

117TH CONGRESS
2D SESSION

H. R. 8481

To amend the Public Health Service Act with respect to public health data accessibility, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 21, 2022

Ms. UNDERWOOD (for herself, Mr. BERA, Ms. CASTOR of Florida, and Ms. DELAURO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to public health data accessibility, 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 “Improving Data Acces-
5 sibility Through Advancements in Public Health Act” or
6 the “Improving DATA in Public Health Act”.

1 **SEC. 2. SUPPORTING PUBLIC HEALTH DATA AVAILABILITY**
2 **AND ACCESS.**

3 (a) DESIGNATION OF PUBLIC HEALTH DATA STAND-
4 ARDS.—Section 2823(a)(2) of the Public Health Service
5 Act (42 U.S.C. 300hh–33(a)(2)) is amended—

6 (1) by striking “In carrying out” and inserting
7 the following:

8 “(A) IN GENERAL.—In carrying out”;

9 (2) by striking “shall, as appropriate and” and
10 inserting “shall, not later than 2 years after the date
11 of enactment of the Improving DATA in Public
12 Health Act,”; and

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

14 “(B) SELECTION OF DATA AND TECH-
15 NOLOGY STANDARDS.—The standards des-
16 ignated as described in subparagraph (A) may
17 include standards to improve—

18 “(i) the exchange of electronic health
19 information for—

20 “(I) electronic case reporting;

21 “(II) syndromic surveillance;

22 “(III) reporting of vital statistics;

23 and

24 “(IV) reporting test orders and
25 results electronically, including from
26 laboratories;

1 “(ii) automated electronic reporting to
2 relevant public health data systems of the
3 Centers for Disease Control and Preven-
4 tion; and

5 “(iii) such other uses as the Secretary
6 determines appropriate.

7 “(C) NO DUPLICATIVE EFFORTS.—

8 “(i) IN GENERAL.—In carrying out
9 the requirements of this paragraph, the
10 Secretary, in consultation with the Office
11 of the National Coordinator for Health In-
12 formation Technology, may use input gath-
13 ered (including input and recommendations
14 gathered from the Health Information
15 Technology Advisory Committee), and ma-
16 terials developed, prior to the date of en-
17 actment of the Improving DATA in Public
18 Health Act.

19 “(ii) DESIGNATION OF STANDARDS.—
20 Consistent with sections 13111 and 13112
21 of the HITECH Act, the data and tech-
22 nology standards designated pursuant to
23 this paragraph shall align with the stand-
24 ards and implementation specifications

1 adopted by the Secretary pursuant to sec-
2 tion 3004, as applicable.

3 “(D) PRIVACY AND SECURITY.—Nothing
4 in this paragraph shall be construed as modi-
5 fying applicable Federal or State information
6 privacy or security law.

7 “(E) CONSIDERATIONS.—Standards des-
8 ignated under this paragraph shall include
9 standards and implementation specifications
10 necessary to ensure the appropriate capture, ex-
11 change, access, and use of information regard-
12 ing race, ethnicity, sex (including sexual ori-
13 entation and gender identity), disability status,
14 veteran status, housing status, age, functional
15 status, and other elements.”.

16 (b) STUDY ON LABORATORY INFORMATION STAND-
17 ARDS.—

18 (1) IN GENERAL.—Not later than 1 year after
19 the date of enactment of this Act, the Office of the
20 National Coordinator for Health Information Tech-
21 nology shall conduct a study to review the use of
22 standards for electronic ordering and reporting of
23 laboratory test results.

24 (2) AREAS OF CONCENTRATION.—In conducting
25 the study under paragraph (1), the Office of the Na-

1 tional Coordinator for Health Information Tech-
2 nology shall—

3 (A) determine the extent to which clinical
4 laboratories are using standards for electronic
5 ordering and reporting of laboratory test re-
6 sults;

7 (B) assess trends in laboratory compliance
8 with standards for ordering and reporting lab-
9 oratory test results and the effect of such
10 trends on the interoperability of laboratory data
11 with public health data systems;

12 (C) identify challenges related to collection
13 and reporting of demographic and other data
14 elements with respect to laboratory test results;

15 (D) identify any challenges associated with
16 using or complying with standards and report-
17 ing laboratory test results with data elements
18 identified in standards for electronic ordering
19 and reporting of such results; and

20 (E) review other relevant areas determined
21 appropriate by the Office of the National Coor-
22 dinator for Health Information Technology.

23 (3) REPORT.—Not later than 2 years after the
24 date of enactment of this Act, the Office of the Na-
25 tional Coordinator for Health Information Tech-

1 nology shall submit to the Committee on Health,
2 Education, Labor, and Pensions of the Senate and
3 the Committee on Energy and Commerce of the
4 House of Representatives a report concerning the
5 findings of the study conducted under paragraph
6 (1).

7 (c) SUPPORTING INFORMATION SHARING THROUGH
8 DATA USE AGREEMENTS.—

9 (1) INTERAGENCY DATA USE AGREEMENTS
10 WITHIN THE DEPARTMENT OF HEALTH AND HUMAN
11 SERVICES FOR PUBLIC HEALTH EMERGENCIES.—

12 (A) IN GENERAL.—The Secretary of
13 Health and Human Services (referred to in this
14 subsection as the “Secretary”) shall, as appro-
15 priate, facilitate the development of, or updates
16 to, memoranda of understanding, data use
17 agreements, or other applicable interagency
18 agreements regarding appropriate access, ex-
19 change, and use of public health data among
20 the Centers for Disease Control and Prevention,
21 the Office of the Assistant Secretary for Pre-
22 paredness and Response, other relevant agen-
23 cies or offices within the Department of Health
24 and Human Services, and other relevant Fed-
25 eral agencies, in order to prepare for, identify,

1 monitor, and respond to declared or potential
2 public health emergencies.

3 (B) REQUIREMENTS.—In carrying out ac-
4 tivities pursuant to subparagraph (A), the Sec-
5 retary shall—

6 (i) ensure that the agreements and
7 memoranda of understanding described in
8 such subparagraph—

9 (I) address the methods of grant-
10 ing access to data held by one agency
11 or office with another to support the
12 respective missions of such agencies
13 or offices;

14 (II) consider minimum necessary
15 principles of data sharing for appro-
16 priate use;

17 (III) include appropriate privacy
18 and cybersecurity protections; and

19 (IV) are subject to regular up-
20 dates, as appropriate;

21 (ii) collaborate with the Centers for
22 Disease Control and Prevention, the Office
23 of the Assistant Secretary for Prepared-
24 ness and Response, the Office of the Chief
25 Information Officer, and, as appropriate,

1 the Office of the National Coordinator for
2 Health Information Technology, and other
3 entities within the Department of Health
4 and Human Services; and

5 (iii) consider the terms and conditions
6 of any existing data use agreements with
7 other public or private entities and any
8 need for updates to such existing agree-
9 ments, consistent with paragraph (2).

10 (2) DATA USE AGREEMENTS WITH EXTERNAL
11 ENTITIES.—The Secretary, acting through the Di-
12 rector of the Centers for Disease Control and Pre-
13 vention and the Assistant Secretary for Prepared-
14 ness and Response, may update memoranda of un-
15 derstanding, data use agreements, or other applica-
16 ble agreements and contracts to improve appropriate
17 access, exchange, and use of public health data
18 among the Centers for Disease Control and Preven-
19 tion, the Office of the Assistant Secretary for Pre-
20 paredness and Response, and external entities, in-
21 cluding State, Tribal, local, and territorial health de-
22 partments, laboratories, hospitals and other health
23 care providers, electronic health records vendors, and
24 other entities, as applicable and appropriate, in

1 order to prepare for, identify, monitor, and respond
2 to declared or potential public health emergencies.

3 (3) REPORT.—Not later than 90 days after the
4 date of enactment of this Act, the Secretary shall re-
5 port to the Committee on Health, Education, Labor,
6 and Pensions of the Senate and the Committee on
7 Energy and Commerce of the House of Representa-
8 tives on the status of the memoranda of under-
9 standing and other agreements under this sub-
10 section.

11 (d) IMPROVING INFORMATION SHARING AND AVAIL-
12 ABILITY OF PUBLIC HEALTH DATA.—Part A of title III
13 of the Public Health Service Act (42 U.S.C. 241 et seq.)
14 is amended by adding at the end the following:

15 **“SEC. 310B. IMPROVING INFORMATION SHARING AND**
16 **AVAILABILITY OF PUBLIC HEALTH DATA.**

17 “(a) IN GENERAL.—The Secretary acting through
18 the Director of the Centers for Disease Control and Pre-
19 vention (in this section referred to as the ‘Secretary’) may
20 require the reporting of public health and health care data
21 and information to the Centers for Disease Control and
22 Prevention by—

23 “(1) health care providers and facilities, includ-
24 ing pharmacies;

1 “(2) public health, clinical, and other labora-
2 tories and diagnostic testing entities;

3 “(3) State, local, and Tribal health depart-
4 ments; and

5 “(4) other entities, as determined appropriate
6 by the Secretary.

7 “(b) CONTENT, FORM, MANNER, AND FRE-
8 QUENCY.—

9 “(1) COLLABORATION.—The Secretary shall
10 collaborate with representatives of State, local, and
11 Tribal health departments and other entities on de-
12 termining the content, form, manner, and frequency
13 of the reporting of public health and health care
14 data and information required pursuant to sub-
15 section (a).

16 “(2) SIMULTANEOUS REPORTING.—In deter-
17 mining the content, form, manner, and frequency of
18 the reporting of public health and health care data
19 and information pursuant to subsection (a), where a
20 disease, condition, or related event is reportable
21 under applicable State or local law, the Secretary
22 shall require the data and information to be reported
23 first or simultaneously to the appropriate State or
24 local jurisdiction.

1 “(3) ALIGNMENT WITH STANDARDS AND IM-
2 PLEMENTATION SPECIFICATIONS.—The content,
3 form, manner, and frequency requirements required
4 pursuant to this section shall align with the stand-
5 ards and implementation specifications adopted by
6 the Secretary under section 3004, where applicable.

7 “(4) REASONABLE EFFORTS TO LIMIT REPORT-
8 ING.—The Secretary shall make reasonable efforts
9 to limit the public health and health care data and
10 information required to be reported under this sec-
11 tion to the minimum necessary to accomplish the in-
12 tended public health purpose.

13 “(5) IMPLEMENTATION AND REGULATIONS.—
14 The Secretary—

15 “(A) may promulgate by regulation the
16 content, form, manner, and frequency in which
17 public health and health care data and informa-
18 tion is required to be reported under this sec-
19 tion; and

20 “(B) in the event of a public health emer-
21 gency declared under section 319, or where the
22 Secretary determines there is a significant po-
23 tential for such an emergency to exist, may
24 issue such requirements—

1 “(i) by guidance in accordance with
2 this section; and

3 “(ii) without regard to the procedures
4 otherwise required by section 553 of title
5 5, United States Code.

6 “(c) ENSURING THAT DATA IS ACCESSIBLE IN A
7 TIMELY MANNER TO STATE, LOCAL, AND TRIBAL
8 HEALTH AUTHORITIES.—

9 “(1) COLLABORATION.—The Secretary shall
10 collaborate with representatives of State, local, and
11 Tribal health departments, and entities representing
12 such departments, to ensure that data and informa-
13 tion that is collected by the Centers for Disease Con-
14 trol and Prevention pursuant to this section are ac-
15 cessible, as appropriate, in a timely manner, to
16 State, local, and Tribal health authorities.

17 “(2) RULES OF CONSTRUCTION.—Nothing in
18 this section shall be construed—

19 “(A) to prevent any Federal agency, State,
20 local, or Tribal health department, or other en-
21 tity from collecting data or information under
22 other applicable law; or

23 “(B) to limit the authority of the Centers
24 for Disease Control and Prevention to share

1 public health surveillance data with State, local,
2 or Tribal health authorities.

3 “(3) REASONABLE EFFORTS TO REDUCE RE-
4 PORTING BURDENS AND POTENTIAL DUPLICA-
5 TION.—The Secretary shall make reasonable efforts
6 to collaborate with representatives of Federal agen-
7 cies and State, local, and Tribal health departments
8 to reduce reporting burdens and potential duplica-
9 tion of reporting requirements. Such efforts may in-
10 clude ensuring simultaneous sharing of data and in-
11 formation described in subsection (b) with State,
12 local, and Tribal public health agencies.

13 “(d) CONFIDENTIALITY AND PROTECTION OF
14 DATA.—Any identifiable, sensitive information (as defined
15 in section 301(d)) reported to the Centers for Disease
16 Control and Prevention pursuant to this section shall not
17 be further disclosed or provided to any other individual
18 or party, including any party involved in civil, criminal,
19 or administrative litigation, except—

20 “(1) as necessary for public health purposes, in-
21 cluding with relevant Federal, State, local, or tribal
22 public health authorities;

23 “(2) as required under section 552a(d)(1) of
24 title 5, United States Code;

1 “(3) as required by applicable Federal laws, ex-
2 cluding instances of disclosure in any Federal, State,
3 or local civil, criminal, administrative, legislative, or
4 other proceeding; or

5 “(4) with the consent of each individual to
6 whom the information pertains.

7 “(e) EXEMPTION OF CERTAIN PUBLIC HEALTH
8 DATA FROM DISCLOSURE.—The Secretary may exempt
9 from disclosure under section 552(b)(3) of title 5, United
10 States Code, public health and health care data and infor-
11 mation collected by the Centers for Disease Control and
12 Prevention pursuant to this section or any other authority
13 under which the Centers collects public health or health
14 care data and information if—

15 “(1) an individual is identified through such
16 data or information; or

17 “(2) there is at least a very small risk, as deter-
18 mined by current scientific practices or statistical
19 methods, that some combination of the data or in-
20 formation, the request for disclosure under such sec-
21 tion 552(b)(3), and other available data sources or
22 the application of technology could be used to de-
23 duce the identity of the individuals to which such
24 data or information pertains.

1 **“SEC. 310C. PUBLIC HEALTH INFORMATION SHARING AND**
2 **AVAILABILITY ADVISORY COMMITTEE.**

3 “(a) ESTABLISHMENT.—The Secretary, acting
4 through the Director of the Centers for Disease Control
5 and Prevention, shall establish an advisory committee, to
6 be known as the Public Health Information Sharing and
7 Availability Advisory Committee, to advise, and make rec-
8 ommendations to, the Director with respect to the imple-
9 mentation of public health and health care data and infor-
10 mation reporting and sharing under section 310B.

11 “(b) MEMBERSHIP.—The membership of the advisory
12 committee established pursuant to this section shall in-
13 clude—

14 “(1) individuals with subject matter expertise
15 or experience in the following areas of public health
16 and health care data and information, including—

17 “(A) State, territorial, local, and Tribal
18 health department data systems or practices;
19 and

20 “(B) health care data;

21 “(2) ex officio members, including from relevant
22 Federal agencies such as the Office of the National
23 Coordinator for Health Information Technology, the
24 Centers for Medicare & Medicaid Services, the Cen-
25 ters for Disease Control and Prevention, and the Of-
26 fice of the Assistant Secretary for Health;

1 “(3) representatives of national organizations,
2 including the Council of State and Territorial Epi-
3 demiologists, the Association of Public Health Lab-
4 oratories, the Association of State and Territorial
5 Health Officials, the National Association of County
6 and City Health Officials, and the Big Cities Health
7 Coalition; and

8 “(4) such additional members as the Secretary
9 deems appropriate.

10 “(c) FACA APPLICABILITY.—The advisory com-
11 mittee established pursuant to this section is deemed to
12 be an advisory committee subject to the Federal Advisory
13 Committee Act.”.

14 (e) IMPROVING PUBLIC HEALTH DATA COLLEC-
15 TION.—

16 (1) IN GENERAL.—The Secretary of Health and
17 Human Services (referred to in this subsection as
18 the “Secretary”) shall award grants, contracts, or
19 cooperative agreements to eligible entities for pur-
20 poses of identifying, developing, or disseminating
21 best practices in the collection of electronic health
22 information and the use of designated data stand-
23 ards and implementation specifications—

24 (A) to improve the quality and complete-
25 ness of data, including demographic data, col-

1 lected, accessed, or used for public health pur-
2 poses; and

3 (B) to address health disparities and re-
4 lated health outcomes.

5 (2) ELIGIBLE ENTITIES.—To be eligible to re-
6 ceive an award under this subsection an entity
7 shall—

8 (A) be a health care provider, academic
9 medical center, community-based organization,
10 State, local governmental entity, Indian Tribe
11 or Tribal organization (as such terms are de-
12 fined in section 4 of the Indian Self Determina-
13 tion and Education Assistance Act (25 U.S.C.
14 5304)), Urban Indian organization (as defined
15 in section 4 of the Indian Health Care Improve-
16 ment Act (25 U.S.C. 1603)), or other appro-
17 priate public or private nonprofit entity, or a
18 consortia of any such entities; and

19 (B) submit an application to the Secretary
20 at such time, in such manner, and containing
21 such information as the Secretary may require.

22 (3) ACTIVITIES.—Entities receiving awards
23 under this subsection shall use such award to de-
24 velop and test best practices for training health care
25 providers to use standards and implementation spec-

1 ifications that assist in the capture, access, ex-
2 change, and use of electronic health information, in-
3 cluding demographic information, disability status,
4 veteran status, housing status, functional status,
5 and other data elements. Such activities shall, at a
6 minimum, include—

7 (A) improving, understanding, and using
8 data standards and implementation specifica-
9 tions;

10 (B) developing or identifying methods to
11 improve communication with patients in a cul-
12 turally and linguistically appropriate manner,
13 including to better capture information related
14 to demographics of such individuals;

15 (C) developing methods for accurately cat-
16 egorizing and recording patient responses using
17 available data standards;

18 (D) educating providers regarding the util-
19 ity of such information for public health pur-
20 poses and the importance of accurate collection
21 and recording of such data; and

22 (E) other activities, as the Secretary deter-
23 mines appropriate.

24 (4) REPORTING.—

1 (A) REPORTING BY AWARD RECIPIENTS.—

2 Each recipient of an award under this sub-
3 section shall submit to the Secretary a report
4 on the results of best practices identified, devel-
5 oped, or disseminated through such award.

6 (B) REPORT TO CONGRESS.—Not later
7 than 1 year after the completion of the program
8 under this subsection, the Secretary shall sub-
9 mit a report to Congress on the success of the
10 best practices developed under such program,
11 opportunities for further dissemination of such
12 best practices, and recommendations for im-
13 proving the capture, access, exchange, and use
14 of information to improve public health and re-
15 duce health disparities.

16 (5) NONDUPLICATION OF EFFORTS.—The Sec-
17 retary shall ensure that the activities and programs
18 carried out under this subsection are free of unnec-
19 essary duplication of effort.

20 (6) AUTHORIZATION OF APPROPRIATIONS.—

21 There is authorized to be appropriated \$10,000,000
22 for each of fiscal years 2023 through 2025 to carry
23 out this subsection.

1 (f) INFORMATION COLLECTION.—Section 319D(a) of
2 the Public Health Service Act (42 U.S.C. 247d–4(a)) is
3 amended by adding at the end the following:

4 “(5) INFORMATION COLLECTION.—Subchapter
5 I of chapter 35 of title 44, United States Code, shall
6 not apply to information collection by the Centers
7 for Disease Control and Prevention, including the
8 Agency for Toxic Substances and Disease Registry,
9 that are part of investigations, research, surveil-
10 lance, or evaluations undertaken for public health
11 purposes.”.

○