

116TH CONGRESS
2D SESSION

H. R. 8073

To require the Director of the Centers for Disease Control and Prevention to create a standardized method for State, Tribal, and local health departments to report to the Centers with respect to COVID–19, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 21, 2020

Mr. BEYER (for himself, Ms. SEWELL of Alabama, Mr. CONNOLLY, Mr. VARGAS, Ms. PORTER, Mr. TAKANO, Mr. SABLAN, Ms. SHERRILL, Mr. PASCRELL, Mr. DEUTCH, and Ms. GABBARD) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Director of the Centers for Disease Control and Prevention to create a standardized method for State, Tribal, and local health departments to report to the Centers with respect to COVID–19, 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 “Improving COVID–
5 19 Data Transparency Act”.

1 **SEC. 2. STANDARDIZED METHOD FOR HEALTH DEPART-**
2 **MENT REPORTING .**

3 (a) IN GENERAL.—Not later than 30 days after the
4 date of enactment of this Act, the Director of the Centers
5 for Disease Control and Prevention shall create a stand-
6 ardized method for State, Tribal, and local health depart-
7 ments to report to the Centers with respect to COVID—
8 19 the following:

9 (1) New confirmed and probable cases in the
10 respective jurisdiction, including—

11 (A) per capita rates by date;

12 (B) the 7-day moving average;

13 (C) disaggregation of the new cases, if
14 known, by whether the cases are part of an
15 identifiable outbreak versus community spread;
16 and

17 (D) the percentage of new cases
18 epidemiologically linked to at least one other
19 case.

20 (2) Daily hospitalizations of patients in the re-
21 spective jurisdiction with a confirmed or presumed
22 case of COVID–19, including—

23 (A) per capita rates by date; and

24 (B) the 7-day moving average.

25 (3) The percentage of hospital beds occupied by
26 such patients.

1 (4) Daily numbers of such patients in the inten-
2 sive care unit.

3 (5) Daily numbers of such patients on ventila-
4 tors.

5 (6) How long such patients have been in the
6 hospital.

7 (7) Trends in emergency departments of pa-
8 tients with COVID-like illness and influenza-like ill-
9 ness.

10 (8) Daily numbers of diagnostic and serological
11 tests administered for SARS-CoV-2 with respect to
12 patients in the respective jurisdiction, disaggregated
13 by—

14 (A) the type of test;

15 (B) the testing positivity rate of each type
16 of test, including a 7-day moving average; and

17 (C) testing per capita rates by date for
18 each type of test, including a 7-day moving av-
19 erage.

20 (9) The sensitivity and specificity of each such
21 type of test.

22 (10) Daily numbers and percentages of contacts
23 traced with respect to patients in the respective ju-
24 risdiction and the percentages of such contacts who
25 know each other.

1 (11) The rate of transmission of SARS-CoV-2
2 in the respective jurisdiction.

3 (12) Daily numbers of deaths of individuals
4 with a confirmed or probable case of COVID-19 and
5 per capita rates of such deaths, with a 7-day moving
6 average.

7 (13) Daily averages, and 7-day moving aver-
8 ages, of turnaround time for diagnostic tests for
9 COVID-19—

10 (A) from the time of specimen collection to
11 reporting; and

12 (B) from the time of specimen collection to
13 isolation of confirmed cases.

14 (14) Institutions in the respective jurisdiction
15 with major outbreaks of COVID-19, including any
16 such nursing homes, prisons, schools, and
17 meatpacking plants.

18 (15) A list of—

19 (A) long-term care and other congregate
20 facilities (including homeless shelters and cor-
21 rectional facilities) and essential workplaces (in-
22 cluding meatpacking plants) with outbreaks of
23 COVID-19 cases; and

1 (B) the numbers of deaths of residents (as
2 applicable) and staff of such facilities and work-
3 places.

4 (16) A weekly percentage of residents in the re-
5 spective jurisdiction wearing masks correctly in pub-
6 lic indoor settings, based on direct observation or se-
7 curity camera analysis, by a standard, consistent
8 method.

9 (17) The weekly percentage of new confirmed
10 and probable cases among quarantined contacts.

11 (18) Daily numbers of new confirmed and prob-
12 able cases of COVID–19 among health care workers
13 that are not confirmed to have been contracted out-
14 side of the workplace.

15 (b) DISAGGREGATION REQUIRED.—The Director of
16 the Centers for Disease Control and Prevention shall en-
17 sure that the standardized method of reporting under sub-
18 section (a) requires the disaggregation of data by gender,
19 age, cohort, race, and ethnicity.

20 (c) POSTING BY CDC.—The Director of the Centers
21 for Disease Control and Prevention shall—

22 (1) post the information described in para-
23 graphs (1) through (19) of subsection (a), to the ex-
24 tent such information is in the possession of the
25 Centers, on the public website of the Centers, except

1 that such posting shall exclude any individually iden-
2 tifiable information; and

3 (2) to the extent feasible disaggregate such in-
4 formation by State, Tribal, and local jurisdiction.

5 (d) UPDATES.—The Director of the Centers for Dis-
6 ease Control and Prevention—

7 (1) shall, as appropriate, periodically update the
8 method posted under subsection (a); and

9 (2) may revise and expand the reporting cat-
10 egories listed in such subsection.

11 (e) STATE.—In this section, the term “State” in-
12 cludes the District of Columbia, the Commonwealth of
13 Puerto Rico, the Northern Mariana Islands, the Virgin Is-
14 lands, Guam, and American Samoa.

15 **SEC. 3. TELEVISED REPORTING OF MORBIDITY AND MOR-**
16 **TALITY WEEKLY REPORT.**

17 Each week, the Director of the Centers for Disease
18 Control and Prevention shall—

19 (1) deliver a televised presentation of its Mor-
20 bidity and Mortality Weekly Report;

21 (2) make the presentation open to the media;
22 and

23 (3) assign a career civil servant to deliver the
24 presentation.

1 **SEC. 4. MODELING TRANSPARENCY.**

2 (a) ENSURING REPRODUCIBILITY.—The Secretary of
3 Health and Human Services, acting through the Director
4 of the Centers for Disease Control and Prevention, shall
5 ensure that any COVID–19 modeling that is conducted
6 or supported by the Centers is fully reproducible by shar-
7 ing, to the extent permissible and appropriate, the infor-
8 mation needed to reproduce such modeling, including any
9 modeling code.

10 (b) REPORT.—The Secretary of Health and Human
11 Services shall enter into an arrangement with the National
12 Academies of Sciences, Engineering, and Medicine to pre-
13 pare, not later than 6 months after the date of enactment
14 of this Act, and publish a report on—

15 (1) the sources of data and information relied
16 on by entities for COVID–19 modeling;

17 (2) the reasons why the Institute for Health
18 Metrics, Johns Hopkins University, The COVID
19 Tracking Project, and 1Point3Acres decided to start
20 COVID–19 modeling;

21 (3) the coordination and financial support that
22 has been provided by the Federal Government for
23 COVID–19 modeling to entites conducting COVID–
24 19 modeling that have been widely relied upon; and

25 (4) what can be done to ensure the continuation
26 and availability of reliable COVID–19 modeling.

1 **SEC. 5. IMPROVED CASE REPORTING.**

2 Section 3001(c)(5) of the Public Health Service Act
3 (42 U.S.C. 300jj–11(c)(5)) is amended—

4 (1) by redesignating subparagraph (E) as sub-
5 paragraph (F);

6 (2) in subparagraph (F), as redesignated, after
7 “subparagraph (D)” by inserting “or (E)”; and

8 (3) after executing the redesignation made by
9 paragraph (1), by inserting after subparagraph (D)
10 the following:

11 “(E) ADDITIONAL CONDITIONS OF CER-
12 TIFICATION.—Not later than 1 year after the
13 date of enactment of the COVID–19 Data
14 Transparency Act, the Secretary, through no-
15 tice and comment rulemaking, shall require, as
16 a condition of certification and maintenance of
17 certification for programs maintained or recog-
18 nized under this paragraph, consistent with
19 other conditions and requirements under this
20 title, that the health information technology de-
21 veloper or entity provides assurances satisfac-
22 tory to the Secretary that the health informa-
23 tion technology is designed to effectuate the
24 automated generation and transmission of re-
25 ports of possible reportable conditions from

- 1 electronic health records to public health agen-
- 2 cies for review and action.”.

