

117TH CONGRESS
1ST SESSION

H. R. 550

To amend the Public Health Service Act with respect to immunization system data modernization and expansion, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 28, 2021

Ms. KUSTER (for herself and Mr. BUCSHON) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to immunization system data modernization and expansion, 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 “Immunization Infra-
5 structure Modernization Act of 2021”.

6 **SEC. 2. IMMUNIZATION INFORMATION SYSTEM DATA MOD-**
7 **ERNIZATION AND EXPANSION.**

8 Subtitle C of title XXVIII of the Public Health Serv-
9 ice Act (42 U.S.C. 300hh–31 et seq.) is amended by add-
10 ing at the end the following:

1 **“SEC. 2823. IMMUNIZATION INFORMATION SYSTEM DATA**
2 **MODERNIZATION AND EXPANSION.**

3 “(a) EXPANDING CDC AND PUBLIC HEALTH DE-
4 PARTMENT CAPABILITIES.—

5 “(1) IN GENERAL.—The Secretary shall—

6 “(A) conduct activities (including with re-
7 spect to interoperability, population reporting,
8 and bidirectional reporting) to expand, enhance,
9 and improve immunization information systems
10 that are administered by health departments or
11 other agencies of State, local, Tribal, and terri-
12 torial governments and used by health care pro-
13 viders; and

14 “(B) award grants or cooperative agree-
15 ments to the health departments, or such other
16 governmental entities as administer immuniza-
17 tion information systems, of State, local, Tribal,
18 and territorial governments, for the expansion,
19 enhancement, and improvement of immuniza-
20 tion information systems to assist public health
21 departments in—

22 “(i) assessing current data infrastruc-
23 ture capabilities and gaps among health
24 care providers to improve and increase
25 consistency in patient matching, data col-
26 lection, reporting, bidirectional exchange,

1 and analysis of immunization-related infor-
2 mation;

3 “(ii) providing for the efficient enroll-
4 ment and training of health care providers,
5 including at pharmacies and other settings
6 where immunizations are being provided,
7 such as long-term care facilities, specialty
8 health care providers, community health
9 centers, Federally qualified health centers,
10 rural health centers, organizations serving
11 adults 65 and older, and organizations
12 serving homeless and incarcerated popu-
13 lations;

14 “(iii) improving secure data collection,
15 transmission, bidirectional exchange, main-
16 tenance, and analysis of immunization in-
17 formation;

18 “(iv) improving the secure
19 bidirectional exchange of immunization
20 record data among Federal, State, local,
21 Tribal, and territorial governmental enti-
22 ties and non-governmental entities, includ-
23 ing by—

24 “(I) improving such exchange
25 among public health officials in mul-

1 multiple jurisdictions within a State, as
2 appropriate; and

3 “(II) by simplifying and sup-
4 porting electronic reporting by any
5 health care provider;

6 “(v) supporting the standardization of
7 immunization information systems to accel-
8 erate interoperability with health informa-
9 tion technology, including with health in-
10 formation technology certified under sec-
11 tion 3001(e)(5) or with health information
12 networks;

13 “(vi) supporting adoption of the im-
14 munization information system functional
15 standards of the Centers for Disease Con-
16 trol and Prevention and the maintenance
17 of security standards to protect individ-
18 ually identifiable health information as de-
19 fined in section 160.103 of title 45, Code
20 of Federal Regulations (or any successor
21 regulations);

22 “(vii) supporting and training immu-
23 nization information system, data science,
24 and informatics personnel;

1 “(viii) supporting real-time immuniza-
2 tion record data exchange and reporting,
3 to support rapid identification of immuni-
4 zation coverage gaps;

5 “(ix) improving completeness of data
6 by facilitating the capability of immuniza-
7 tion information systems to exchange data,
8 directly or indirectly, with immunization
9 information systems in other jurisdictions;

10 “(x) enhancing the capabilities of im-
11 munization information systems to evalu-
12 ate, forecast, and operationalize clinical de-
13 cision support tools in alignment with the
14 recommendations of the Advisory Com-
15 mittee on Immunization Practices as ap-
16 proved by the Director of the Centers for
17 Disease Control and Prevention;

18 “(xi) supporting the development and
19 implementation of policies that facilitate
20 complete population-level capture, consoli-
21 dation, and access to accurate immuniza-
22 tion information;

23 “(xii) supporting the procurement and
24 implementation of updated software, hard-
25 ware, and cloud storage to adequately

1 manage information volume and capabili-
2 ties;

3 “(xiii) supporting expansion of capa-
4 bilities within immunization information
5 systems for outbreak response;

6 “(xiv) supporting activities within the
7 applicable jurisdiction related to the man-
8 agement, distribution, and storage of vac-
9 cine doses and ancillary supplies; and

10 “(xv) developing information related
11 to the use and importance of immunization
12 record data and disseminating such infor-
13 mation to health care providers and other
14 persons authorized under State law to ac-
15 cess such information, including payors
16 and health care facilities.

17 “(2) DATA STANDARDS.—In carrying out para-
18 graph (1), the Secretary shall—

19 “(A) designate data and technology stand-
20 ards that must be followed by governmental en-
21 tities with respect to use of immunization infor-
22 mation systems as a condition of receiving an
23 award under this section, with priority given to
24 standards developed by—

1 “(i) consensus-based organizations
2 with input from the public; and

3 “(ii) voluntary consensus-based stand-
4 ards bodies; and

5 “(B) support a means of independent
6 verification of the standards used in carrying
7 out paragraph (1).

8 “(3) PUBLIC-PRIVATE PARTNERSHIPS.—In car-
9 rying out paragraph (1), the Secretary may develop
10 and utilize contracts and cooperative agreements for
11 technical assistance, training, and related implemen-
12 tation support.

13 “(b) REQUIREMENTS.—

14 “(1) HEALTH INFORMATION TECHNOLOGY
15 STANDARDS.—The Secretary may not award a grant
16 or cooperative agreement under subsection (a)(1)(B)
17 unless the applicant uses and agrees to use stand-
18 ards adopted by the Secretary under section 3004.

19 “(2) WAIVER.—The Secretary may waive the
20 requirement under paragraph (1) with respect to an
21 applicant if the Secretary determines that the activi-
22 ties under subsection (a)(1)(B) cannot otherwise be
23 carried out within the applicable jurisdiction.

24 “(3) APPLICATION.—A State, local, Tribal, or
25 territorial health department applying for a grant or

1 cooperative agreement under subsection (a)(1)(B)
2 shall submit an application to the Secretary at such
3 time and in such manner as the Secretary may re-
4 quire. Such application shall include information de-
5 scribing—

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

8 “(B) how the modernization of the immu-
9 nization information systems involved will sup-
10 port or impact the public health infrastructure
11 of the health department, including a descrip-
12 tion of remaining gaps, if any, and the actions
13 needed to address such gaps.

14 “(c) STRATEGY AND IMPLEMENTATION PLAN.—Not
15 later than 90 days after the date of enactment of this sec-
16 tion, the Secretary shall submit to the Committee on En-
17 ergy and Commerce of the House of Representatives and
18 the Committee on Health, Education, Labor, and Pen-
19 sions of the Senate a coordinated strategy and an accom-
20 panying implementation plan that identifies and dem-
21 onstrates the measures the Secretary will utilize to—

22 “(1) update and improve immunization infor-
23 mation systems supported by the Centers for Dis-
24 ease Control and Prevention; and

1 “(2) carry out the activities described in this
2 section to support the expansion, enhancement, and
3 improvement of State, local, Tribal, and territorial
4 immunization information systems.

5 “(d) CONSULTATION; TECHNICAL ASSISTANCE.—

6 “(1) CONSULTATION.—In developing the strat-
7 egy and implementation plan under subsection (c),
8 the Secretary shall consult with—

9 “(A) health departments, or such other
10 governmental entities as administer immuniza-
11 tion information systems, of State, local, Tribal,
12 and territorial governments;

13 “(B) professional medical, associations,
14 public health associations, and associations rep-
15 resenting pharmacists and pharmacies;

16 “(C) community health centers, long-term
17 care facilities, and other appropriate entities
18 that provide immunizations;

19 “(D) health information technology ex-
20 perts; and

21 “(E) other public or private entities, as ap-
22 propriate.

23 “(2) TECHNICAL ASSISTANCE.—In connection
24 with consultation under paragraph (1), the Secretary
25 may—

1 “(A) provide technical assistance, certifi-
2 cation, and training related to the exchange of
3 information by immunization information sys-
4 tems used by health care and public health enti-
5 ties at the local, State, Federal, Tribal, and ter-
6 ritorial levels; and

7 “(B) develop and utilize public-private
8 partnerships for implementation support appli-
9 cable to this section.

10 “(e) REPORT TO CONGRESS.—Not later than 1 year
11 after the date of enactment of this section, the Secretary
12 shall submit a report to the Committee on Health, Edu-
13 cation, Labor, and Pensions of the Senate and the Com-
14 mittee on Energy and Commerce of the House of Rep-
15 resentatives that includes—

16 “(1) a description of any barriers to—

17 “(A) public health authorities imple-
18 menting interoperable immunization informa-
19 tion systems;

20 “(B) the exchange of information pursuant
21 to immunization records; or

22 “(C) reporting by any health care profes-
23 sional authorized under State law, using such
24 immunization information systems, as appro-
25 priate, and pursuant to State law; or

1 “(2) a description of barriers that hinder the
2 effective establishment of a network to support im-
3 munization reporting and monitoring, including a
4 list of recommendations to address such barriers;
5 and

6 “(3) an assessment of immunization coverage
7 and access to immunizations services and any dis-
8 parities and gaps in such coverage and access for
9 medically underserved, rural, and frontier areas.

10 “(f) DEFINITION.—In this section, the term ‘immuni-
11 zation information system’ means a confidential, popu-
12 lation-based, computerized database that records immuni-
13 zation doses administered by any health care provider to
14 persons within the geographic area covered by that data-
15 base.

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
17 carry out this section, there is authorized to be appro-
18 priated \$400,000,000, to remain available until ex-
19 pended.”.

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