

110TH CONGRESS
2D SESSION

H. R. 6905

To amend the Public Health Service Act to improve the Nation's surveillance and reporting for diseases and conditions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 15, 2008

Mr. TERRY introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve the Nation's surveillance and reporting for diseases and conditions, 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 "National Integrated
5 Public Health Surveillance Systems and Reportable Con-
6 ditions Act".

7 **SEC. 2. PURPOSES.**

8 The purpose of the programs authorized under this
9 Act is to strengthen public health surveillance systems and
10 disease reporting by—

1 (1) delineating existing grant mechanisms at
2 the Centers for Disease Control and Prevention de-
3 signed to enhance disease surveillance and reporting
4 by improving and modernizing capacity at the State
5 and local level—

6 (A) to identify and monitor the occurrence
7 of infectious diseases and other conditions of
8 public health importance;

9 (B) to detect new and emerging infectious
10 disease threats; and

11 (C) to identify and respond to disease out-
12 breaks;

13 (2) expanding eligibility for grantees;

14 (3) increasing funding to ensure all States and
15 jurisdictions have appropriate surveillance and re-
16 porting capacity and can provide comprehensive elec-
17 tronic reporting, including laboratory reporting;

18 (4) delineating existing applied epidemiology,
19 laboratory science, and informatics fellowship pro-
20 grams designed to reduce documented workforce
21 shortages for these essential public health profes-
22 sionals at the State and local level and increasing
23 funding for these programs;

24 (5) expanding the Epidemic Intelligence Serv-
25 ice;

1 (6) delineating a refined process for estab-
2 lishing a list of nationally notifiable diseases and
3 conditions; and

4 (7) establishing a forum to permit review and
5 identification of best surveillance practices with a
6 particular focus on improving coordination of ani-
7 mal-human disease surveillance.

8 **SEC. 3. STRENGTHENING PUBLIC HEALTH SURVEILLANCE**
9 **SYSTEMS.**

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

13 **“Subtitle C—Strengthening Public**
14 **Health Surveillance Systems**

15 **“SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY**
16 **GRANTS.**

17 “(a) IN GENERAL.—Subject to the availability of ap-
18 propriations, the Secretary, acting through the Director
19 of the Centers for Disease Control and Prevention, shall
20 establish an Epidemiology and Laboratory Capacity Grant
21 Program to award grants to eligible entities to assist pub-
22 lic health agencies in improving surveillance for, and re-
23 sponse to, infectious diseases and other conditions of pub-
24 lic health importance by—

25 “(1) strengthening epidemiologic capacity;

1 “(2) enhancing laboratory practice;
2 “(3) improving information systems; and
3 “(4) developing and implementing prevention
4 and control strategies.

5 “(b) ELIGIBLE ENTITIES.—In this section, the term
6 ‘eligible entity’ means an entity that—

7 “(1) is—

8 “(A) a State health department;

9 “(B) a local health department that meets
10 such criteria as the Director of the Centers for
11 Diseases Control and Prevention determines for
12 purposes of this section;

13 “(C) a tribal jurisdiction that meets such
14 criteria as the Director of the Centers for Dis-
15 ease Control and Prevention determines for
16 purposes of this section; or

17 “(D) a partnership established for pur-
18 poses of this section between one or more eligi-
19 ble entities described in subparagraph (A), (B),
20 or (C) and an academic center; and

21 “(2) submits to the Secretary an application at
22 such time, in such manner, and containing such in-
23 formation as the Secretary may require.

24 “(c) USE OF FUNDS.—

1 “(1) IN GENERAL.—An eligible entity shall use
2 amounts received under a grant under this section
3 for core functions described in this subsection in-
4 cluding—

5 “(A) building public health capacity to
6 identify and monitor the occurrence of infec-
7 tious diseases and other conditions of public
8 health importance;

9 “(B) detecting new and emerging infec-
10 tious disease threats, including laboratory ca-
11 pacity to detect antimicrobial resistant infec-
12 tions;

13 “(C) identifying and responding to disease
14 outbreaks;

15 “(D) hiring necessary staff;

16 “(E) conducting needed staff training and
17 educational development; and

18 “(F) other activities that improve surveil-
19 lance as determined by the Director of the Cen-
20 ters for Disease Control and Prevention.

21 “(2) DEVELOPMENT AND MAINTENANCE OF IN-
22 FORMATION EXCHANGE.—

23 “(A) NATIONAL STANDARDS.—Not later
24 than 180 days after the date of the enactment
25 of this subtitle, the Secretary, acting through

1 the Director of the Centers for Disease Control
2 and Prevention, and in consultation with the
3 National Coordinator for Health Information
4 Technology, shall issue guidelines for public
5 health entities that—

6 “(i) are designed to ensure that all
7 State and local health departments and
8 public health laboratories have access to
9 information systems to receive, monitor,
10 and report infectious diseases and other
11 urgent conditions of public health impor-
12 tance; and

13 “(ii) are consistent with standards
14 and recommendations for health informa-
15 tion technology by the National Coordi-
16 nator for Health Information Technology,
17 and by the American Health Information
18 Community (AHIC) and its successors.

19 “(B) SECURE INFORMATION SYSTEMS.—
20 An eligible entity shall use amounts received
21 through a grant under this section to ensure
22 that the entity has access to a web-based, se-
23 cure information system that complies with the
24 guidelines developed under subparagraph (A).
25 Such a system shall be designed—

1 “(i) to receive automated case reports
2 of State and national reportable conditions
3 from clinical systems and health care of-
4 fices that use electronic health records and
5 from clinical and public health labora-
6 tories, and to submit reports of nationally
7 reportable conditions to the Director of the
8 Centers for Disease Control and Preven-
9 tion;

10 “(ii) to receive and analyze, within 24
11 hours, de-identified electronic clinical data
12 for situational awareness and to forward
13 such reports immediately to the Centers
14 for Disease Control and Prevention at the
15 time of receipt;

16 “(iii) to manage, link, and process dif-
17 ferent types of data, including information
18 on newly reported cases, exposed contacts,
19 laboratory results, number of people vac-
20 cinated or given prophylactic medications,
21 adverse events monitoring and follow-up, in
22 an integrated outbreak management sys-
23 tem;

24 “(iv) to geocode analyze, display, re-
25 port, and map, using Geographic Informa-

1 tion System technology, accumulated data
2 and to share data with other local health
3 departments, State health departments,
4 and the Centers for Disease Control and
5 Prevention;

6 “(v) to receive, manage, and dissemi-
7 nate alerts, protocols, and other informa-
8 tion, including Health Alert Network and
9 Epi-X information, as appropriate, for
10 public health workers, health care pro-
11 viders, and public health partners in emer-
12 gency response within each health depart-
13 ment’s jurisdiction and to automate the ex-
14 change and cascading of such information
15 with external partners using national
16 standards;

17 “(vi) to have information technology
18 security and critical infrastructure protec-
19 tion as appropriate to protect public health
20 information;

21 “(vii) to have the technical infrastruc-
22 ture needed to ensure availability, backup,
23 and disaster recovery of data, application
24 services, and communications systems dur-

1 ing natural disasters such as floods, tor-
2 nados, hurricanes, and power outages; and

3 “(viii) to provide for other capabilities
4 as the Secretary determines appropriate.

5 “(C) LABORATORY SYSTEMS.—An eligible
6 entity shall use amounts received under a grant
7 under this section to ensure that State or local
8 public health laboratories are utilizing web-
9 based, secure systems that are in compliance
10 with the guidelines developed by the Secretary
11 under subparagraph (A) and that—

12 “(i) are fully integrated laboratory in-
13 formation systems;

14 “(ii) provide for the reporting of elec-
15 tronic test results to the appropriate local
16 and State health departments using cur-
17 rently existing national format and coding
18 standards;

19 “(iii) have information technology se-
20 curity and critical infrastructure protection
21 to protect public health information (as de-
22 termined by the Secretary);

23 “(iv) have the technical infrastructure
24 needed to ensure availability, backup, and
25 disaster recovery of data, application serv-

1 ices, and communications systems during
2 natural disasters including floods, torna-
3 does, hurricanes, and power outages; and

4 “(v) address other capabilities as the
5 Secretary determines appropriate.

6 “(D) OTHER USES.—In addition to the ac-
7 tivities described in subparagraphs (B) and (C),
8 an eligible entity (including the entity’s public
9 health laboratory) may use amounts received
10 under a grant under this section for systems
11 development and maintenance, hiring necessary
12 staff, and staff technical training. Grantees
13 under this section may elect to develop their
14 own systems or use federally developed systems
15 in carrying out activities under this paragraph.

16 “(d) PRIORITY.—In allocating funds under sub-
17 section (f)(2) for activities under subsection (c)(2)(B) (re-
18 lating to secure information systems), the Secretary shall
19 give priority to eligible entities that demonstrate need.

20 “(e) REPORTS.—Not later than September 30, 2009,
21 and each September 30 thereafter, the Secretary shall
22 submit to Congress an annual report on the activities car-
23 ried out under this section by recipients of assistance
24 under this section.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$180,000,000 for each of fiscal years 2009 through 2012,
4 of which—

5 “(1) not less than \$88,000,000 shall be made
6 available each such fiscal year for activities under
7 subsection (c)(1);

8 “(2) not less than \$60,000,000 shall be made
9 available each such fiscal year for activities under
10 subsection (c)(2)(B); and

11 “(3) not less than \$32,000,000 shall be made
12 available each such fiscal year for activities under
13 subsection (c)(2)(C).

14 **“SEC. 2822. FELLOWSHIP TRAINING IN APPLIED PUBLIC**
15 **HEALTH EPIDEMIOLOGY, PUBLIC HEALTH**
16 **LABORATORY SCIENCE, PUBLIC HEALTH**
17 **INFORMATICS, AND EXPANSION OF THE EPI-**
18 **DEMIC INTELLIGENCE SERVICE.**

19 “(a) IN GENERAL.—The Secretary, acting through
20 the Director of the Centers for Disease Control and Pre-
21 vention, may carry out activities to address documented
22 workforce shortages in State and local health departments
23 in the critical areas of applied public health epidemiology
24 and public health laboratory science and informatics and
25 may expand the Epidemic Intelligence Service.

1 “(b) SPECIFIC USES.—In carrying out subsection
2 (a), the Secretary, acting through the Director of the Cen-
3 ters for Disease Control and Prevention, shall provide for
4 the expansion of existing Council of State and Territorial
5 Epidemiologists and Association of Public Health Labora-
6 tories fellowship programs operated through the Centers
7 for Disease Control and Prevention in a manner that is
8 designed to alleviate shortages of the type described in
9 subsection (a).

10 “(c) OTHER PROGRAMS.—The Secretary, acting
11 through the Director of the Centers for Disease Control
12 and Prevention, may provide for the expansion of other
13 applied epidemiology training programs that meet objec-
14 tives similar to the objectives of the programs described
15 in subsection (b).

16 “(d) WORK OBLIGATION.—Participation in fellow-
17 ship training programs under this section shall be deemed
18 to be service for purposes of satisfying work obligations
19 stipulated in contracts under section 338I(j).

20 “(e) GENERAL SUPPORT.—Amounts may be used
21 from grants awarded under this section to expand the
22 Public Health Informatics Fellowship Program at the
23 Centers for Disease Control and Prevention to better sup-
24 port all public health systems at all levels of government.

1 “(f) AUTHORIZATIONS OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$39,500,000 for each of fiscal years 2009 through 2012,
4 of which—

5 “(1) not less than \$5,000,000 shall be made
6 available in each such fiscal year for epidemiology
7 fellowship training program activities under sub-
8 sections (b) and (c);

9 “(2) not less than \$5,000,000 shall be made
10 available in each such fiscal year for laboratory fel-
11 lowship training programs under subsection (b);

12 “(3) not less than \$5,000,000 shall be made
13 available in each such fiscal year for the Public
14 Health Informatics Fellowship Program under sub-
15 section (e); and

16 “(4) not less than \$24,500,000 shall be made
17 available for expanding the Epidemic Intelligence
18 Service under subsection (a).

19 **“SEC. 2823. NATIONALLY NOTIFIABLE DISEASES AND CON-**
20 **DITIONS.**

21 “(a) IN GENERAL.—At the request of the Council of
22 State and Territorial Epidemiologists, the Director of the
23 Centers for Disease Control and Prevention shall assist
24 the Council in developing or improving a process for

1 States to conduct surveillance and submit reports to the
2 Director on nationally notifiable diseases and conditions.

3 “(b) LIST OF NATIONALLY NOTIFIABLE DISEASES
4 AND CONDITIONS.—The process under subsection (a)
5 shall include a list of nationally notifiable diseases and
6 conditions as follows:

7 “(1) The Council of State and Territorial Epi-
8 demiologists and the Director of the Centers for Dis-
9 ease Control and Prevention will jointly develop—

10 “(A) not later than 1 year after the date
11 of the enactment of the National Integrated
12 Public Health Surveillance Systems and Report-
13 able Conditions Act, a list of nationally
14 notifiable diseases and conditions; and

15 “(B) a process for reviewing the list on an
16 annual basis and, as appropriate, modifying the
17 list, taking into account newly recognized dis-
18 eases and conditions of public health impor-
19 tance and advances in diagnostic technology.

20 “(2) A disease or condition will be included on
21 the list only if a majority of the States represented
22 on the Council approve such inclusion.

23 “(3) The list will include standard definitions
24 for confirmed, probable, and suspect cases for each
25 nationally notifiable disease or condition.

1 “(4) The list will distinguish between—

2 “(A) diseases and conditions of urgent
3 public health importance for which immediate
4 action may be needed; and

5 “(B) diseases and conditions for which re-
6 porting is less urgent and mainly for the pur-
7 pose of monitoring trends and evaluating public
8 health intervention programs.

9 “(c) NOTIFICATIONS TO CDC.—The process under
10 subsection (a) shall provide for reporting to the Director
11 of the Centers for Disease Control and Prevention as fol-
12 lows:

13 “(1) For diseases and conditions described in
14 subsection (b)(4)(A), reporting will occur—

15 “(A) by telephone or by using a system de-
16 scribed in section 2821(c)(2)(B); and

17 “(B) within 24 hours of the State making
18 a determination that a disease or condition
19 meets the criteria for national reporting for
20 that disease or condition.

21 “(2) For diseases and conditions described in
22 subsection (b)(4)(B), reporting will occur—

23 “(A) by using a system described in sec-
24 tion 2821(c)(2)(B); and

1 “(B) only if funding is sufficient for the
2 State to conduct individual case surveillance
3 and to have the necessary systems to support
4 electronic reporting.

5 “(d) DEFINITIONS.—In this section, the term ‘na-
6 tionally notifiable’, with respect to a disease or condition,
7 means included on the list developed pursuant to sub-
8 section (b).

9 **“SEC. 2824. IMPROVING BINATIONAL SURVEILLANCE AND**
10 **NOTIFICATION.**

11 “(a) FINDINGS.—The Congress finds as follows:

12 “(1) Nearly 1,000,000 people cross the inter-
13 national border between the United States and Mex-
14 ico on a daily basis, and this transmobility of popu-
15 lation presents actual cases and the potential risk of
16 transmission of infectious diseases and disease
17 agents between these countries.

18 “(2) Numerous infectious disease cases in the
19 United States are binational in origin, thus requir-
20 ing improved epidemiology, surveillance, follow-up
21 investigations, and disease case management along
22 the United States and Mexico border.

23 “(b) GUIDELINES FOR BINATIONAL COOPERA-
24 TION.—Not later than 1 year after the date of the enact-

1 ment of this subtitle, the Director of the Centers for Dis-
2 ease Control and Prevention shall—

3 “(1) develop an expedited review and approval
4 process and adopt the resultant version of the
5 ‘Guidelines for U.S.-Mexico Coordination on Epide-
6 miological Events of Mutual Interest’, which have
7 been developed with input from United States and
8 Mexican State health agencies, including the Mexi-
9 can Federal Health Secretariat, the United States
10 Department of Health and Human Services, and the
11 Centers for Disease Control and Prevention; and

12 “(2) use these guidelines as the basis for devel-
13 oping improved standards and protocols for bina-
14 tional epidemiology, surveillance, laboratory anal-
15 yses, and control of infectious diseases between the
16 United States and Mexico.

17 “(c) DEFINITION.—In this section, the term ‘bina-
18 tional’ refers to both sides of the United States-Mexico
19 border, whether collectively, such as an activity or pro-
20 gram being carried out concurrently by or in both coun-
21 tries, a phenomenon (for example, a disease outbreak or
22 health emergency) affecting a population or geographic
23 area in both countries, or a disease case that originated
24 on one side of the border and was transmitted to the other.

1 **“SEC. 2825. EVALUATION OF BEST PRACTICES IN PUBLIC**
2 **HEALTH SURVEILLANCE.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Director of the Centers for Disease Control and Pre-
5 vention, shall establish a committee—

6 “(1) to evaluate best practices in public health
7 surveillance, including human and animal disease
8 surveillance and environmental health monitoring of
9 harmful exposures through air, water, soil, or other
10 means; and

11 “(2) to assess systems needed for improving co-
12 ordination among public health surveillance and
13 monitoring systems.

14 “(b) COMPOSITION.—The committee established
15 under subsection (a) shall be composed of—

16 “(1) an epidemiologist employed and designated
17 by the Director of the Centers for Disease Control
18 and Prevention;

19 “(2) an informatics specialist designated by the
20 Director of the Centers for Disease Control and Pre-
21 vention;

22 “(3) an epidemiologist designated by the Direc-
23 tor of the Centers for Disease Control and Preven-
24 tion to represent the National Center for Environ-
25 mental Health and the Agency for Toxic Substances
26 and Disease Registry;

1 “(4) a representative of an academic center or
2 professional, scientific association designated by the
3 American Society for Microbiology;

4 “(5) a food scientist designated by the Commis-
5 sioner of Food and Drugs;

6 “(6) an individual designated by the Secretary
7 of Agriculture from the Division of Veterinary Serv-
8 ices;

9 “(7) a wildlife disease specialist designated by
10 the Secretary of Agriculture;

11 “(8) an epidemiologist employed by a State and
12 designated by the Council of State and Territorial
13 Epidemiologists;

14 “(9) a public health laboratorian employed by a
15 State and designated by the Association of Public
16 Health Laboratories;

17 “(10) a public health veterinarian employed by
18 a State and designated by the National Association
19 of State Public Health Veterinarians;

20 “(11) a laboratorian designated by the Amer-
21 ican Association of Veterinary Laboratory Diagnosti-
22 cians;

23 “(12) a State health official designated by the
24 Association of State and Territorial Health Officials;

1 “(13) a local health official designated by the
2 National Association of County and City Health Of-
3 ficials;

4 “(14) an environmental health scientist em-
5 ployed and designated by the Administrator of the
6 Environmental Protection Agency; and

7 “(15) a representative with expertise in the De-
8 partment of Veterans Affairs’ disease monitoring
9 systems.

10 “(c) FUNCTIONS.—The committee established under
11 subsection (a) shall—

12 “(1) review innovative approaches adopted by
13 State and local agencies to improve disease detec-
14 tion;

15 “(2) evaluate best practices in public health
16 surveillance;

17 “(3) develop model data sharing agreements
18 among local, State, and Federal health agencies;

19 “(4) assess systems needed for coordinated ani-
20 mal and human disease surveillance and develop rec-
21 ommendations for the improvement of such surveil-
22 lance; and

23 “(5) disseminate findings and recommendations
24 to relevant local, State and Federal agencies.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$750,000 for each of fiscal years 2009 through 2010.”.

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