(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

respect to pathogen genomics, epidemiology, and bioinformatics, including through training; and

(4) continuing and expanding activities, as applicable, with public and private entities, including relevant departments and agencies, laboratories, academic institutions, and industry.

(b) Partnerships

For the purposes of carrying out the activities described in subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants, contracts, or cooperative agreements to entities, including academic and other laboratories, with expertise in genomic sequencing for public health purposes, including new and innovative approaches to, and related technology for, the detection, characterization, and sequencing of pathogens.

(c) Centers of excellence

(1) In general

The Secretary shall, as appropriate, award grants, contracts, or cooperative agreements to public health agencies for the establishment or operation of centers of excellence to promote innovation in pathogen genomics and molecular epidemiology to improve the control of and response to pathogens that may cause a public health emergency. Such centers shall, as appropriate—

(A) identify and evaluate the use of genomics, or other related technologies that may advance public health preparedness and response;

(B) improve the identification, development, and use of tools for integrating and analyzing genomic and epidemiologic data;

(C) assist with genomic surveillance of, and response to, infectious diseases, including analysis of pathogen genomic data;

(D) conduct applied research to improve public health surveillance of, and response to, infectious diseases through innovation in pathogen genomics and molecular epidemiology; and

(E) develop and provide training materials for experts in the fields of genomics, microbiology, bioinformatics, epidemiology, and other fields, as appropriate.

(2) Requirements

To be eligible for an award under paragraph (1), an entity shall submit to the Secretary an application containing such information as the Secretary may require, including a description of how the entity will partner, as applicable, with academic institutions or a consortium of academic partners that have relevant expertise, such as microbial genomics, molecular epidemiology, or the application of bioinformatics or statistics.

(July 1, 1944, ch. 373, title XXVIII, § 2824, as added Pub. L. 117–328, div. FF, title II, § 2212(b), Dec. 29, 2022, 136 Stat. 5733.)

Statutory Notes and Related Subsidiaries

GUIDANCE SUPPORTING GENOMIC SEQUENCING OF PATHOGENS COLLABORATION

Pub. L. 117–328, div. FF, title II, § 2212(a), Dec. 29, 2022, 136 Stat. 5732, provided that: ''The Secretary of Health and Human Services (referred to in this section as the 'Secretary'), in consultation with the heads of other Federal departments or agencies, as appropriate, shall issue guidance to support collaboration relating to genomic sequencing of pathogens, including the use of new and innovative approaches and technology for the detection, characterization, and sequencing of pathogens, to improve public health surveillance and preparedness and response activities, consistent with section 2824 of the Public Health Service Act [42 U.S.C. 300hh–34], as added by subsection (b). Such guidance shall address the secure sharing, for public health surveillance purposes, of specimens of such pathogens, between appropriate entities and public health authorities, consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104–191] (42 U.S.C. 1320d–2 note), as applicable, and in a manner that protects personal privacy to the extent required by applicable privacy law, at a minimum, and the appropriate use of sequence data derived from such specimens.''

§ 300hh–35. Epidemic forecasting and outbreak analytics

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall continue activities related to the development of infectious disease outbreak analysis capabilities to enhance the prediction, modeling, and forecasting of potential public health emergencies and other infectious disease outbreaks, which may include activities to support preparedness for, and response to, such emergencies and outbreaks. In carrying out this subsection, the Secretary shall identify strategies to include and leverage, as appropriate, the capabilities to public and private entities, which may include conducting such activities through collaborative partnerships with public and private entities, including academic institutions, and other Federal agencies, consistent with section 247d–4 of this title, as applicable.

(b) Considerations

In carrying out subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may consider public health data and, as appropriate, other data sources related to preparedness for, or response to, public health emergencies and infectious disease outbreaks.

(c) Annual reports

Not later than 1 year after December 29, 2022, and annually thereafter for each of the subsequent 4 years, the Secretary shall prepare and 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, regarding an update on progress on activities conducted under this section to develop infectious disease outbreak analysis capabilities and any additional information relevant to such efforts.

(July 1, 1944, ch. 373, title XXVIII, § 2825, as added Pub. L. 117–328, div. FF, title II, § 2214, Dec. 29, 2022, 136 Stat. 5739.)