; and

19 (ii) in subparagraph (B)—

20 (I) in clause (i), by inserting
21 “and 60 days after the date of enact-
22 ment of the TEST Act of 2020” after
23 “Innovation Act of 2018”;

24 (II) in clause (ii), by inserting
25 “epidemiologists, clinical microbiolo-

1 gists, pathologists and laboratory ex-
2 perts, health information technology
3 developers, experts in health informa-
4 tion technology market economics,
5 public and private entities engaged in
6 the evaluation of health information
7 technology performance, data sharing
8 networks, such as health information
9 exchanges, security experts,” after
10 “forecasting);”; and

11 (III) in clause (iii)—

12 (aa) in subclause (V), by
13 striking “and” at the end;

14 (bb) in subclause (VI), by
15 striking the period; and

16 (cc) by adding at the end
17 the following:

18 “(VII) strategies to integrate lab-
19 oratory and epidemiology systems and
20 capabilities to conduct and report
21 rapid and accurate laboratory tests;

22 “(VIII) ways to improve the col-
23 lection, disaggregation, and reporting
24 of appropriate demographic data to
25 support population health strategies

1 and to better understand and address
2 health disparities; and

3 “(IX) an evaluation of the Dig-
4 ital Bridge project and subsequent
5 lessons on strategies to improve the
6 exchange of electronic health informa-
7 tion between public health agencies
8 and health care providers and facili-
9 ties for the purpose of timely, accu-
10 rate, and accessible disease surveil-
11 lance.”; and

12 (C) in paragraph (6)—

13 (i) in subparagraph (A)—

14 (I) in clause (iii)—

15 (aa) in subclause (III), by
16 striking “and” at the end;

17 (bb) in subclause (IV), by
18 inserting “, including the ability
19 to conduct and report on rapid
20 and accurate laboratory testing
21 during a public health emer-
22 gency” before the semicolon; and

23 (cc) by adding at the end
24 the following:

1 “(V) improve coordination and
2 collaboration, as appropriate, with
3 other Federal departments; and

4 “(VI) implement applicable les-
5 sons learned from recent public health
6 emergencies to address gaps in situa-
7 tional awareness and biosurveillance
8 capabilities, including an evaluation of
9 ways to improve the collection,
10 disaggregation, and reporting of de-
11 mographic data to support population
12 health strategies and to better under-
13 stand and address health disparities;”;

14 (II) in clause (iv), by striking
15 “and” at the end;

16 (III) in clause (v), by striking the
17 period and inserting “including a jus-
18 tification for those dates for how they
19 will further the goal of addressing
20 both current and potential future in-
21 fectious disease outbreaks; and”;

22 (IV) by adding at the end the fol-
23 lowing:

24 “(vi) identifies and demonstrates
25 measurable steps the Secretary will take to

1 further develop and integrate infectious
2 disease detection, including expanding ca-
3 pabilities to conduct and report on rapid
4 and accurate diagnostic laboratory testing
5 during a public health emergency, and im-
6 prove coordination and collaboration with
7 State, local, Tribal, and territorial public
8 health officials, clinical laboratories (in-
9 cluding commercial, hospital and academic
10 labs), and other entities with expertise in
11 public health surveillance.”;

12 (ii) by redesignating subparagraph
13 (B) as subparagraph (C); and

14 (iii) by inserting after subparagraph
15 (A), the following:

16 “(B) REPORTS.—Not later than one
17 month after the date of enactment of the TEST
18 Act, and every 90 days thereafter, the Secretary
19 shall report on the status of the Department of
20 Health and Human Services’ biosurveillance
21 modernization and assessment progress with re-
22 spect to both current and potential future infec-
23 tious disease outbreaks.”;

24 (3) in subsection (d)—

1 (A) in paragraph (2)(C), by inserting “, in-
2 cluding any public-private partnerships entered
3 into to improve such capacity” before the semi-
4 colon; and

5 (B) in paragraph (3)—

6 (i) in subparagraph (B), by striking
7 “and” at the end;

8 (ii) in subparagraph (C), by striking
9 the period and inserting “; and”; and

10 (iii) by adding at the end the fol-
11 lowing:

12 “(D) may establish, enhance, or maintain
13 a system or network for the collection of data
14 to provide for early detection of infectious dis-
15 ease outbreaks, near real-time access to rel-
16 evant electronic data and integration of elec-
17 tronic data and information from public health
18 and other appropriate sources, such as labora-
19 tories, hospitals, and epidemiology systems, to
20 enhance the capability to conduct rapid and ac-
21 curate diagnostic laboratory tests to provide for
22 disease detection.”;

23 (4) in subsection (f)(1)(A), by inserting “pa-
24 thologists, clinical microbiologists, laboratory profes-
25 sionals, epidemiologists,” after “forecasting),”; and

1 (5) in subsection (h), by adding at the end the
2 following: “Such evaluation shall include identifica-
3 tion of any gaps in biosurveillance and situational
4 awareness capabilities identified related to recent
5 public health emergencies, any immediate steps
6 taken to address such gaps, and any long-term plans
7 to address such gaps, including relate to activities
8 authorized under this section.”.

9 (b) COORDINATION.—The Administrator of the Cen-
10 ters for Medicare & Medicaid Services shall coordinate
11 with Centers for Disease Control and Prevention to assess
12 the gaps in current reporting systems and evaluate grants
13 and payment mechanisms to improve electronic case re-
14 porting capabilities for purposes of section
15 319D(c)(5)(A)(vii) of the Public Health Service Act (as
16 added by subsection (a)).

17 **SEC. 3. NATIONAL HEALTH SECURITY STRATEGY.**

18 Section 2802(b)(2) of the Public Health Service Act
19 (42 U.S.C. 300hh–1(b)(2)) is amended—

20 (1) in subparagraph (A), by inserting “such as
21 by integrating laboratory and epidemiology systems
22 and capability to conduct and report on rapid and
23 accurate laboratory tests,” after “detection, identi-
24 fication,”; and

1 (2) in subparagraph (B), by inserting “labora-
2 tory testing,” after “services and supplies,”.

3 **SEC. 4. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.**

4 Section 2821(a) of the Public Health Service Act (42
5 U.S.C. 300hh–31(a)) is amended—

6 (1) in paragraph (3), by striking “and”;

7 (2) in paragraph (4), by striking the period and
8 inserting “; and”; and

9 (3) by adding at the end the following:

10 “(5) supporting State and local public health
11 departments activities related to biosurveillance and
12 disease detection, including activities related to sec-
13 tion 319D.”.

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