

1 “(IV) reporting test orders and
2 results electronically, including from
3 laboratories;

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

8 “(iii) such other uses as the Secretary
9 determines appropriate.

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

19 (b) IMPROVING INFORMATION SHARING AND AVAIL-
20 ABILITY OF PUBLIC HEALTH DATA.—Section 310B of the
21 Public Health Service Act (42 U.S.C. 242u) is amended
22 to read as follows:

1 **“SEC. 310B. IMPROVING INFORMATION SHARING AND**
2 **AVAILABILITY OF PUBLIC HEALTH DATA.**

3 “(a) IN GENERAL.—The Secretary acting through
4 the Director of the Centers for Disease Control and Pre-
5 vention (in this section referred to as the ‘Secretary’) may
6 require the reporting of public health and health care data
7 and information to the Centers for Disease Control and
8 Prevention by—

9 “(1) health care providers and facilities, includ-
10 ing pharmacies;

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

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

15 “(4) other entities, as determined appropriate
16 by the Secretary.

17 “(b) CONTENT, FORM, MANNER, AND FRE-
18 QUENCY.—

19 “(1) COLLABORATION.—The Secretary shall
20 collaborate with representatives of State, local, and
21 Tribal health departments and other entities on de-
22 termining the content, form, manner, and frequency
23 of the reporting of public health and health care
24 data and information required pursuant to sub-
25 section (a).

1 “(2) SIMULTANEOUS REPORTING.—In deter-
2 mining the content, form, manner, and frequency of
3 the reporting of public health and health care data
4 and information pursuant to subsection (a), where a
5 disease, condition, or related event is reportable
6 under applicable State or local law, the Secretary
7 shall require the data and information to be reported
8 first or simultaneously to the appropriate State or
9 local jurisdiction.

10 “(3) ALIGNMENT WITH STANDARDS AND IM-
11 PLEMENTATION SPECIFICATIONS.—The content,
12 form, manner, and frequency requirements required
13 pursuant to this section shall align with the stand-
14 ards and implementation specifications adopted by
15 the Secretary under section 3004, where applicable.

16 “(4) REASONABLE EFFORTS TO LIMIT REPORT-
17 ING.—The Secretary shall make reasonable efforts
18 to limit the public health and health care data and
19 information required to be reported under this sec-
20 tion to the minimum necessary to accomplish the in-
21 tended public health purpose.

22 “(5) IMPLEMENTATION AND REGULATIONS.—
23 The Secretary—

24 “(A) may promulgate by regulation the
25 content, form, manner, and frequency in which

1 public health and health care data and informa-
2 tion is required to be reported under this sec-
3 tion; and

4 “(B) in the event of a public health emer-
5 gency declared under section 319, or where the
6 Secretary determines there is a significant po-
7 tential for such an emergency to exist, may
8 issue such requirements—

9 “(i) by guidance in accordance with
10 this section; and

11 “(ii) without regard to the procedures
12 otherwise required by section 553 of title
13 5, United States Code.

14 “(c) ENSURING THAT DATA IS ACCESSIBLE IN A
15 TIMELY MANNER TO STATE, LOCAL, AND TRIBAL
16 HEALTH AUTHORITIES.—

17 “(1) COLLABORATION.—The Secretary shall
18 collaborate with representatives of State, local, and
19 Tribal health departments, and entities representing
20 such departments, to ensure that data and informa-
21 tion that is collected by the Centers for Disease Con-
22 trol and Prevention pursuant to this section are ac-
23 cessible, as appropriate, in a timely manner, to
24 State, local, and Tribal health authorities.

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

3 “(A) to prevent any Federal agency, State,
4 local, or Tribal health department, or other en-
5 tity from collecting data or information under
6 other applicable law; or

7 “(B) to limit the authority of the Centers
8 for Disease Control and Prevention to share
9 public health surveillance data with State, local,
10 or Tribal health authorities.

11 “(3) REASONABLE EFFORTS TO REDUCE RE-
12 PORTING BURDENS AND POTENTIAL DUPLICA-
13 TION.—The Secretary shall make reasonable efforts
14 to collaborate with representatives of Federal agen-
15 cies and State, local, and Tribal health departments
16 to reduce reporting burdens and potential duplica-
17 tion of reporting requirements. Such efforts may in-
18 clude ensuring simultaneous sharing of data and in-
19 formation described in subsection (b) with State,
20 local, and Tribal public health authorities.

21 “(d) CONFIDENTIALITY AND PROTECTION OF
22 DATA.—Any identifiable, sensitive information reported to
23 the Centers for Disease Control and Prevention pursuant
24 to this section shall not be further disclosed or provided
25 to any other individual or party, including any party in-

1 volved in civil, criminal, or administrative litigation, ex-
2 cept—

3 “(1) as necessary for public health purposes, in-
4 cluding with relevant Federal, State, local, or tribal
5 public health authorities;

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

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

12 “(4) with the consent of each individual to
13 whom the information pertains.

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

22 “(1) an individual is identified through such
23 data or information; or

24 “(2) there is at least a very small risk, as deter-
25 mined by current scientific practices or statistical

1 methods, that some combination of the data or in-
2 formation, the request for disclosure under such sec-
3 tion 552(b)(3), and other available data sources or
4 the application of technology could be used to de-
5 duce the identity of the individuals to which such
6 data or information pertains.”.

7 (c) PUBLIC HEALTH INFORMATION SHARING AND
8 AVAILABILITY ADVISORY COMMITTEE.—Part A of title III
9 of the Public Health Service Act (42 U.S.C. 241 et seq.)
10 is amended by adding at the end the following:

11 **“SEC. 310C. PUBLIC HEALTH INFORMATION SHARING AND**
12 **AVAILABILITY ADVISORY COMMITTEE.**

13 “(a) ESTABLISHMENT.—The Secretary, acting
14 through the Director of the Centers for Disease Control
15 and Prevention, shall establish an advisory committee, to
16 be known as the Public Health Information Sharing and
17 Availability Advisory Committee, to advise, and make rec-
18 ommendations to, the Director with respect to the imple-
19 mentation of public health and health care data and infor-
20 mation reporting and sharing under section 310B.

21 “(b) MEMBERSHIP.—The membership of the advisory
22 committee established pursuant to this section shall in-
23 clude—

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

4 “(A) State, territorial, local, and Tribal
5 health department data systems or practices;
6 and

7 “(B) health care data;

8 “(2) ex officio members, including from relevant
9 Federal agencies such as the Office of the National
10 Coordinator for Health Information Technology, the
11 Centers for Medicare & Medicaid Services, the Cen-
12 ters for Disease Control and Prevention, and the Of-
13 fice of the Assistant Secretary for Health;

14 “(3) representatives of national organizations,
15 including the Council of State and Territorial Epi-
16 demiologists, the Association of Public Health Lab-
17 oratories, the Association of State and Territorial
18 Health Officials, the National Association of County
19 and City Health Officials, and the Big Cities Health
20 Coalition; and

21 “(4) such additional members as the Secretary
22 determines appropriate.

23 “(c) FACA APPLICABILITY.—The advisory com-
24 mittee established pursuant to this section is deemed to

1 be an advisory committee subject to the Federal Advisory
2 Committee Act.”.

3 (d) IMPROVING PUBLIC HEALTH DATA COLLEC-
4 TION.—

5 (1) IN GENERAL.—The Secretary of Health and
6 Human Services (referred to in this subsection as
7 the “Secretary”) shall award grants, contracts, or
8 cooperative agreements to eligible entities for pur-
9 poses of identifying, developing, or disseminating
10 best practices in the collection of electronic health
11 information and the use of designated data stand-
12 ards and implementation specifications—

13 (A) to improve the quality and complete-
14 ness of data, including demographic data, col-
15 lected, accessed, or used for public health pur-
16 poses; and

17 (B) to address health disparities and re-
18 lated health outcomes.

19 (2) ELIGIBLE ENTITIES.—To be eligible to re-
20 ceive an award under this subsection an entity
21 shall—

22 (A) be a health care provider, academic
23 medical center, community-based organization,
24 State, local governmental entity, Indian Tribe
25 or Tribal organization (as such terms are de-

1 fined in section 4 of the Indian Self Determina-
2 tion and Education Assistance Act (25 U.S.C.
3 5304)), Urban Indian organization (as defined
4 in section 4 of the Indian Health Care Improve-
5 ment Act (25 U.S.C. 1603)), or other appro-
6 priate public or private nonprofit entity, or a
7 consortia of any such entities; and

8 (B) submit an application to the Secretary
9 at such time, in such manner, and containing
10 such information as the Secretary may require.

11 (3) **ACTIVITIES.**—Entities receiving awards
12 under this subsection shall use such award to de-
13 velop and test best practices for training health care
14 providers to use standards and implementation spec-
15 ifications that assist in the capture, access, ex-
16 change, and use of electronic health information, in-
17 cluding demographic information, disability status,
18 veteran status, housing status, functional status,
19 and other data elements. Such activities shall, at a
20 minimum, include—

21 (A) improving, understanding, and using
22 data standards and implementation specifica-
23 tions;

24 (B) developing or identifying methods to
25 improve communication with patients in a cul-

1 turally and linguistically appropriate manner,
2 including to better capture information related
3 to demographics of such individuals;

4 (C) developing methods for accurately cat-
5 egorizing and recording patient responses using
6 available data standards;

7 (D) educating providers regarding the util-
8 ity of such information for public health pur-
9 poses and the importance of accurate collection
10 and recording of such data; and

11 (E) other activities, as the Secretary deter-
12 mines appropriate.

13 (4) REPORTING.—

14 (A) REPORTING BY AWARD RECIPIENTS.—
15 Each recipient of an award under this sub-
16 section shall submit to the Secretary a report
17 on the results of best practices identified, devel-
18 oped, or disseminated through such award.

19 (B) REPORT TO CONGRESS.—Not later
20 than 1 year after the completion of the program
21 under this subsection, the Secretary shall sub-
22 mit a report to Congress on the success of the
23 best practices developed under such program,
24 opportunities for further dissemination of such
25 best practices, and recommendations for im-

1 proving the capture, access, exchange, and use
2 of information to improve public health and re-
3 duce health disparities.

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

8 (6) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated \$10,000,000
10 for each of fiscal years 2024 through 2026 to carry
11 out this subsection.

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

15 “(5) INFORMATION COLLECTION.—Subchapter
16 I of chapter 35 of title 44, United States Code, shall
17 not apply to information collection by the Centers
18 for Disease Control and Prevention, including the
19 Agency for Toxic Substances and Disease Registry,
20 that are part of investigations, research, surveil-
21 lance, or evaluations undertaken for public health
22 purposes under any available authority.”.

