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S. 4328

To require the Comptroller General of the United States to conduct a study and report on data quality, sharing, transparency, access, and analysis.

IN THE SENATE OF THE UNITED STATES

JULY 27, 2020

Mr. SCHUMER (for himself, Mrs. MURRAY, Mr. BROWN, Ms. BALDWIN, Mr. DURBIN, Mr. CASEY, Ms. ROSEN, Mr. MENENDEZ, Mr. LEAHY, Mr. REED, Mr. VAN HOLLEN, Ms. SMITH, Mrs. FEINSTEIN, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. KAINE, Ms. WARREN, Mr. HEINRICH, Ms. HARRIS, Mr. UDALL, Mr. MARKEY, Mr. MERKLEY, Mrs. GILLIBRAND, Mr. WHITEHOUSE, Mr. CARDIN, Ms. STABENOW, Mr. BOOKER, Mr. WYDEN, Ms. DUCKWORTH, Mrs. SHAHEEN, and Mr. BENNET) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Comptroller General of the United States to conduct a study and report on data quality, sharing, transparency, access, and analysis.

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. PROTECTING DATA QUALITY, SHARING, TRANS-**
4 **PARENCY, ACCESS, AND ANALYSIS.**

5 (a) INQUIRY AND SUBMISSION OF FINDINGS.—

1 (1) IN GENERAL.—Not later than 7 days after
2 the date of the enactment of this Act, the Comp-
3 troller General of the United States (referred to in
4 this section as the “Comptroller General”) shall ini-
5 tiate an inquiry into any changes or interruptions in
6 data quality, sharing, transparency, access, and
7 analysis resulting from the changes to COVID–19
8 hospital data reporting requirements initiated by the
9 White House Coronavirus Task Force and the De-
10 partment of Health and Human Services on July
11 13, 2020.

12 (2) SUBMISSION OF FINDINGS.—Not later than
13 45 days after initiation of such inquiry, the Comp-
14 troller General shall present its findings to the Com-
15 mittee on Health, Education, Labor, and Pensions
16 of the Senate, the Committee on Energy and Com-
17 merce of the House of Representatives, and the De-
18 partment of Health and Human Services, in oral
19 briefings, which shall detail—

20 (A) what is known about any changes or
21 interruptions in data quality, sharing, trans-
22 parency, access to data, and analysis or access
23 to relevant analytics, including whether such
24 changes increased, decreased, expedited, or de-
25 layed such quality, sharing, transparency, ac-

1 cess, and analysis or access to relevant ana-
2 lytics, for—

3 (i) the public;

4 (ii) State, local, Tribal, and territorial
5 health departments;

6 (iii) hospitals; or

7 (iv) Federal agency officials, including
8 officials within the Department of Health
9 and Human Services and Centers for Dis-
10 ease Control and Prevention; and

11 (B) what is known about whether there
12 was any impact to, or interruptions in, delivery
13 of supplies, including personal protective equip-
14 ment, ventilators, and COVID–19 therapeutics,
15 to States or other entities resulting from
16 changes to COVID–19 hospital data reporting
17 requirements described in paragraph (1).

18 (b) ACCESS TO REPORTING SYSTEM.—For purposes
19 of the review required under this section or any other
20 audit, evaluation, or investigation authorized by law, the
21 Secretary shall, within 7 days of the date of enactment
22 of this Act, provide the Comptroller General with direct
23 access to the systems used for the reporting of information
24 referred to in this section, including to all information col-
25 lected, stored, analyzed, processed, or produced in or

1 through such systems used for such purposes. For pur-
2 poses of this subsection, the term “direct access” means
3 secured access to the information technology systems
4 maintained by the Department of Health and Human
5 Services that enables the Comptroller General to inde-
6 pendently access, view, download and retrieve data from
7 such systems.

8 (c) ADDRESSING ISSUES.—Not later than 7 days
9 after the Comptroller General submits the findings to Con-
10 gress under subsection (a)(2), the Secretary of Health and
11 Human Services shall address data quality, sharing, trans-
12 parency, access, and analysis, and access to relevant ana-
13 lytics for the public; State, local, Tribal, and territorial
14 health departments; hospitals; and Federal agency offi-
15 cials, including officials within the Department of Health
16 and Human Services and Centers for Disease Control and
17 Prevention, to fully correct any decreases or delays re-
18 ported under subsection (a)(2) by the Comptroller General
19 and ensure that data quality, sharing, transparency, ac-
20 cess, and analysis or access to relevant analytics are equal
21 to or better than they were as of July 12, 2020.

22 (d) REPORT.—Not later than 18 months after the
23 date of enactment of this Act, the Comptroller General
24 shall submit to the Committee on Health, Education,
25 Labor, and Pensions of the Senate and the Committee on

1 Energy and Commerce of the House of Representatives,
2 a report regarding the impact of changes to COVID–19
3 hospital data reporting requirements initiated by the
4 White House Coronavirus Task Force and the Depart-
5 ment of Health and Human Services on July 13, 2020.
6 In preparing such report, the Comptroller General shall
7 collect information from relevant stakeholders, as appro-
8 priate. Such report shall—

9 (1) detail any known changes or interruptions
10 in data quality, sharing, transparency, access, and
11 analysis or access to relevant analytics for the enti-
12 ties described in subsection (a)(2)(A), including
13 whether such changes ultimately increased, de-
14 creased, expedited, or delayed data quality, sharing,
15 transparency, access, and analysis or access to rel-
16 evant analytics;

17 (2) describe challenges faced by hospitals,
18 States, localities, Indian Tribes (as defined in sec-
19 tion 4 of the Indian Self-Determination and Edu-
20 cation Assistance Act (25 U.S.C. 5304)), urban In-
21 dian organizations (as defined in section 4 of the In-
22 dian Health Care Improvement Act (25 U.S.C.
23 1603)), territories, Federal agencies, and the public
24 resulting from such changes;

1 (3) describe the extent to which such changes
2 may allow for manipulation of the data in a manner
3 that results in hospitals, States, localities, Indian
4 Tribes (as defined in section 4 of the Indian Self-
5 Determination and Education Assistance Act (25
6 U.S.C. 5304)), urban Indian organizations (as de-
7 fined in section 4 of the Indian Health Care Im-
8 provement Act (25 U.S.C. 1603)), territories, Fed-
9 eral agencies, and the public receiving different in-
10 formation than what was provided to the Depart-
11 ment of Health and Human Services;

12 (4) assess the extent to which such changes in-
13 creased or decreased the number of hospitals report-
14 ing data and the completeness and quality of data
15 reported by hospitals;

16 (5) determine whether any States deployed the
17 National Guard to assist in hospital data reporting,
18 as suggested in communications from the White
19 House Coronavirus Task Force and the Department
20 of Health and Human Services on July 13, 2020,
21 and whether any such deployment had a measurable
22 effect on the speed, content, or quality of such re-
23 porting;

24 (6) describe the decision-making process within
25 the Department of Health and Human Services that

1 led to the changes initiated on July 13, 2020, in-
2 cluding—

3 (A) the role of the Centers for Disease
4 Control and Prevention in such decision-mak-
5 ing;

6 (B) any analysis conducted by the Depart-
7 ment of Health and Human Services or the
8 Centers for Disease Control and Prevention
9 that assessed the quality and completeness of
10 different data streams (including the National
11 Healthcare Safety Network, TeleTracking, data
12 reported by States to the Protect System of the
13 Department of Health and Human Services),
14 prior to July 13, 2020;

15 (C) any external input into the decision-
16 making process, including from other Federal
17 agencies, States, localities, Indian Tribes (as
18 defined in section 4 of the Indian Self-Deter-
19 mination and Education Assistance Act (25
20 U.S.C. 5304)), urban Indian organizations (as
21 defined in section 4 of the Indian Health Care
22 Improvement Act (25 U.S.C. 1603)), terri-
23 tories, or hospitals;

24 (D) the public health justification for the
25 changes; and

1 (E) any other justification for such
2 changes; and

3 (7) assess the process used to address any de-
4 creases or delays in data quality, sharing, trans-
5 parency, access to data, and analysis and access to
6 relevant analytics as required under subsection (e).

7 (e) INTERIM REPORT.—Not later than 6 months
8 after the date of enactment of this Act, the Comptroller
9 General shall submit to the Committee on Health, Edu-
10 cation, Labor, and Pensions of the Senate and the Com-
11 mittee on Energy and Commerce of the House of Rep-
12 resentatives an interim report providing information on
13 initial findings under subsection (d).

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