

117TH CONGRESS
2D SESSION

S. 3814

To modernize biosurveillance capabilities and infectious disease data collection,
and improve epidemic forecasting and outbreak analytics.

IN THE SENATE OF THE UNITED STATES

MARCH 10 (legislative day, MARCH 7), 2022

Mr. HICKENLOOPER (for himself and Mr. CASSIDY) introduced the following
bill; which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To modernize biosurveillance capabilities and infectious dis-
ease data collection, and improve epidemic forecasting
and outbreak analytics.

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 “Modernizing Bio-
5 surveillance Capabilities and Epidemic Forecasting Act”.

1 **SEC. 2. MODERNIZING BIOSURVEILLANCE CAPABILITIES**
 2 **AND INFECTIOUS DISEASE DATA COLLEC-**
 3 **TION.**

4 Section 319D of the Public Health Service Act (42
 5 U.S.C. 247d-4) is amended—

6 (1) in subsection (b)(1)(A), by striking “, and
 7 local” and inserting “, local, and Tribal”;

8 (2) in subsection (c)—

9 (A) in paragraph (1), by inserting “mod-
 10 ernize,” after “establish,”;

11 (B) in paragraph (3)(B), by inserting “,
 12 and make recommendations to improve the
 13 quality of data collected pursuant to subpara-
 14 graph (A) to ensure complete, accurate, and
 15 timely sharing of such data, as appropriate,
 16 across such elements as described in subpara-
 17 graph (A)” after “under subparagraph (A)”;

18 (C) in paragraph (5)—

19 (i) in subparagraph (A)—

20 (I) in the matter preceding clause
 21 (i), by striking “and operating” and
 22 inserting “, operating, and updating,
 23 as appropriate,”;

24 (II) in clause (iv), by striking
 25 “and” at the end;

1 (III) in clause (v), by striking the
2 period and inserting “; and”; and

3 (IV) by adding at the end the fol-
4 lowing:

5 “(vi) in collaboration with State, local,
6 and Tribal public health officials, integrate
7 and update applicable existing public
8 health data systems and networks of the
9 Department of Health and Human Serv-
10 ices to reflect technological advancements,
11 consistent with section 2823, as applica-
12 ble.”; and

13 (ii) in subparagraph (B)—

14 (I) in clause (i), by inserting
15 “and 180 days after the date of enact-
16 ment of the Modernizing Biosurveil-
17 lance Capabilities and Epidemic Fore-
18 casting Act,” after “Innovation Act of
19 2019,”;

20 (II) in clause (ii), by inserting
21 “experts in privacy and data secu-
22 rity;” after “forecasting);”; and

23 (III) in clause (iii)—

24 (aa) in subclause (V), by
25 striking “and” at the end;

1 (bb) in subclause (VI), by
2 striking the period and inserting
3 a semicolon; and

4 (cc) by adding at the end
5 the following:

6 “(VII) strategies to integrate lab-
7 oratory and public health data sys-
8 tems and capabilities to support rapid
9 and accurate reporting of laboratory
10 test results and associated relevant
11 data;

12 “(VIII) strategies to improve the
13 collection and reporting of relevant,
14 aggregated, deidentified demographic
15 data to inform responses to public
16 health emergencies, including identi-
17 fication of at-risk populations and to
18 address potential health disparities;
19 and

20 “(IX) strategies to improve the
21 electronic exchange of health informa-
22 tion between State and local health
23 departments and health care providers
24 and facilities to improve public health
25 surveillance.”; and

1 (D) in paragraph (6)(A)—

2 (i) in the matter preceding clause (i),
3 by inserting “and every 5 years there-
4 after,” after “Innovation Act of 2019,”

5 (ii) in clause (iii)—

6 (I) in subclause (III), by striking
7 “and” at the end; and

8 (II) by adding at the end the fol-
9 lowing:

10 “(V) improve coordination and
11 collaboration, as appropriate, with
12 other Federal departments; and

13 “(VI) implement applicable les-
14 sons learned from recent public health
15 emergencies to address gaps in situa-
16 tional awareness and biosurveillance
17 capabilities;”;

18 (iii) in clause (iv), by striking “and”
19 at the end;

20 (iv) in clause (v), by striking the pe-
21 riod and inserting “, including a descrip-
22 tion of how such steps will further the
23 goals of the network, consistent with para-
24 graph (1); and”; and

25 (v) by adding at the end the following:

1 “(vi) identifies and demonstrates
 2 measurable steps the Secretary will take to
 3 further develop and integrate infectious
 4 disease detection, support rapid and accu-
 5 rate reporting of laboratory test results
 6 during a public health emergency, and im-
 7 prove coordination and collaboration with
 8 State, local, and Tribal public health offi-
 9 cials, clinical laboratories, and other enti-
 10 ties with expertise in public health surveil-
 11 lance.”;

12 (3) in subsection (d)—

13 (A) in paragraph (1), by inserting “, act-
 14 ing through the Director of the Centers for Dis-
 15 ease Control and Prevention and in coordina-
 16 tion with the heads of other appropriate agen-
 17 cies and offices within the Department of
 18 Health and Human Services,” after “the Sec-
 19 retary”;

20 (B) in paragraph (2)(C), by inserting “,
 21 including any public-private partnerships or
 22 other partnerships entered into to improve such
 23 capacity” before the semicolon; and

24 (C) by adding at the end the following:

1 “(6) NON-DUPLICATION OF EFFORT.—The Sec-
 2 retary shall ensure that activities carried out under
 3 an award under this subsection do not unnecessarily
 4 duplicate efforts of other agencies and offices within
 5 the Department of Health and Human Services.”;

6 (4) by amending subsection (i) to read as fol-
 7 lows:

8 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
 9 are authorized to be appropriated—

10 “(1) to carry out subsection (a), \$25,000,000
 11 for each of fiscal years 2022 and 2023; and

12 “(2) to carry out subsections (b), (c), and (d),
 13 \$136,800,000 for each of fiscal years 2022 and
 14 2023.”; and

15 (5) by striking “tribal” each place it appears
 16 and inserting “Tribal”.

17 **SEC. 3. EPIDEMIC FORECASTING AND OUTBREAK ANA-**
 18 **LYTICS.**

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

22 **“SEC. 2824. EPIDEMIC FORECASTING AND OUTBREAK ANA-**
 23 **LYTICS.**

24 “(a) IN GENERAL.—The Secretary, acting through
 25 the Director of the Centers for Disease Control and Pre-

1 vention, shall continue activities related to the develop-
2 ment of infectious disease outbreak analysis capabilities
3 to enhance the prediction, modeling, and forecasting of po-
4 tential public health emergencies and other infectious dis-
5 ease outbreaks, which may include activities to support
6 preparedness for, and response to, such emergencies and
7 outbreaks. In carrying out this subsection, the Secretary
8 shall identify strategies to include and leverage, as appro-
9 priate, the capabilities to public and private entities, which
10 may include conducting such activities through collabo-
11 rative partnerships with public and private entities, includ-
12 ing academic institutions, and other Federal agencies, con-
13 sistent with section 319D, as applicable.

14 “(b) CONSIDERATIONS.—In carrying out subsection
15 (a), the Secretary, acting through the Director of the Cen-
16 ters for Disease Control and Prevention, may consider
17 public health data and, as appropriate, other data sources
18 related to the transmission of such infectious diseases that
19 affect preparedness for, or response to, public health
20 emergencies and infectious disease outbreaks.

21 “(c) ANNUAL REPORTS.—Not later than 1 year after
22 the date of enactment of this section, and annually there-
23 after for each of the subsequent 4 years, the Secretary
24 shall prepare and submit a report, to the Committee on
25 Health, Education, Labor, and Pensions of the Senate and

1 the Committee on Energy and Commerce of the House
2 of Representatives, regarding an update on progress on
3 activities conducted under this section to develop infec-
4 tious disease outbreak analysis capabilities and any addi-
5 tional information relevant to such efforts.”.

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