

111TH CONGRESS
1ST SESSION

S. 1028

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

MAY 13, 2009

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.

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 “Strengthening Amer-
5 ica’s Public Health System Act”.

6 **SEC. 2. PURPOSES.**

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

1 (1) delineating existing grant mechanisms at
2 the Centers for Disease Control and Prevention de-
3 signed to enhance disease surveillance and reporting
4 by improving and modernizing capacity at the State
5 and local level—

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

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

11 (C) to identify and respond to disease out-
12 breaks;

13 (2) expanding eligibility for grantees;

14 (3) increasing funding to ensure all States and
15 jurisdictions have appropriate surveillance and re-
16 porting capacity and can provide comprehensive elec-
17 tronic reporting, including laboratory reporting;

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

24 (5) expanding the Epidemic Intelligence Serv-
25 ice;

1 (6) delineating a refined process for estab-
 2 lishing a list of nationally notifiable diseases and
 3 conditions;

4 (7) improving binational surveillance of diseases
 5 in the United States and Mexico border region, in-
 6 cluding developing improved standards and protocols
 7 for binational epidemiology, surveillance, laboratory
 8 analyses, and control of infectious diseases between
 9 the two nations; and

10 (8) establishing a forum to permit review and
 11 identification of best surveillance practices with a
 12 particular focus on improving coordination of ani-
 13 mal-human disease surveillance.

14 **SEC. 3. STRENGTHENING PUBLIC HEALTH SURVEILLANCE**
 15 **SYSTEMS.**

16 Title XXVIII of the Public Health Service Act (42
 17 U.S.C. 300hh et seq.) is amended by adding at the end
 18 the following:

19 **“Subtitle C—Strengthening Public**
 20 **Health Surveillance Systems**

21 **“SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY**
 22 **GRANTS.**

23 “(a) IN GENERAL.—Subject to the availability of ap-
 24 propriations, the Secretary, acting through the Director
 25 of the Centers for Disease Control and Prevention, shall

1 establish an Epidemiology and Laboratory Capacity Grant
 2 Program to award grants to eligible entities to assist pub-
 3 lic health agencies in improving surveillance for, and re-
 4 sponse to, infectious diseases and other conditions of pub-
 5 lic health importance by—

6 “(1) strengthening epidemiologic capacity;

7 “(2) enhancing laboratory practice;

8 “(3) improving information systems; and

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

11 “(b) ELIGIBLE ENTITIES.—In this section, the term
 12 ‘eligible entity’ means an entity that—

13 “(1) is—

14 “(A) a State health department;

15 “(B) a local health department that meets
 16 such criteria as the Director of the Centers for
 17 Diseases Control and Prevention determines for
 18 purposes of this section;

19 “(C) a tribal jurisdiction that meets such
 20 criteria as the Director of the Centers for Dis-
 21 ease Control and Prevention determines for
 22 purposes of this section; or

23 “(D) a partnership established for pur-
 24 poses of this section between one or more eligi-

1 ble entities described in subparagraph (A), (B),
2 or (C) and an academic center; and

3 “(2) submits to the Secretary an application at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require.

6 “(c) USE OF FUNDS.—

7 “(1) IN GENERAL.—An eligible entity shall use
8 amounts received under a grant under this section
9 for core functions described in this subsection in-
10 cluding—

11 “(A) building public health capacity to
12 identify and monitor the occurrence of infec-
13 tious diseases and other conditions of public
14 health importance;

15 “(B) detecting new and emerging infec-
16 tious disease threats, including laboratory ca-
17 pacity to detect antimicrobial resistant infec-
18 tions;

19 “(C) identifying and responding to disease
20 outbreaks;

21 “(D) hiring necessary staff;

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

1 “(F) other activities that improve surveil-
 2 lance as determined by the Director of the Cen-
 3 ters for Disease Control and Prevention.

4 “(2) DEVELOPMENT AND MAINTENANCE OF IN-
 5 FORMATION EXCHANGE.—

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

14 “(i) are designed to ensure that all
 15 State and local health departments and
 16 public health laboratories have access to
 17 information systems to receive, monitor,
 18 and report infectious diseases and other
 19 urgent conditions of public health impor-
 20 tance; and

21 “(ii) are consistent with standards
 22 and recommendations for health informa-
 23 tion technology by the National Coordi-
 24 nator for Health Information Technology,

1 and by the American Health Information
2 Community (AHIC) and its successors.

3 “(B) SECURE INFORMATION SYSTEMS.—

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

10 “(i) to receive automated case reports
11 of State and national reportable conditions
12 from clinical systems and health care of-
13 fices that use electronic health records and
14 from clinical and public health labora-
15 tories, and to submit reports of nationally
16 reportable conditions to the Director of the
17 Centers for Disease Control and Preven-
18 tion;

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

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

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

16 “(v) to receive, manage, and dissemi-
17 nate alerts, protocols, and other informa-
18 tion, including Health Alert Network and
19 Epi-X information, as appropriate, for
20 public health workers, health care pro-
21 viders, and public health partners in emer-
22 gency response within each health depart-
23 ment’s jurisdiction and to automate the ex-
24 change and cascading of such information

1 with external partners using national
2 standards;

3 “(vi) to have information technology
4 security and critical infrastructure protec-
5 tion as appropriate to protect public health
6 information;

7 “(vii) to have the technical infrastruc-
8 ture needed to ensure availability, backup,
9 and disaster recovery of data, application
10 services, and communications systems dur-
11 ing natural disasters such as floods, tor-
12 nados, hurricanes, and power outages; and

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

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

22 “(i) are fully integrated laboratory in-
23 formation systems;

24 “(ii) provide for the reporting of elec-
25 tronic test results to the appropriate local

1 and State health departments using cur-
2 rently existing national format and coding
3 standards;

4 “(iii) have information technology se-
5 curity and critical infrastructure protection
6 to protect public health information (as de-
7 termined by the Secretary);

8 “(iv) have the technical infrastructure
9 needed to ensure availability, backup, and
10 disaster recovery of data, application serv-
11 ices, and communications systems during
12 natural disasters including floods, torna-
13 does, hurricanes, and power outages; and

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

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

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

5 “(e) REPORTS.—Not later than September 30, 2011,
6 and each September 30 thereafter, the Secretary shall
7 submit to Congress an annual report on the activities car-
8 ried out under this section by recipients of assistance
9 under this section.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$190,000,000 for each of fiscal years 2010 through 2013,
13 of which—

14 “(1) not less than \$95,000,000 shall be made
15 available each such fiscal year for activities under
16 subsection (c)(1);

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

20 “(3) not less than \$32,000,000 shall be made
21 available each such fiscal year for activities under
22 subsection (c)(2)(C).

1 **“SEC. 2822. FELLOWSHIP TRAINING IN APPLIED PUBLIC**
2 **HEALTH EPIDEMIOLOGY, PUBLIC HEALTH**
3 **LABORATORY SCIENCE, PUBLIC HEALTH**
4 **INFORMATICS, AND EXPANSION OF THE EPI-**
5 **DEMIC INTELLIGENCE SERVICE.**

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

13 “(b) SPECIFIC USES.—In carrying out subsection
14 (a), the Secretary, acting through the Director of the Cen-
15 ters for Disease Control and Prevention, shall provide for
16 the expansion of existing fellowship programs operated
17 through the Centers for Disease Control and Prevention
18 in a manner that is designed to alleviate shortages of the
19 type described in subsection (a).

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

1 “(d) WORK OBLIGATION.—Participation in fellow-
2 ship training programs under this section shall be deemed
3 to be service for purposes of satisfying work obligations
4 stipulated in contracts under section 338I(j).

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

10 “(f) AUTHORIZATIONS OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$39,500,000 for each of fiscal years 2010 through 2013,
13 of which—

14 “(1) \$5,000,000 shall be made available in each
15 such fiscal year for epidemiology fellowship training
16 program activities under subsections (b) and (c);

17 “(2) \$5,000,000 shall be made available in each
18 such fiscal year for laboratory fellowship training
19 programs under subsection (b);

20 “(3) \$5,000,000 shall be made available in each
21 such fiscal year for the Public Health Informatics
22 Fellowship Program under subsection (e); and

23 “(4) \$24,500,000 shall be made available for
24 expanding the Epidemic Intelligence Service under
25 subsection (a).

1 **“SEC. 2823. NATIONALLY NOTIFIABLE DISEASES AND CON-**
2 **DITIONS.**

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

9 “(b) LIST OF NATIONALLY NOTIFIABLE DISEASES
10 AND CONDITIONS.—The process under subsection (a)
11 shall include a list of nationally notifiable diseases and
12 conditions as follows:

13 “(1) The Council of State and Territorial Epi-
14 demiologists and the Director of the Centers for Dis-
15 ease Control and Prevention will jointly develop—

16 “(A) not later than 1 year after the date
17 of the enactment of the Strengthening Amer-
18 ica’s Public Health System Act, a list of nation-
19 ally notifiable diseases and conditions; and

20 “(B) a process for reviewing the list on an
21 annual basis and, as appropriate, modifying the
22 list, taking into account newly recognized dis-
23 eases and conditions of public health impor-
24 tance and advances in diagnostic technology.

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

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

7 “(4) The list will distinguish between—

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

11 “(B) diseases and conditions for which re-
12 porting is less urgent and mainly for the pur-
13 pose of monitoring trends and evaluating public
14 health intervention programs.

15 “(c) NOTIFICATIONS TO CDC.—The process under
16 subsection (a) shall provide for reporting to the Director
17 of the Centers for Disease Control and Prevention as fol-
18 lows:

19 “(1) For diseases and conditions described in
20 subsection (b)(4)(A), reporting will occur—

21 “(A) by telephone or by using a system de-
22 scribed in section 2821(c)(2)(B); and

23 “(B) within 24 hours of the State making
24 a determination that a disease or condition

1 meets the criteria for national reporting for
2 that disease or condition.

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

5 “(A) by using a system described in sec-
6 tion 2821(c)(2)(B); and

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

11 “(d) DEFINITIONS.—In this section, the term ‘na-
12 tionally notifiable’, with respect to a disease or condition,
13 means included on the list developed pursuant to sub-
14 section (b).

15 **“SEC. 2824. IMPROVING BINATIONAL SURVEILLANCE AND**
16 **NOTIFICATION.**

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

18 “(1) Nearly 1,000,000 people cross the inter-
19 national border between the United States and Mex-
20 ico on a daily basis, and this transmobility of popu-
21 lation presents actual cases and the potential risk of
22 transmission of infectious diseases and disease
23 agents between these countries.

24 “(2) Numerous infectious disease cases in the
25 United States are binational in origin, thus requir-

1 ing improved epidemiology, surveillance, follow-up
2 investigations, and disease case management along
3 the United States and Mexico border.

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

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

17 “(2) use these guidelines as the basis for devel-
18 oping improved standards and protocols for bina-
19 tional epidemiology, surveillance, laboratory anal-
20 yses, and control of infectious diseases between the
21 United States and Mexico.

22 “(c) DEFINITION.—In this section, the term ‘bina-
23 tional’ refers to both sides of the United States-Mexico
24 border, whether collectively, such as an activity or pro-
25 gram being carried out concurrently by or in both coun-

1 tries, a phenomenon (for example, a disease outbreak or
 2 health emergency) affecting a population or geographic
 3 area in both countries, or a disease case that originated
 4 on one side of the border and was transmitted to the other.

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

7 “(a) IN GENERAL.—The Secretary, acting through
 8 the Director of the Centers for Disease Control and Pre-
 9 vention, shall establish a committee—

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

15 “(2) to assess systems needed for improving co-
 16 ordination among public health surveillance and
 17 monitoring systems.

18 “(b) COMPOSITION.—The committee established
 19 under subsection (a) shall be composed of—

20 “(1) an epidemiologist employed and designated
 21 by the Director of the Centers for Disease Control
 22 and Prevention;

23 “(2) an informatics specialist designated by the
 24 Director of the Centers for Disease Control and Pre-
 25 vention;

1 “(3) an epidemiologist designated by the Direc-
2 tor of the Centers for Disease Control and Preven-
3 tion to represent the National Center for Environ-
4 mental Health and the Agency for Toxic Substances
5 and Disease Registry;

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

9 “(5) a food scientist designated by the Commis-
10 sioner of Food and Drugs;

11 “(6) an individual designated by the Secretary
12 of Agriculture from the Division of Veterinary Serv-
13 ices;

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

16 “(8) an epidemiologist employed by a State and
17 designated by the Council of State and Territorial
18 Epidemiologists;

19 “(9) a public health laboratorian employed by a
20 State and designated by the Association of Public
21 Health Laboratories;

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

1 “(11) a laboratorian designated by the Amer-
2 ican Association of Veterinary Laboratory Diagnosti-
3 cians;

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

6 “(13) a local health official designated by the
7 National Association of County and City Health Of-
8 ficials;

9 “(14) an environmental health scientist em-
10 ployed and designated by the Administrator of the
11 Environmental Protection Agency; and

12 “(15) a representative with expertise in the De-
13 partment of Veterans Affairs’ disease monitoring
14 systems.

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

17 “(1) review innovative approaches adopted by
18 State and local agencies to improve disease detec-
19 tion;

20 “(2) evaluate best practices in public health
21 surveillance;

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

24 “(4) assess systems needed for coordinated ani-
25 mal and human disease surveillance and develop rec-

1 ommendations for the improvement of such surveil-
2 lance; and

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

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$750,000 for each of fiscal years 2010 through 2011.”.

○