To amend the Public Health Service Act to improve the Nation’s surveillance and reporting for diseases and conditions, and for other purposes.

IN THE SENATE OF THE UNITED STATES
SEPTEMBER 11, 2008

Mr. HAGEL (for himself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL
To amend the Public Health Service Act to improve the Nation’s surveillance and reporting for diseases and conditions, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “National Integrated Public Health Surveillance Systems and Reportable Conditions Act”.

VerDate Aug 31 2005 04:50 Sep 12, 2008 Jkt 069200 PO 00000 Frm 00001 Fmt 6652 Sfmt 6201 E:\BILLS\S3476.IS S3476rfrederick on PROD1PC67 with BILLS
SEC. 2. PURPOSES.

The purpose of the programs authorized under this Act is to strengthen public health surveillance systems and disease reporting by—

(1) delineating existing grant mechanisms at the Centers for Disease Control and Prevention designed to enhance disease surveillance and reporting by improving and modernizing capacity at the State and local level—

(A) to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

(B) to detect new and emerging infectious disease threats; and

(C) to identify and respond to disease outbreaks;

(2) expanding eligibility for grantees;

(3) increasing funding to ensure all States and jurisdictions have appropriate surveillance and reporting capacity and can provide comprehensive electronic reporting, including laboratory reporting;

(4) delineating existing applied epidemiology, laboratory science, and informatics fellowship programs designed to reduce documented workforce shortages for these essential public health profes-
sionals at the State and local level and increasing funding for these programs;

(5) expanding the Epidemic Intelligence Service;

(6) delineating a refined process for establishing a list of nationally notifiable diseases and conditions;

(7) improving binational surveillance of diseases in the United States and Mexico border region, including developing improved standards and protocols for binational epidemiology, surveillance, laboratory analyses, and control of infectious diseases between the two nations; and

(8) establishing a forum to permit review and identification of best surveillance practices with a particular focus on improving coordination of animal-human disease surveillance.

SEC. 3. STRENGTHENING PUBLIC HEALTH SURVEILLANCE SYSTEMS.

Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) is amended by adding at the end the following:
“Subtitle C—Strengthening Public Health Surveillance Systems

“SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

“(a) In General.—Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by—

“(1) strengthening epidemiologic capacity;

“(2) enhancing laboratory practice;

“(3) improving information systems; and

“(4) developing and implementing prevention and control strategies.

“(b) Eligible Entities.—In this section, the term ‘eligible entity’ means an entity that—

“(1) is—

“(A) a State health department;

“(B) a local health department that meets such criteria as the Director of the Centers for Diseases Control and Prevention determines for purposes of this section;
“(C) a tribal jurisdiction that meets such criteria as the Director of the Centers for Disease Control and Prevention determines for purposes of this section; or

“(D) a partnership established for purposes of this section between one or more eligible entities described in subparagraph (A), (B), or (C) and an academic center; and

“(2) submits to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) USE OF FUNDS.—

“(1) IN GENERAL.—An eligible entity shall use amounts received under a grant under this section for core functions described in this subsection including—

“(A) building public health capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

“(B) detecting new and emerging infectious disease threats, including laboratory capacity to detect antimicrobial resistant infections;
“(C) identifying and responding to disease outbreaks;

“(D) hiring necessary staff;

“(E) conducting needed staff training and educational development; and

“(F) other activities that improve surveillance as determined by the Director of the Centers for Disease Control and Prevention.

“(2) DEVELOPMENT AND MAINTENANCE OF INFORMATION EXCHANGE.—

“(A) NATIONAL STANDARDS.—Not later than 180 days after the date of the enactment of this subtitle, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in consultation with the National Coordinator for Health Information Technology, shall issue guidelines for public health entities that—

“(i) are designed to ensure that all State and local health departments and public health laboratories have access to information systems to receive, monitor, and report infectious diseases and other urgent conditions of public health importance; and
“(ii) are consistent with standards and recommendations for health information technology by the National Coordinator for Health Information Technology, and by the American Health Information Community (AHIC) and its successors.

“(B) Secure information systems.—

An eligible entity shall use amounts received through a grant under this section to ensure that the entity has access to a web-based, secure information system that complies with the guidelines developed under subparagraph (A). Such a system shall be designed—

“(i) to receive automated case reports of State and national reportable conditions from clinical systems and health care offices that use electronic health records and from clinical and public health laboratories, and to submit reports of nationally reportable conditions to the Director of the Centers for Disease Control and Prevention;

“(ii) to receive and analyze, within 24 hours, de-identified electronic clinical data for situational awareness and to forward
such reports immediately to the Centers
for Disease Control and Prevention at the
time of receipt;

“(iii) to manage, link, and process dif-
ferent types of data, including information
on newly reported cases, exposed contacts,
laboratory results, number of people vac-
cinated or given prophylactic medications,
adverse events monitoring and follow-up, in
an integrated outbreak management sys-
tem;

“(iv) to geocode analyze, display, re-
port, and map, using Geographic Informa-
tion System technology, accumulated data
and to share data with other local health
departments, State health departments,
and the Centers for Disease Control and
Prevention;

“(v) to receive, manage, and dissemi-
nate alerts, protocols, and other informa-
tion, including Health Alert Network and
Epi-X information, as appropriate, for
public health workers, health care pro-
viders, and public health partners in emer-
gency response within each health depart-
ment’s jurisdiction and to automate the exchange and cascading of such information with external partners using national standards;

“(vi) to have information technology security and critical infrastructure protection as appropriate to protect public health information;

“(vii) to have the technical infrastructure needed to ensure availability, backup, and disaster recovery of data, application services, and communications systems during natural disasters such as floods, tornadoes, hurricanes, and power outages; and

“(viii) to provide for other capabilities as the Secretary determines appropriate.

“(C) LABORATORY SYSTEMS.—An eligible entity shall use amounts received under a grant under this section to ensure that State or local public health laboratories are utilizing web-based, secure systems that are in compliance with the guidelines developed by the Secretary under subparagraph (A) and that—

“(i) are fully integrated laboratory information systems;
“(ii) provide for the reporting of electronic test results to the appropriate local and State health departments using currently existing national format and coding standards;

“(iii) have information technology security and critical infrastructure protection to protect public health information (as determined by the Secretary);

“(iv) have the technical infrastructure needed to ensure availability, backup, and disaster recovery of data, application services, and communications systems during natural disasters including floods, tornadoes, hurricanes, and power outages; and

“(v) address other capabilities as the Secretary determines appropriate.

“(D) OTHER USES.—In addition to the activities described in subparagraphs (B) and (C), an eligible entity (including the entity’s public health laboratory) may use amounts received under a grant under this section for systems development and maintenance, hiring necessary staff, and staff technical training. Grantees under this section may elect to develop their
own systems or use federally developed systems
in carrying out activities under this paragraph.

“(d) PRIORITY.—In allocating funds under sub-
section (f)(2) for activities under subsection (e)(2)(B) (re-
lated to secure information systems), the Secretary shall
give priority to eligible entities that demonstrate need.

“(e) REPORTS.—Not later than September 30, 2009,
and each September 30 thereafter, the Secretary shall
submit to Congress an annual report on the activities car-
rried out under this section by recipients of assistance
under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There
are authorized to be appropriated to carry out this section
$180,000,000 for each of fiscal years 2009 through 2012,
of which—

“(1) not less than $88,000,000 shall be made
available each such fiscal year for activities under
subsection (c)(1);

“(2) not less than $60,000,000 shall be made
available each such fiscal year for activities under
subsection (c)(2)(B); and

“(3) not less than $32,000,000 shall be made
available each such fiscal year for activities under
subsection (c)(2)(C).
“SEC. 2822. FELLOWSHIP TRAINING IN APPLIED PUBLIC
HEALTH EPIDEMIOLOGY, PUBLIC HEALTH
LABORATORY SCIENCE, PUBLIC HEALTH
INFORMATICS, AND EXPANSION OF THE EPI-
DEMIC INTELLIGENCE SERVICE.

“(a) IN GENERAL.—The Secretary, acting through
the Director of the Centers for Disease Control and Pre-
vention, may carry out activities to address documented
workforce shortages in State and local health departments
in the critical areas of applied public health epidemiology
and public health laboratory science and informatics and
may expand the Epidemic Intelligence Service.

“(b) SPECIFIC USES.—In carrying out subsection
(a), the Secretary, acting through the Director of the Cen-
ters for Disease Control and Prevention, shall provide for
the expansion of existing Council of State and Territorial
Epidemiologists and Association of Public Health Labora-
tories fellowship programs operated through the Centers
for Disease Control and Prevention in a manner that is
designed to alleviate shortages of the type described in
subsection (a).

“(c) OTHER PROGRAMS.—The Secretary, acting
through the Director of the Centers for Disease Control
and Prevention, may provide for the expansion of other
applied epidemiology training programs that meet objec-
tives similar to the objectives of the programs described in subsection (b).

“(d) WORK OBLIGATION.—Participation in fellowship training programs under this section shall be deemed to be service for purposes of satisfying work obligations stipulated in contracts under section 338I(j).

“(e) GENERAL SUPPORT.—Amounts may be used from grants awarded under this section to expand the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention to better support all public health systems at all levels of government.

“(f) AUTHORIZATIONS OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $39,500,000 for each of fiscal years 2009 through 2012, of which—

“(1) not less than $5,000,000 shall be made available in each such fiscal year for epidemiology fellowship training program activities under subsections (b) and (c);

“(2) not less than $5,000,000 shall be made available in each such fiscal year for laboratory fellowship training programs under subsection (b);

“(3) not less than $5,000,000 shall be made available in each such fiscal year for the Public
Health Informatics Fellowship Program under subsection (e); and

“(4) not less than $24,500,000 shall be made available for expanding the Epidemic Intelligence Service under subsection (a).

“SEC. 2823. NATIONALLY NOTIFIABLE DISEASES AND CONDITIONS.

“(a) In General.—At the request of the Council of State and Territorial Epidemiologists, the Director of the Centers for Disease Control and Prevention shall assist the Council in developing or improving a process for States to conduct surveillance and submit reports to the Director on nationally notifiable diseases and conditions.

“(b) List of Nationally Notifiable Diseases and Conditions.—The process under subsection (a) shall include a list of nationally notifiable diseases and conditions as follows:

“(1) The Council of State and Territorial Epidemiologists and the Director of the Centers for Disease Control and Prevention will jointly develop—

“(A) not later than 1 year after the date of the enactment of the National Integrated Public Health Surveillance Systems and Reportable Conditions Act, a list of nationally notifiable diseases and conditions; and
“(B) a process for reviewing the list on an annual basis and, as appropriate, modifying the list, taking into account newly recognized diseases and conditions of public health importance and advances in diagnostic technology.

“(2) A disease or condition will be included on the list only if a majority of the States represented on the Council approve such inclusion.

“(3) The list will include standard definitions for confirmed, probable, and suspect cases for each nationally notifiable disease or condition.

“(4) The list will distinguish between—

“(A) diseases and conditions of urgent public health importance for which immediate action may be needed; and

“(B) diseases and conditions for which reporting is less urgent and mainly for the purpose of monitoring trends and evaluating public health intervention programs.

“(c) NOTIFICATIONS TO CDC.—The process under subsection (a) shall provide for reporting to the Director of the Centers for Disease Control and Prevention as follows:

“(1) For diseases and conditions described in subsection (b)(4)(A), reporting will occur—
“(A) by telephone or by using a system described in section 2821(c)(2)(B); and

“(B) within 24 hours of the State making a determination that a disease or condition meets the criteria for national reporting for that disease or condition.

“(2) For diseases and conditions described in subsection (b)(4)(B), reporting will occur—

“(A) by using a system described in section 2821(c)(2)(B); and

“(B) only if funding is sufficient for the State to conduct individual case surveillance and to have the necessary systems to support electronic reporting.

“(d) DEFINITIONS.—In this section, the term ‘nationally notifiable’, with respect to a disease or condition, means included on the list developed pursuant to subsection (b).

“SEC. 2824. IMPROVING BINATIONAL SURVEILLANCE AND NOTIFICATION.

“(a) FINDINGS.—The Congress finds as follows:

“(1) Nearly 1,000,000 people cross the international border between the United States and Mexico on a daily basis, and this transmobility of population presents actual cases and the potential risk of
transmission of infectious diseases and disease
agents between these countries.

“(2) Numerous infectious disease cases in the
United States are binational in origin, thus requir-
ing improved epidemiology, surveillance, follow-up
investigations, and disease case management along
the United States and Mexico border.

“(b) GUIDELINES FOR BINATIONAL COOPERA-
TION.—Not later than 1 year after the date of the enact-
ment of this subtitle, the Director of the Centers for Dis-
ees Control and Prevention shall—

“(1) develop an expedited review and approval
process and adopt the resultant version of the
‘Guidelines for US–Mexico Coordination on Epide-
miological Events of Mutual Interest’, which have
been developed with input from United States and
Mexican State health agencies, including the Mexi-
can Federal Health Secretariat, the United States
Department of Health and Human Services, and the
Centers for Disease Control and Prevention; and

“(2) use these guidelines as the basis for devel-
oping improved standards and protocols for bina-
tional epidemiology, surveillance, laboratory anal-
yses, and control of infectious diseases between the
United States and Mexico.
“(c) DEFINITION.—In this section, the term ‘binational’ refers to both sides of the United States-Mexico border, whether collectively, such as an activity or program being carried out concurrently by or in both countries, a phenomenon (for example, a disease outbreak or health emergency) affecting a population or geographic area in both countries, or a disease case that originated on one side of the border and was transmitted to the other.

“SEC. 2825. EVALUATION OF BEST PRACTICES IN PUBLIC HEALTH SURVEILLANCE.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee—

“(1) to evaluate best practices in public health surveillance, including human and animal disease surveillance and environmental health monitoring of harmful exposures through air, water, soil, or other means; and

“(2) to assess systems needed for improving coordination among public health surveillance and monitoring systems.

“(b) COMPOSITION.—The committee established under subsection (a) shall be composed of—
“(1) an epidemiologist employed and designated by the Director of the Centers for Disease Control and Prevention;

“(2) an informatics specialist designated by the Director of the Centers for Disease Control and Prevention;

“(3) an epidemiologist designated by the Director of the Centers for Disease Control and Prevention to represent the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry;

“(4) a representative of an academic center or professional, scientific association designated by the American Society for Microbiology;

“(5) a food scientist designated by the Commissioner of Food and Drugs;

“(6) an individual designated by the Secretary of Agriculture from the Division of Veterinary Services;

“(7) a wildlife disease specialist designated by the Secretary of Agriculture;

“(8) an epidemiologist employed by a State and designated by the Council of State and Territorial Epidemiologists;
“(9) a public health laboratorian employed by a State and designated by the Association of Public Health Laboratories;

“(10) a public health veterinarian employed by a State and designated by the National Association of State Public Health Veterinarians;

“(11) a laboratorian designated by the American Association of Veterinary Laboratory Diagnosticians;

“(12) a State health official designated by the Association of State and Territorial Health Officials;

“(13) a local health official designated by the National Association of County and City Health Officials;

“(14) an environmental health scientist employed and designated by the Administrator of the Environmental Protection Agency; and

“(15) a representative with expertise in the Department of Veterans Affairs’ disease monitoring systems.

“(c) FUNCTIONS.—The committee established under subsection (a) shall—

“(1) review innovative approaches adopted by State and local agencies to improve disease detection;
“(2) evaluate best practices in public health surveillance;

“(3) develop model data sharing agreements among local, State, and Federal health agencies;

“(4) assess systems needed for coordinated animal and human disease surveillance and develop recommendations for the improvement of such surveillance; and

“(5) disseminate findings and recommendations to relevant local, State and Federal agencies.

“(d) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section, $750,000 for each of fiscal years 2009 through 2010.”.