

AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO COMMITTEE PRINT RELATING TO PUBLIC HEALTH OFFERED BY M__ . _____

Page 3, after line 11, add the following (and make such conforming changes as may be necessary):

- 1 (3) carry out the activities specified in sub-
2 section (c).

Page 3, after line 11, add the following:

3 **SEC. 3001A. IMMUNIZATION INFORMATION SYSTEM DATA**
4 **MODERNIZATION AND EXPANSION.**

5 (a) EXPANDING CDC AND PUBLIC HEALTH DE-
6 PARTMENT CAPABILITIES.—

7 (1) IN GENERAL.—The Secretary shall—

- 8 (A) conduct activities (including with re-
9 spect to interoperability, population reporting,
10 and bidirectional reporting) to expand, enhance,
11 and improve immunization information systems
12 that are administered by health departments or
13 other agencies of State, local, Tribal, and terri-
14 torial governments and used by health care pro-
15 viders; and

1 (B) award grants or cooperative agree-
2 ments to the health departments, or such other
3 governmental entities as administer immuniza-
4 tion information systems, of State, local, Tribal,
5 and territorial governments, for the expansion,
6 enhancement, and improvement of immuniza-
7 tion information systems to assist public health
8 departments in—

9 (i) assessing current data infrastruc-
10 ture capabilities and gaps among health
11 care providers to improve and increase
12 consistency in patient matching, data col-
13 lection, reporting, bidirectional exchange,
14 and analysis of immunization-related infor-
15 mation;

16 (ii) providing for the efficient enroll-
17 ment and training of health care providers,
18 including at pharmacies and other settings
19 where immunizations are being provided,
20 such as long-term care facilities, specialty
21 health care providers, community health
22 centers, Federally qualified health centers,
23 rural health centers, organizations serving
24 adults 65 and older, and organizations

1 serving homeless and incarcerated popu-
2 lations;

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

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

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

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

19 (v) supporting the standardization of
20 immunization information systems to accel-
21 erate interoperability with health informa-
22 tion technology, including with health in-
23 formation technology certified under sec-
24 tion 3001(c)(5) of the Public Health Serv-

1 ice Act (42 U.S.C. 300jj–11(c)(5)) or with
2 health information networks;

3 (vi) supporting adoption of the immu-
4 nization information system functional
5 standards of the Centers for Disease Con-
6 trol and Prevention and the maintenance
7 of security standards to protect individ-
8 ually identifiable health information as de-
9 fined in section 160.103 of title 45, Code
10 of Federal Regulations (or any successor
11 regulations);

12 (vii) supporting and training immuni-
13 zation information system, data science,
14 and informatics personnel;

15 (viii) supporting real-time immuniza-
16 tion record data exchange and reporting,
17 to support rapid identification of immuni-
18 zation coverage gaps;

19 (ix) improving completeness of data
20 by facilitating the capability of immuniza-
21 tion information systems to exchange data,
22 directly or indirectly, with immunization
23 information systems in other jurisdictions;

24 (x) enhancing the capabilities of im-
25 munization information systems to evalu-

1 ate, forecast, and operationalize clinical de-
2 cision support tools in alignment with the
3 recommendations of the Advisory Com-
4 mittee on Immunization Practices as ap-
5 proved by the Director of the Centers for
6 Disease Control and Prevention;

7 (xi) supporting the development and
8 implementation of policies that facilitate
9 complete population-level capture, consoli-
10 dation, and access to accurate immuniza-
11 tion information;

12 (xii) supporting the procurement and
13 implementation of updated software, hard-
14 ware, and cloud storage to adequately
15 manage information volume and capabili-
16 ties;

17 (xiii) supporting expansion of capabili-
18 ties within immunization information sys-
19 tems for outbreak response;

20 (xiv) supporting activities within the
21 applicable jurisdiction related to the man-
22 agement, distribution, and storage of vac-
23 cine doses and ancillary supplies; and

24 (xv) developing information related to
25 the use and importance of immunization

1 record data and disseminating such infor-
2 mation to health care providers and other
3 persons authorized under State law to ac-
4 cess such information, including payors
5 and health care facilities.

6 (2) DATA STANDARDS.—In carrying out para-
7 graph (1), the Secretary shall—

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

14 (i) consensus-based organizations with
15 input from the public; and

16 (ii) voluntary consensus-based stand-
17 ards bodies; and

18 (B) support a means of independent
19 verification of the standards used in carrying
20 out paragraph (1).

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

1 (b) REQUIREMENTS.—

2 (1) HEALTH INFORMATION TECHNOLOGY
3 STANDARDS.—The Secretary may not award a grant
4 or cooperative agreement under subsection (a)(1)(B)
5 unless the applicant uses and agrees to use stand-
6 ards adopted by the Secretary under section 3004 of
7 the Public Health Service Act (42 U.S.C. 300jj–14).

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

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

20 (A) the activities that will be supported by
21 the grant or cooperative agreement; and

22 (B) how the modernization of the immuni-
23 zation information systems involved will support
24 or impact the public health infrastructure of the
25 health department, including a description of

1 remaining gaps, if any, and the actions needed
2 to address such gaps.

3 (c) STRATEGY AND IMPLEMENTATION PLAN.—Not
4 later than 90 days after the date of enactment of this sec-
5 tion, the Secretary shall submit to the Committee on En-
6 ergy and Commerce of the House of Representatives and
7 the Committee on Health, Education, Labor, and Pen-
8 sions of the Senate a coordinated strategy and an accom-
9 panying implementation plan that identifies and dem-
10 onstrates the measures the Secretary will utilize to—

11 (1) update and improve immunization informa-
12 tion systems supported by the Centers for Disease
13 Control and Prevention; and

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

18 (d) CONSULTATION; TECHNICAL ASSISTANCE.—

19 (1) CONSULTATION.—In developing the strat-
20 egy and implementation plan under subsection (c),
21 the Secretary shall consult with—

22 (A) health departments, or such other gov-
23 ernmental entities as administer immunization
24 information systems, of State, local, Tribal, and
25 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 part-
21 nerships for implementation support applicable
22 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 Rep-
3 resentatives that includes—

4 (1) a description of—

5 (A) any barriers to—

6 (i) public health authorities imple-
7 menting interoperable immunization infor-
8 mation systems;

9 (ii) the exchange of information pur-
10 suant to immunization records; or

11 (iii) reporting by any health care pro-
12 fessional authorized under State law, using
13 such immunization information systems, as
14 appropriate, and pursuant to State law; or

15 (B) barriers that hinder the effective es-
16 tablishment of a network to support immuniza-
17 tion reporting and monitoring, including a list
18 of recommendations to address such barriers;
19 and

20 (2) an assessment of immunization coverage
21 and access to immunizations services and any dis-
22 parities and gaps in such coverage and access for
23 medically underserved, rural, and frontier areas.

24 (f) DEFINITION.—In this section, the term “immuni-
25 zation information system” means a confidential, popu-

1 lation-based, computerized database that records immuni-
2 zation doses administered by any health care provider to
3 persons within the geographic area covered by that data-
4 base.

