

Union Calendar No.

117TH CONGRESS
1ST SESSION

H. R. 550

[Report No. 117-]

To amend the Public Health Service Act with respect to immunization system data modernization and expansion, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 28, 2021

Ms. KUSTER (for herself and Mr. BUCSHON) introduced the following bill;
which was referred to the Committee on Energy and Commerce

AUGUST --, 2021

Reported with an amendment, committed to the Committee of the Whole
House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on January 28, 2021]

A BILL

To amend the Public Health Service Act with respect to immunization system data modernization and expansion, 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 “Immunization Infra-*
5 *structure Modernization Act of 2021”.*

6 **SEC. 2. IMMUNIZATION INFORMATION SYSTEM DATA MOD-**
7 **ERNIZATION AND EXPANSION.**

8 *Subtitle C of title XXVIII of the Public Health Service*
9 *Act (42 U.S.C. 300hh–31 et seq.) is amended by adding at*
10 *the end the following:*

11 **“SEC. 2824. IMMUNIZATION INFORMATION SYSTEM DATA**
12 **MODERNIZATION AND EXPANSION.**

13 *“(a) EXPANDING CDC AND PUBLIC HEALTH DEPART-*
14 *MENT CAPABILITIES.—*

15 *“(1) IN GENERAL.—The Secretary shall—*

16 *“(A) conduct activities (including with re-*
17 *spect to interoperability, population reporting,*
18 *and bidirectional reporting) to expand, enhance,*
19 *and improve immunization information systems*
20 *that are administered by health departments or*
21 *other agencies of State, local, Tribal, and terri-*
22 *torial governments and used by health care pro-*
23 *viders; and*

24 *“(B) award grants or cooperative agree-*
25 *ments to the health departments, or such other*

1 *governmental entities as administer immuniza-*
2 *tion information systems, of State, local, Tribal,*
3 *and territorial governments, for the expansion,*
4 *enhancement, and improvement of immunization*
5 *information systems to assist public health de-*
6 *partments in—*

7 *“(i) assessing current data infrastruc-*
8 *ture capabilities and gaps among health*
9 *care providers to improve and increase con-*
10 *sistency in patient matching, data collec-*
11 *tion, reporting, bidirectional exchange, and*
12 *analysis of immunization-related informa-*
13 *tion;*

14 *“(ii) providing for technical assistance*
15 *and the efficient enrollment and training of*
16 *health care providers, including at phar-*
17 *macies and other settings where immuniza-*
18 *tions are being provided, such as long-term*
19 *care facilities, specialty health care pro-*
20 *viders, community health centers, Federally*
21 *qualified health centers, rural health cen-*
22 *ters, organizations serving adults 65 and*
23 *older, and organizations serving homeless*
24 *and incarcerated populations;*

1 “(iii) improving secure data collection,
2 transmission, bidirectional exchange, main-
3 tenance, and analysis of immunization in-
4 formation;

5 “(iv) improving the secure
6 bidirectional exchange of immunization
7 record data among Federal, State, local,
8 Tribal, and territorial governmental entities
9 and non-governmental entities, including
10 by—

11 “(I) improving such exchange
12 among public health officials in mul-
13 tiple jurisdictions within a State, as
14 appropriate; and

15 “(II) by simplifying and sup-
16 porting electronic reporting by any
17 health care provider;

18 “(v) supporting the standardization of
19 immunization information systems to accel-
20 erate interoperability with health informa-
21 tion technology, including with health infor-
22 mation technology certified under section
23 3001(c)(5) or with health information net-
24 works;

1 “(vi) supporting adoption of the im-
2 munization information system functional
3 standards of the Centers for Disease Control
4 and Prevention and the maintenance of se-
5 curity standards to protect individually
6 identifiable health information;

7 “(vii) supporting and training immu-
8 nization information system, data science,
9 and informatics personnel;

10 “(viii) supporting real-time immuni-
11 zation record data exchange and reporting,
12 to support rapid identification of immuni-
13 zation coverage gaps;

14 “(ix) improving completeness of data
15 by facilitating the capability of immuniza-
16 tion information systems to exchange data,
17 directly or indirectly, with immunization
18 information systems in other jurisdictions;

19 “(x) enhancing the capabilities of im-
20 munization information systems to evalu-
21 ate, forecast, and operationalize clinical de-
22 cision support tools in alignment with the
23 recommendations of the Advisory Committee
24 on Immunization Practices as approved by

1 *the Director of the Centers for Disease Con-*
2 *trol and Prevention;*

3 *“(xi) supporting the development and*
4 *implementation of policies that facilitate*
5 *complete population-level capture, consoli-*
6 *dation, and access to accurate immuniza-*
7 *tion information;*

8 *“(xii) supporting the procurement and*
9 *implementation of updated software, hard-*
10 *ware, and cloud storage to adequately man-*
11 *age information volume and capabilities;*

12 *“(xiii) supporting expansion of capa-*
13 *bilities within immunization information*
14 *systems for outbreak response;*

15 *“(xiv) supporting activities within the*
16 *applicable jurisdiction related to the man-*
17 *agement, distribution, and storage of vac-*
18 *cine doses and ancillary supplies;*

19 *“(xv) developing information related to*
20 *the use and importance of immunization*
21 *record data and disseminating such infor-*
22 *mation to health care providers and other*
23 *persons authorized under State law to ac-*
24 *cess such information, including payors and*
25 *health care facilities; or*

1 “(xvi) supporting activities to improve
2 the scheduling and administration of vac-
3 cinations.

4 “(2) *DATA STANDARDS.*—In carrying out para-
5 graph (1), the Secretary shall—

6 “(A) designate data and technology stand-
7 ards that must be followed by governmental enti-
8 ties with respect to use of immunization infor-
9 mation systems as a condition of receiving an
10 award under this section, with priority given to
11 standards developed by—

12 “(i) consensus-based organizations
13 with input from the public; and

14 “(ii) voluntary consensus-based stand-
15 ards bodies; and

16 “(B) support a means of independent
17 verification of the standards used in carrying
18 out paragraph (1).

19 “(3) *PUBLIC-PRIVATE PARTNERSHIPS.*—In car-
20 rying out paragraph (1), the Secretary may develop
21 and utilize contracts and cooperative agreements for
22 technical assistance, training, and related implemen-
23 tation support.

24 “(b) *REQUIREMENTS.*—

1 “(1) *HEALTH INFORMATION TECHNOLOGY*
2 *STANDARDS.—The Secretary may not award a grant*
3 *or cooperative agreement under subsection (a)(1)(B)*
4 *unless the applicant uses and agrees to use standards*
5 *adopted by the Secretary under section 3004.*

6 “(2) *WAIVER.—The Secretary may waive the re-*
7 *quirement under paragraph (1) with respect to an*
8 *applicant if the Secretary determines that the activi-*
9 *ties under subsection (a)(1)(B) cannot otherwise be*
10 *carried out within the applicable jurisdiction.*

11 “(3) *APPLICATION.—A State, local, Tribal, or*
12 *territorial health department applying for a grant or*
13 *cooperative agreement under subsection (a)(1)(B)*
14 *shall submit an application to the Secretary at such*
15 *time and in such manner as the Secretary may re-*
16 *quire. Such application shall include information de-*
17 *scribing—*

18 “(A) *the activities that will be supported by*
19 *the grant or cooperative agreement; and*

20 “(B) *how the modernization of the immuni-*
21 *zation information systems involved will support*
22 *or impact the public health infrastructure of the*
23 *health department, including a description of re-*
24 *maining gaps, if any, and the actions needed to*
25 *address such gaps.*

1 “(c) *STRATEGY AND IMPLEMENTATION PLAN.*—Not
2 *later than 90 days after the date of enactment of this sec-*
3 *tion, the Secretary shall submit to the Committee on Energy*
4 *and Commerce of the House of Representatives and the*
5 *Committee on Health, Education, Labor, and Pensions of*
6 *the Senate a coordinated strategy and an accompanying*
7 *implementation plan that identifies and demonstrates the*
8 *measures the Secretary will utilize to—*

9 “(1) *update and improve immunization infor-*
10 *mation systems supported by the Centers for Disease*
11 *Control and Prevention; and*

12 “(2) *carry out the activities described in this sec-*
13 *tion to support the expansion, enhancement, and im-*
14 *provement of State, local, Tribal, and territorial im-*
15 *munization information systems.*

16 “(d) *CONSULTATION; TECHNICAL ASSISTANCE.*—

17 “(1) *CONSULTATION.*—*In developing the strategy*
18 *and implementation plan under subsection (c), the*
19 *Secretary shall consult with—*

20 “(A) *health departments, or such other gov-*
21 *ernmental entities as administer immunization*
22 *information systems, of State, local, Tribal, and*
23 *territorial governments;*

1 “(B) professional medical associations, pub-
2 lic health associations, and associations rep-
3 resenting pharmacists and pharmacies;

4 “(C) community health centers, long-term
5 care facilities, and other appropriate entities
6 that provide immunizations;

7 “(D) health information technology experts;
8 and

9 “(E) other public or private entities, as ap-
10 propriate.

11 “(2) TECHNICAL ASSISTANCE.—In connection
12 with consultation under paragraph (1), the Secretary
13 may—

14 “(A) provide technical assistance, certifi-
15 cation, and training related to the exchange of
16 information by immunization information sys-
17 tems used by health care and public health enti-
18 ties at the local, State, Federal, Tribal, and ter-
19 ritorial levels; and

20 “(B) develop and utilize public-private
21 partnerships for implementation support appli-
22 cable to this section.

23 “(e) REPORT TO CONGRESS.—Not later than 1 year
24 after the date of enactment of this section, the Secretary
25 shall submit a report to the Committee on Health, Edu-

1 *cation, Labor, and Pensions of the Senate and the Com-*
2 *mittee on Energy and Commerce of the House of Represent-*
3 *atives that includes—*

4 “(1) *a description of any barriers to—*

5 “(A) *public health authorities implementing*
6 *interoperable immunization information sys-*
7 *tems;*

8 “(B) *the exchange of information pursuant*
9 *to immunization records; or*

10 “(C) *reporting by any health care profes-*
11 *sional authorized under State law, using such*
12 *immunization information systems, as appro-*
13 *priate, and pursuant to State law; or*

14 “(2) *a description of barriers that hinder the ef-*
15 *fective establishment of a network to support immuni-*
16 *zation reporting and monitoring, including a list of*
17 *recommendations to address such barriers; and*

18 “(3) *an assessment of immunization coverage*
19 *and access to immunizations services and any dis-*
20 *parities and gaps in such coverage and access for*
21 *medically underserved, rural, and frontier areas.*

22 “(f) *DEFINITION.—In this section, the term ‘immuni-*
23 *zation information system’ means a confidential, popu-*
24 *lation-based, computerized database that records immuni-*
25 *zation doses administered by any health care provider to*

1 *persons within the geographic area covered by that data-*
2 *base.*

3 “(g) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
4 *out this section, there is authorized to be appropriated*
5 *\$400,000,000, to remain available until expended.”.*