

(2) not less than \$60,000,000 shall be made available each such fiscal year for activities under subsection (a)(3); and

(3) not less than \$32,000,000 shall be made available each such fiscal year for activities under subsection (a)(2).

(July 1, 1944, ch. 373, title XXVIII, §2821, as added Pub. L. 111-148, title IV, §4304, Mar. 23, 2010, 124 Stat. 584; amended Pub. L. 116-22, title VI, §607(b), June 24, 2019, 133 Stat. 960.)

Editorial Notes

AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-22, §607(b)(1), inserted “, including mosquito and other vector-borne diseases,” after “infectious diseases”.

Subsec. (b). Pub. L. 116-22, §607(b)(2), substituted “2019 through 2023” for “2010 through 2013” in introductory provisions.

§ 300hh-32. Enhanced support to assist health departments in addressing vector-borne diseases

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may enter into cooperative agreements with health departments of States, political subdivisions of States, and Indian Tribes and Tribal organizations in areas at high risk of vector-borne diseases in order to increase capacity to identify, report, prevent, and respond to such diseases and related outbreaks.

(b) Eligibility

To be eligible to enter into a cooperative agreement under this section, an entity described in subsection (a) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

(1) how the applicant proposes to develop or expand programs to address vector-borne disease risks, including through—

(A) related training and workforce development;

(B) programmatic efforts to improve capacity to identify, report, prevent, and respond to such disease and related outbreaks; and

(C) other relevant activities identified by the Director of the Centers for Disease Control and Prevention, as appropriate;

(2) the manner in which the applicant will coordinate with other Federal, Tribal, and State agencies and programs, as applicable, related to vector-borne diseases, as well as other relevant public and private organizations or agencies; and

(3) the manner in which the applicant will evaluate the effectiveness of any program carried out under the cooperative agreement.

(c) Authorization of appropriations

For the purposes of carrying out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title XXVIII, §2822, as added Pub. L. 116-94, div. N, title I, §404(c), Dec. 20, 2019, 133 Stat. 3118.)

§ 300hh-33. Public health data system modernization

(a) Expanding CDC and public health department capabilities

(1) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

(A) conduct activities to expand, modernize, improve, and sustain applicable public health data systems used by the Centers for Disease Control and Prevention, including with respect to the interoperability and improvement of such systems (including as it relates to preparedness for, prevention and detection of, and response to public health emergencies); and

(B) award grants or cooperative agreements to State, local, Tribal, or territorial public health departments for the expansion and modernization of public health data systems, to assist public health departments and public health laboratories in—

(i) assessing current data infrastructure capabilities and gaps to—

(I) improve and increase consistency in data collection, storage, and analysis; and

(II) as appropriate, improve dissemination of public health-related information;

(ii) improving secure public health data collection, transmission, exchange, maintenance, and analysis, including with respect to demographic data, as appropriate;

(iii) improving the secure exchange of data between the Centers for Disease Control and Prevention, State, local, Tribal, and territorial public health departments, public health laboratories, public health organizations, and health care providers, including by public health officials in multiple jurisdictions within such State, as appropriate, and by simplifying and supporting reporting by health care providers, as applicable, pursuant to State law, including through the use of health information technology;

(iv) enhancing the interoperability of public health data systems (including systems created or accessed by public health departments) with health information technology, including with health information technology certified under section 300jj-11(c)(5) of this title;

(v) supporting and training data systems, data science, and informatics personnel;

(vi) supporting earlier disease and health condition detection, such as through near real-time data monitoring, to support rapid public health responses;

(vii) supporting activities within the applicable jurisdiction related to the expansion and modernization of electronic case reporting; and

(viii) developing and disseminating information related to the use and importance of public health data.

(2) Data standards**(A) In general**

In carrying out paragraph (1), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, not later than 2 years after December 29, 2022, in consultation with the Office of the National Coordinator for Health Information Technology, designate data and technology standards (including standards for interoperability) for public health data systems, with deference given to standards published by consensus-based standards development organizations with public input and voluntary consensus-based standards bodies.

(B) No duplicative efforts**(i) In general**

In carrying out the requirements of this paragraph, the Secretary, in consultation with the Office of the National Coordinator for Health Information Technology, may use input gathered (including input and recommendations gathered from the Health Information Technology Advisory Committee), and materials developed, prior to December 29, 2022.

(ii) Designation of standards

Consistent with sections 17901 and 17902 of this title, the data and technology standards designated pursuant to this paragraph shall align with the standards and implementation specifications previously adopted by the Secretary pursuant to section 300jj-14 of this title, as applicable.

(C) Privacy and security

Nothing in this paragraph shall be construed as modifying applicable Federal or State information privacy or security law.

(3) Public-private partnerships

The Secretary may develop and utilize public-private partnerships for technical assistance, training, and related implementation support for State, local, Tribal, and territorial public health departments, and the Centers for Disease Control and Prevention, on the expansion and modernization of electronic case reporting and public health data systems, as applicable.

(b) Requirements**(1) Health information technology standards**

The Secretary may not award a grant or cooperative agreement under subsection (a)(1)(B) unless the applicant uses or agrees to use standards endorsed by the National Coordinator for Health Information Technology pursuant to section 300jj-11(c)(1) of this title or adopted by the Secretary under section 300jj-14 of this title.

(2) Waiver

The Secretary may waive the requirement under paragraph (1) with respect to an applicant if the Secretary determines that the activities under subsection (a)(1)(B) cannot otherwise be carried out within the applicable jurisdiction.

(3) Application

A State, local, Tribal, or territorial health department applying for a grant or cooperative agreement under this section shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include information describing—

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

(B) how the modernization of the public health data systems involved will support or impact the public health infrastructure of the health department, including a description of remaining gaps, if any, and the actions needed to address such gaps.

(c) Strategy and implementation plan

Not later than 180 days after December 27, 2020, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a coordinated strategy and an accompanying implementation plan that identifies and demonstrates the measures the Secretary will utilize to—

(1) update and improve applicable public health data systems used by the Centers for Disease Control and Prevention; and

(2) carry out the activities described in this section to support the improvement of State, local, Tribal, and territorial public health data systems.

(d) Consultation

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall consult with State, local, Tribal, and territorial health departments, professional medical and public health associations, associations representing hospitals or other health care entities, health information technology experts, and other appropriate public or private entities regarding the plan and grant program to modernize public health data systems pursuant to this section. Activities under this subsection may include the provision of technical assistance and training related to the exchange of information by such public health data systems used by relevant health care and public health entities at the local, State, Federal, Tribal, and territorial levels, and the development and utilization of public-private partnerships for implementation support applicable to this section.

(e) Report to Congress

Not later than 1 year after December 27, 2020, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives that includes—

(1) a description of any barriers to—

(A) public health authorities implementing interoperable public health data systems and electronic case reporting;

(B) the exchange of information pursuant to electronic case reporting;

(C) reporting by health care providers using such public health data systems, as appropriate, and pursuant to State law; or

(D) improving demographic data collection or analysis;

(2) an assessment of the potential public health impact of implementing electronic case reporting and interoperable public health data systems; and

(3) a description of the activities carried out pursuant to this section.

(f) Electronic case reporting

In this section, the term “electronic case reporting” means the automated identification, generation, and bilateral exchange of reports of health events among electronic health record or health information technology systems and public health authorities.

(g) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$100,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title XXVIII, §2823, as added Pub. L. 116-260, div. BB, title III, §314, Dec. 27, 2020, 134 Stat. 2929; amended Pub. L. 117-328, div. FF, title II, §2213(a), Dec. 29, 2022, 136 Stat. 5734.)

Editorial Notes

AMENDMENTS

2022—Subsec. (a)(2). Pub. L. 117-328 designated existing provisions as subpar. (A) and inserted heading, substituted “shall, not later than 2 years after December 29, 2022,” for “shall, as appropriate and”, and added subpars. (B) and (C).

Statutory Notes and Related Subsidiaries

IMPROVING STATE, LOCAL, AND TRIBAL PUBLIC HEALTH DATA

Pub. L. 117-328, div. FF, title II, §2213(e), Dec. 29, 2022, 136 Stat. 5737, provided that:

“(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall award grants, contracts, or cooperative agreements to eligible entities for purposes of identifying, developing, or disseminating best practices in electronic health information and the use of designated data standards and implementation specifications, including privacy standards, to improve the quality and completeness of data, including demographic data used for public health purposes.

“(2) ELIGIBLE ENTITIES.—To be eligible to receive an award under this subsection an entity shall—

“(A) be a health care provider, academic medical center, community-based organization, State, local governmental entity, Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self Determination and Education Assistance Act (25 U.S.C. 5304)), urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)), or other appropriate public or private nonprofit entity, or a consortia of any such entities; and

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

“(3) ACTIVITIES.—Entities receiving awards under this subsection shall use such award to develop and test best practices for training health care providers to use standards and implementation specifications that assist in the capture, access, exchange, and use of electronic health information, deidentified as applicable, such as demographic information, disability status, veteran status, and functional status. Such activities shall include, at a minimum—

“(A) improving, understanding, and using data standards and implementation specifications;

“(B) developing or identifying methods to improve communication with patients in a culturally- and linguistically-appropriate manner, including to better capture information related to demographics of such individuals;

“(C) developing methods for accurately categorizing and recording patient responses using available data standards;

“(D) educating providers regarding the utility of such information for public health purposes and the importance of accurate collection and recording of such data; and

“(E) providing information regarding how data will be deidentified if used for such public health purposes, as applicable and appropriate.

“(4) REPORTING.—

“(A) REPORTING BY AWARD RECIPIENTS.—Each recipient of an award under this subsection shall submit to the Secretary a report on the results of best practices identified, developed, or disseminated through such award.

“(B) REPORT TO CONGRESS.—Not later than 1 year after the completion of the program under this subsection, the Secretary shall submit a report to Congress on the success of best practices developed under such program, opportunities for further dissemination of such best practices, and recommendations for improving the capture, access, exchange, and use of information to improve public health and reduce health disparities.

“(5) NON-DUPLICATION OF EFFORTS.—The Secretary shall ensure that the activities and programs carried out under this subsection are free of unnecessary duplication of effort.”

§ 300hh-34. Genomic sequencing, analytics, and public health surveillance of pathogens program

(a) Genomic sequencing, analytics, and public health surveillance of pathogens program

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Director of the National Institutes of Health and heads of other departments and agencies, as appropriate, shall strengthen and expand activities related to genomic sequencing of pathogens, including through new and innovative approaches and technology for the detection, characterization, and sequencing of pathogens, analytics, and public health surveillance, including—

(1) continuing and expanding activities, which may include existing genomic sequencing activities related to advanced molecular detection, to—

(A) identify and respond to emerging infectious disease threats; and

(B) identify the potential use of genomic sequencing technologies, advanced computing, and other advanced technology to inform surveillance activities and incorporate the use of such technologies, as appropriate, into related activities;

(2) providing technical assistance and guidance to State, Tribal, local, and territorial public health departments to increase the capacity of such departments to perform genomic sequencing of pathogens, including recipients of funding under section 300hh-31 of this title;

(3) carrying out activities to enhance the capabilities of the public health workforce with