

117TH CONGRESS  
1ST SESSION

# H. R. 831

To amend the Public Health Service Act to encourage the rapid development of certain public health data standards, authorize epidemiological surveillance grants, and authorize a data linkage demonstration project, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2021

Mr. PETERS (for himself, Ms. ESHOO, Mr. FITZPATRICK, Mrs. MCBATH, and Ms. CRAIG) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to encourage the rapid development of certain public health data standards, authorize epidemiological surveillance grants, and authorize a data linkage demonstration project, 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 “Health Standards To  
5 Advance Transparency, Integrity, Science, Technology In-  
6 frastructure, and Confidential Statistics Act of 2021” or  
7 the “Health STATISTICS Act of 2021”.

1 **SEC. 2. IMPROVING PUBLIC HEALTH DATA.**

2 Title XXXI of the Public Health Service Act (42  
3 U.S.C. 300kk) is amended—

4 (1) by inserting before section 3101 the fol-  
5 lowing subtitle designation and heading:

6 **“Subtitle A—In General”;**

7 and

8 (2) by adding at the end the following new sub-  
9 title:

10 **“Subtitle B—Public Health**  
11 **Common Data Standards**

12 **“SEC. 3111. TREATMENT OF PUBLIC HEALTH DATA.**

13 **“(a) STANDARDIZED REPORTING.—**

14 **“(1) IN GENERAL.—**The Secretary, acting  
15 through the Director of the Centers for Disease  
16 Control and Prevention, shall—

17 **“(A)** adopt and update as necessary uni-  
18 form standards for State and local health de-  
19 partments to report data to the Centers; and

20 **“(B)** in adopting and updating standards  
21 under this subsection, give deference to—

22 **“(i)** corresponding standards devel-  
23 oped by standards development organiza-  
24 tions and voluntary consensus-based stand-  
25 ards bodies; and

1 “(ii) the recommendations of the  
2 working group established under para-  
3 graph (3).

4 “(2) REQUIREMENTS.—The standards under  
5 paragraph (1) shall—

6 “(A) be consistent with—

7 “(i) standards for the interoperability  
8 of health information technology under  
9 subtitle A;

10 “(ii) Office of Management and Budget  
11 Circular A–119 (or any successor there-  
12 to);

13 “(iii) Office of Management and  
14 Budget standards for race and ethnicity  
15 and other relevant measures; and

16 “(iv) the data and technology stand-  
17 ards designated under section 2823(a)(2);  
18 and

19 “(B) provide for the use of interoperable  
20 systems, consistent with the application pro-  
21 gramming interface standards and associated  
22 implementation specifications under section  
23 170.215 of title 45 (or any successor regula-  
24 tions).

25 “(3) WORKING GROUP.—

1           “(A) ESTABLISHMENT.—The Secretary  
2           shall establish a technical working group (in  
3           this paragraph referred to as the ‘working  
4           group’) to make recommendations on an ongoing  
5           basis and as needed to establish more comprehensive  
6           common standards across appropriate health care, public health, environmental,  
7           and public assistance data systems.

8           “(B) DUTIES.—In making the recommendations  
9           required by subparagraph (A),  
10          the working group shall—

11           “(i) coordinate, and consult with the  
12           Interagency Council on Statistical Policy  
13           established under section 3504 of title 44,  
14           United States Code, and any other relevant  
15           interagency or intra-agency committee;

16           “(ii) include recommendations for—

17           “(I) efficiencies to reduce redundancy and the public reporting burden  
18           in Federal health data reporting requirements and data collections; and  
19           “(II) methods to facilitate evidence-building through standardized  
20           local and State reporting and cross-agency, linkable data sharing between  
21           

22           “(II) methods to facilitate evidence-building through standardized  
23           local and State reporting and cross-agency, linkable data sharing between  
24             
25

1 and among local, State, and Federal  
2 agencies to collect, acquire, and com-  
3 pile complete statistics; and

4 “(iii) build on existing efforts of pub-  
5 lic multistakeholder initiatives seeking to  
6 standardize key data elements necessary  
7 for documenting clinical and other activi-  
8 ties related to the social determinants of  
9 health in order to improve interoperability,  
10 exchange, and use of social determinants  
11 of health data across the health and  
12 human services sectors.

13 “(C) ADDITIONAL CONSULTATION.—The  
14 working group may consult with outside ex-  
15 perts, including State, local, Tribal, and terri-  
16 torial public health officials, public health re-  
17 searchers, and health care providers rep-  
18 resenting communities most affected by health  
19 disparities.

20 “(D) TIMING.—Not later than 6 months  
21 after the date of enactment of this subtitle, the  
22 working group shall provide initial recommenda-  
23 tions under subsection (a) to the Secretary and  
24 the Director of the Centers for Disease Control  
25 and Prevention.

1 “(E) COMPOSITION.—

2 “(i) IN GENERAL.—The working  
3 group shall, at a minimum, include rep-  
4 resentation from—

5 “(I) all relevant Department of  
6 Health and Human Services units, in-  
7 cluding—

8 “(aa) the National Center  
9 for Health Statistics;

10 “(bb) the Centers for Dis-  
11 ease Control and Prevention;

12 “(cc) the Office of the Chief  
13 Technology Officer in the Office  
14 of the Secretary;

15 “(dd) the Office of the Na-  
16 tional Coordinator for Health In-  
17 formation Technology; and

18 “(ee) the Health and  
19 Human Services Data Council;

20 “(II) the Office of Information  
21 and Regulatory Affairs of the Office  
22 of Management and Budget;

23 “(III) the National Institute of  
24 Standards and Technology;

1 “(IV) the Veterans Health Ad-  
2 ministration;

3 “(V) the Military Health System;  
4 and

5 “(VI) the Indian Health Service.

6 “(ii) CHAIR.—The chair of the work-  
7 ing group shall be the Director of the Na-  
8 tional Center for Health Statistics (or the  
9 Director’s designee).

10 “(b) INCREASING EFFICIENCY AND ADVANCING EVI-  
11 DENCE BUILDING.—Consistent with the standards in ef-  
12 fect under subsection (a), the Chief Statistician of the  
13 United States in the Office of Management and Budget,  
14 in accordance with section 3504(e) of title 44, United  
15 States Code, shall issue and update on an ongoing basis  
16 as needed, directives guiding Federal health data informa-  
17 tion collection to reduce public reporting burden, ensure  
18 information quality, improve use of determinants of health  
19 data, and enhance access to health data for evidence-build-  
20 ing activities.

21 “(c) COVID–19 HIGH-PRIORITY STANDARDS.—Not  
22 later than 30 days after the date of enactment of this sub-  
23 title, the Secretary, acting through the Director of the  
24 Centers for Disease Control and Prevention, and in con-

1 sultation with the Director of the National Institutes of  
2 Health, shall—

3 “(1) establish standards under subsection (a)  
4 with respect to COVID–19, including for genomic  
5 epidemiology, modeling outbreak preparedness and  
6 response, therapeutic interventions, treatment set-  
7 tings, and associated outcomes; and

8 “(2) in carrying out paragraph (1), adopt or  
9 build upon existing standards.

10 “(d) SHARING DATA RELATED TO COVID–19.—  
11 Subject to applicable law on the privacy and confiden-  
12 tiality of individually identifiable information, the Sec-  
13 retary shall—

14 “(1) share real-time data related to COVID–19  
15 data collected by the Department of Health and  
16 Human Services with—

17 “(A) the Centers for Disease Control and  
18 Prevention; and

19 “(B) Federal, State, and local public  
20 health agencies outside of the Department of  
21 Health and Human Services; and

22 “(2) make such data (including metadata as de-  
23 fined in section 3502 of title 44, United States  
24 Code) publicly available using standardized, ma-  
25 chine-readable formats—



1 “(A) on the website of the Department of  
2 Health and Human Services; and

3 “(B) in the Federal data catalogue main-  
4 tained under section 3511(c) of title 44, United  
5 States Code.

6 **“SEC. 3112. EPIDEMIOLOGICAL SURVEILLANCE GRANTS.**

7 “(a) GRANT AUTHORITY.—The Secretary, in con-  
8 sultation with the Director of the National Center for  
9 Health Statistics, may award grants or cooperative agree-  
10 ments to public health reporting entities—

11 “(1) to establish protocols and acquire tech-  
12 nologies to implement the standards under section  
13 3111 for reporting, directly or indirectly, to the Fed-  
14 eral Government, including by—

15 “(A) supporting expansion and moderniza-  
16 tion of electronic case reporting, laboratory re-  
17 porting, and mortality reporting with an em-  
18 phasis on modernizing and linking, where ap-  
19 propriate, modularized medical examiner and  
20 coroner case management systems, electronic  
21 death registration systems, electronic health  
22 records, and supporting laboratory systems to  
23 improve data timeliness and quality;

24 “(B) making data sharing with the Na-  
25 tional Center for Health Statistics bidirectional,

1 such that the data received by the National  
2 Center for Health Statistics is provided quickly  
3 back to State and local offices and to Federal  
4 partners and in a form that is quickly under-  
5 standable and actionable;

6 “(C) supporting survey activities to more  
7 broadly measure health disparities at the na-  
8 tional, State, and local levels;

9 “(D) improving interoperability standards  
10 and implementation specifications for industry  
11 use to fulfill specific clinical health information  
12 technology interoperability needs;

13 “(E) developing and implementing protec-  
14 tions required by subsection (b); and

15 “(F) conducting real-world testing of data  
16 important for forecasting to ensure viability,  
17 scalability, and adaptability of data collection  
18 and reporting activities; and

19 “(2) to carry out such reporting using such pro-  
20 tocols and technologies.

21 “(b) ADOPTION OF STANDARDS AND DATA PROTEC-  
22 TIONS.—The Secretary may not award a grant or coopera-  
23 tive agreement under subsection (a) unless the applicant  
24 develops an implementation plan to develop and implement  
25 policies, practices, procedures, and controls related to—

1           “(1) improving data quality and reporting time-  
2       liness;

3           “(2) data security, in accordance with the most  
4       recent versions of the Cybersecurity Framework and  
5       Privacy Framework (or successor frameworks) of the  
6       National Institute of Standards and Technology; and

7           “(3) confidentiality and privacy of any informa-  
8       tion that pertains to an individual and from which,  
9       either alone or in combination with other reasonably  
10      available information, the individual’s identity can be  
11      determined, including policies, practices, procedures,  
12      and controls for—

13           “(A) minimizing collection, processing,  
14      maintenance, retention, and disclosure of such  
15      information to what is necessary, proportionate,  
16      and limited for a good faith public health pur-  
17      pose that is clearly described and limited in an  
18      agreement between the Federal Government  
19      and the recipient;

20           “(B) prohibiting disclosure of such infor-  
21      mation to persons, including government enti-  
22      ties, absent legal safeguards included in Federal  
23      or State laws or regulations, for protecting the  
24      security and privacy of such information; and

1           “(C) making the data available to the Na-  
2           tional Center for Health Statistics for statistical  
3           purposes under subchapter III of chapter 35 of  
4           title 44, United States Code.

5           “(c) COVID–19 REPORTING.—The Secretary may  
6           not award a grant or cooperative agreement under sub-  
7           section (a) unless the applicant agrees—

8           “(1) to use the grant for activities under sub-  
9           section (a) with respect to COVID–19, including  
10          with respect to—

11           “(A) testing results data;

12           “(B) testing results turnaround time;

13           “(C) hospitalization and intensive care unit  
14          data;

15           “(D) new infections among health care  
16          workers;

17           “(E) new cases among quarantined con-  
18          tacts; and

19           “(F) long-term care facilities, prisons, and  
20          other congregate settings; and

21           “(2) in carrying out such activities, to  
22          disaggregate data by age, sex, race, ethnicity, sexual  
23          orientation, gender identity, and Zip Code, as appro-  
24          priate and to the extent possible.

1       “(d) APPLICATION.—A public health reporting entity  
 2     applying for a grant or cooperative agreement under this  
 3     section shall submit an application to the Secretary at  
 4     such time and in such manner as the Secretary may re-  
 5     quire.

6       “(e) DEFINITION.—In this section, the term ‘public  
 7     health reporting entity’ means any entity that reports data  
 8     to the Centers for Disease Control and Prevention or an-  
 9     other public health authority, including a State or local  
 10    public health department, a public health laboratory, and  
 11    a health care provider.

12   **“SEC. 3113. EVIDENCE-BUILDING DEMONSTRATION PRO-**  
 13                           **GRAM.**

14       “(a) IN GENERAL.—The Secretary acting through  
 15     the Director of the National Center for Health Statistics  
 16     (in this section referred to as the ‘Secretary’) shall expand  
 17     the data linkage program of the Department of Health  
 18     and Human Services consisting of Federal statistical and  
 19     programmatic datasets from specified Federal entities, as  
 20     authorized by subchapter III of chapter 35 of title 44,  
 21     United States Code, for the purpose of facilitating statis-  
 22     tical public health research on trends and patterns across  
 23     specifically defined, statistically relevant populations, with  
 24     a particular focus on linking social determinants of health  
 25     data, including with respect to—

- 1 “(1) food insecurity;
- 2 “(2) housing instability;
- 3 “(3) transportation access;
- 4 “(4) safety;
- 5 “(5) social connection and isolation;
- 6 “(6) financial resource strain;
- 7 “(7) stress;
- 8 “(8) race and ethnicity; and
- 9 “(9) sexual orientation and gender identity.

10 “(b) ACTIVITIES.—The activities of the demonstra-  
11 tion program under this section shall include:

12 “(1) Assessing the availability of identified and  
13 deidentified data sets held by Federal, State, local,  
14 and non-Federal entities that may be useful for re-  
15 search described in subsection (a).

16 “(2) Using existing authorities and linkages of  
17 data in accordance with subchapter III of chapter 35  
18 of title 44, United States Code, when relevant to re-  
19 quest the submission of datasets to the National  
20 Center for Health Statistics for linking.

21 “(c) LIMITATION.—The Secretary shall limit access  
22 to data under the demonstration program under this sec-  
23 tion—

24 “(1) to Federal statistical agencies and quali-  
25 fied public and private researchers, as determined by

1 the Director of the National Center for Health Sta-  
2 tistics;

3 “(2) for a period to be specified by the Sec-  
4 retary; and

5 “(3) exclusively for the purpose described in  
6 subsection (a).

7 “(d) PROCESS FOR MAKING DATA AVAILABLE.—

8 “(1) IN GENERAL.—Consistent with paragraph  
9 (2), the Secretary shall establish a rigorous process  
10 for making data available and usable pursuant to  
11 the demonstration program under this section.

12 “(2) REQUIREMENTS.—Before any data is  
13 made available pursuant to the demonstration pro-  
14 gram under this section by an entity described in  
15 subsection (b)(1) to another entity described in sub-  
16 section (b)(1)—

17 “(A) the receiving entity shall submit to  
18 the Director of the National Center for Health  
19 Statistics an application for data for the pur-  
20 pose described in subsection (a); and

21 “(B) the Director shall approve or deny  
22 such request in writing, including in the case of  
23 a denial an explanation of the reasons for the  
24 denial.

25 “(e) RULEMAKING.—

1           “(1) NO DELAY ON IMPLEMENTATION.—The  
2       Secretary—

3           “(A) shall begin implementation of the  
4       demonstration program under this section upon  
5       the date of enactment of this subtitle; and

6           “(B) shall not delay such implementation  
7       for purposes of promulgating the regulations re-  
8       quired by paragraph (2).

9           “(2) PROMULGATION.—The Secretary shall—

10          “(A) issue regulations for carrying out this  
11       section; and

12          “(B) specify in such regulations the al-  
13       lowed and disallowed purposes for sharing and  
14       linking data through the program, including  
15       areas of potential research.

16       “(f) WEBSITE.—The Secretary shall maintain a pub-  
17       licly accessible website—

18           “(1) providing information about a demonstra-  
19       tion program under this section;

20           “(2) facilitating stakeholder participation in  
21       such demonstration program;

22           “(3) facilitating oversight of such demonstra-  
23       tion program;

24           “(4) providing lists of datasets from Federal  
25       and non-Federal entities;



1 “(5) providing lists of identified and  
2 deidentified datasets;

3 “(6) identifying linked datasets;

4 “(7) delineating a process to protect privacy  
5 and confidentiality;

6 “(8) identifying sources of the datasets; and

7 “(9) delineating categories of personal data.

8 “(g) PROGRAM REQUIREMENTS.—The demonstration  
9 program under this section shall be designed to—

10 “(1) support data matching services for agen-  
11 cies and researchers using the National Death  
12 Index; and

13 “(2) facilitate collaboration with States and pri-  
14 vate entities to examine, update, and modernize the  
15 fee structure of the National Death Index to support  
16 a broad range of data queries while assuring the  
17 continued support of the State systems collecting  
18 and providing this information to the National  
19 Death Index.

20 “(h) CONTRACTED ENTITIES.—

21 “(1) IN GENERAL.—Subject to the availability  
22 of appropriations, the Secretary may enter into con-  
23 tracts with eligible entities, as appropriate, for infra-  
24 structure and support services in carrying out the  
25 demonstration program under this section.

1           “(2) ELIGIBILITY.—To be eligible for a con-  
2       tract under paragraph (1), an entity shall—

3           “(A) demonstrate core capabilities for data  
4       sharing, data linkage, and compliance with sub-  
5       chapter III of chapter 35 of title 44, United  
6       States Code; and

7           “(B) adhere to security standards in ac-  
8       cordance with the Federal Risk and Authoriza-  
9       tion Management Program (or any successor  
10      program).

11      “(i) RULE OF CONSTRUCTION.—Nothing in this sec-  
12     tion shall be construed to authorize the availability or use  
13     of data for—

14           “(1) law enforcement; or

15           “(2) any determination of the eligibility of an  
16     individual for any direct or indirect payment, ben-  
17     efit, or service.

18      “(j) REPORT TO CONGRESS.—Not later than 1 year  
19     after the date of enactment of this Act, and annually  
20     thereafter, the Secretary shall submit a report to the Con-  
21     gress on the implementation of this section, including—

22           “(1) identification of best States practices for—

23           “(A) sharing data with, and reporting data  
24       to, the National Death Index; and

1                   “(B) ensuring the quality of such data;  
 2                   and  
 3                   “(2) recommendations to improve—  
 4                   “(A) such sharing and reporting; and  
 5                   “(B) access to the National Death Index  
 6                   by researchers.

7   **“SEC. 3114. BUILDING STATISTICAL PUBLIC HEALTH RE-**  
 8                   **SEARCH CAPACITY.**

9                   “(a) IN GENERAL.—The Secretary, acting through  
 10 the Director of the Centers for Disease Control and Pre-  
 11 vention, shall provide financial assistance to research enti-  
 12 ties and public health departments to establish, expand,  
 13 or enhance capacity for conducting statistical public health  
 14 research—

15                   “(1) in connection with the programs and ac-  
 16 tivities under this subtitle; and

17                   “(2) in accordance with subchapter III of chap-  
 18 ter 35 of title 44, United States Code.

19                   “(b) CAPACITY FOR SHARING AND LINKING.—The  
 20 capacity referred to in subsection (a) may include sharing  
 21 and linking information and accessing and utilizing linked  
 22 health data files in accordance with established data use  
 23 agreements with data holders (including electronic case re-  
 24 porting, electronic health records, and electronic test or-  
 25 ders and results) with public health agencies and related

1 systems, including the National Death Index, immuniza-  
2 tion information systems, syndromic surveillance systems,  
3 laboratory information management systems, electronic  
4 case reporting systems, medical examiner case manage-  
5 ment systems, and Patient Unified Look-up Systems for  
6 Emergencies.

7 **“SEC. 3115. RULE OF CONSTRUCTION.**

8 “Nothing in this subtitle shall be construed to super-  
9 sede the authority of the Director of the Office of Manage-  
10 ment and Budget under title 44, United States Code, to  
11 determine and issue relevant standards for information  
12 management.

13 **“SEC. 3116. AUTHORIZATION OF APPROPRIATIONS.**

14 “There are authorized to be appropriated—

15 “(1) to carry out this subtitle (other than sec-  
16 tion 3113), \$450,000,000, to remain available until  
17 expended; and

18 “(2) to carry out section 3113, \$100,000,000  
19 for the period of fiscal years 2020 through 2025.”.

○