

110TH CONGRESS
2D SESSION

S. 3476

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 SENATE OF THE UNITED STATES

SEPTEMBER 11, 2008

Mr. HAGEL (for himself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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”.

1 **SEC. 2. PURPOSES.**

2 The purpose of the programs authorized under this
3 Act is to strengthen public health surveillance systems and
4 disease reporting by—

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

10 (A) to identify and monitor the occurrence
11 of infectious diseases and other conditions of
12 public health importance;

13 (B) to detect new and emerging infectious
14 disease threats; and

15 (C) to identify and respond to disease out-
16 breaks;

17 (2) expanding eligibility for grantees;

18 (3) increasing funding to ensure all States and
19 jurisdictions have appropriate surveillance and re-
20 porting capacity and can provide comprehensive elec-
21 tronic reporting, including laboratory reporting;

22 (4) delineating existing applied epidemiology,
23 laboratory science, and informatics fellowship pro-
24 grams designed to reduce documented workforce
25 shortages for these essential public health profes-

1 sionals at the State and local level and increasing
2 funding for these programs;

3 (5) expanding the Epidemic Intelligence Serv-
4 ice;

5 (6) delineating a refined process for estab-
6 lishing a list of nationally notifiable diseases and
7 conditions;

8 (7) improving binational surveillance of diseases
9 in the United States and Mexico border region, in-
10 cluding developing improved standards and protocols
11 for binational epidemiology, surveillance, laboratory
12 analyses, and control of infectious diseases between
13 the two nations; and

14 (8) establishing a forum to permit review and
15 identification of best surveillance practices with a
16 particular focus on improving coordination of ani-
17 mal-human disease surveillance.

18 **SEC. 3. STRENGTHENING PUBLIC HEALTH SURVEILLANCE**

19 **SYSTEMS.**

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

1 **“Subtitle C—Strengthening Public**
2 **Health Surveillance Systems**

3 **“SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY**
4 **GRANTS.**

5 “(a) IN GENERAL.—Subject to the availability of ap-
6 propriations, the Secretary, acting through the Director
7 of the Centers for Disease Control and Prevention, shall
8 establish an Epidemiology and Laboratory Capacity Grant
9 Program to award grants to eligible entities to assist pub-
10 lic health agencies in improving surveillance for, and re-
11 sponse to, infectious diseases and other conditions of pub-
12 lic health importance by—

13 “(1) strengthening epidemiologic capacity;

14 “(2) enhancing laboratory practice;

15 “(3) improving information systems; and

16 “(4) developing and implementing prevention
17 and control strategies.

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

20 “(1) is—

21 “(A) a State health department;

22 “(B) a local health department that meets
23 such criteria as the Director of the Centers for
24 Diseases Control and Prevention determines for
25 purposes of this section;

1 “(C) a tribal jurisdiction that meets such
2 criteria as the Director of the Centers for Dis-
3 ease Control and Prevention determines for
4 purposes of this section; or

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

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

12 “(c) USE OF FUNDS.—

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

17 “(A) building public health capacity to
18 identify and monitor the occurrence of infec-
19 tious diseases and other conditions of public
20 health importance;

21 “(B) detecting new and emerging infec-
22 tious disease threats, including laboratory ca-
23 pacity to detect antimicrobial resistant infec-
24 tions;

1 “(C) identifying and responding to disease
2 outbreaks;

3 “(D) hiring necessary staff;

4 “(E) conducting needed staff training and
5 educational development; and

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

9 “(2) DEVELOPMENT AND MAINTENANCE OF IN-
10 FORMATION EXCHANGE.—

11 “(A) NATIONAL STANDARDS.—Not later
12 than 180 days after the date of the enactment
13 of this subtitle, the Secretary, acting through
14 the Director of the Centers for Disease Control
15 and Prevention, and in consultation with the
16 National Coordinator for Health Information
17 Technology, shall issue guidelines for public
18 health entities that—

19 “(i) are designed to ensure that all
20 State and local health departments and
21 public health laboratories have access to
22 information systems to receive, monitor,
23 and report infectious diseases and other
24 urgent conditions of public health impor-
25 tance; and

1 “(ii) are consistent with standards
2 and recommendations for health informa-
3 tion technology by the National Coordi-
4 nator for Health Information Technology,
5 and by the American Health Information
6 Community (AHIC) and its successors.

7 “(B) SECURE INFORMATION SYSTEMS.—
8 An eligible entity shall use amounts received
9 through a grant under this section to ensure
10 that the entity has access to a web-based, se-
11 cure information system that complies with the
12 guidelines developed under subparagraph (A).
13 Such a system shall be designed—

14 “(i) to receive automated case reports
15 of State and national reportable conditions
16 from clinical systems and health care of-
17 fices that use electronic health records and
18 from clinical and public health labora-
19 tories, and to submit reports of nationally
20 reportable conditions to the Director of the
21 Centers for Disease Control and Preven-
22 tion;

23 “(ii) to receive and analyze, within 24
24 hours, de-identified electronic clinical data
25 for situational awareness and to forward

1 such reports immediately to the Centers
2 for Disease Control and Prevention at the
3 time of receipt;

4 “(iii) to manage, link, and process dif-
5 ferent types of data, including information
6 on newly reported cases, exposed contacts,
7 laboratory results, number of people vac-
8 cinated or given prophylactic medications,
9 adverse events monitoring and follow-up, in
10 an integrated outbreak management sys-
11 tem;

12 “(iv) to geocode analyze, display, re-
13 port, and map, using Geographic Informa-
14 tion System technology, accumulated data
15 and to share data with other local health
16 departments, State health departments,
17 and the Centers for Disease Control and
18 Prevention;

19 “(v) to receive, manage, and dissemi-
20 nate alerts, protocols, and other informa-
21 tion, including Health Alert Network and
22 Epi-X information, as appropriate, for
23 public health workers, health care pro-
24 viders, and public health partners in emer-
25 gency response within each health depart-

1 ment’s jurisdiction and to automate the ex-
2 change and cascading of such information
3 with external partners using national
4 standards;

5 “(vi) to have information technology
6 security and critical infrastructure protec-
7 tion as appropriate to protect public health
8 information;

9 “(vii) to have the technical infrastruc-
10 ture needed to ensure availability, backup,
11 and disaster recovery of data, application
12 services, and communications systems dur-
13 ing natural disasters such as floods, tor-
14 nados, hurricanes, and power outages; and

15 “(viii) to provide for other capabilities
16 as the Secretary determines appropriate.

17 “(C) LABORATORY SYSTEMS.—An eligible
18 entity shall use amounts received under a grant
19 under this section to ensure that State or local
20 public health laboratories are utilizing web-
21 based, secure systems that are in compliance
22 with the guidelines developed by the Secretary
23 under subparagraph (A) and that—

24 “(i) are fully integrated laboratory in-
25 formation systems;

1 “(ii) provide for the reporting of elec-
2 tronic test results to the appropriate local
3 and State health departments using cur-
4 rently existing national format and coding
5 standards;

6 “(iii) have information technology se-
7 curity and critical infrastructure protection
8 to protect public health information (as de-
9 termined by the Secretary);

10 “(iv) have the technical infrastructure
11 needed to ensure availability, backup, and
12 disaster recovery of data, application serv-
13 ices, and communications systems during
14 natural disasters including floods, torna-
15 does, hurricanes, and power outages; and

16 “(v) address other capabilities as the
17 Secretary determines appropriate.

18 “(D) OTHER USES.—In addition to the ac-
19 tivities described in subparagraphs (B) and (C),
20 an eligible entity (including the entity’s public
21 health laboratory) may use amounts received
22 under a grant under this section for systems
23 development and maintenance, hiring necessary
24 staff, and staff technical training. Grantees
25 under this section may elect to develop their

1 own systems or use federally developed systems
2 in carrying out activities under this paragraph.

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

7 “(e) REPORTS.—Not later than September 30, 2009,
8 and each September 30 thereafter, the Secretary shall
9 submit to Congress an annual report on the activities car-
10 ried out under this section by recipients of assistance
11 under this section.

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 \$180,000,000 for each of fiscal years 2009 through 2012,
15 of which—

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

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

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

1 **“SEC. 2822. FELLOWSHIP TRAINING IN APPLIED PUBLIC**
2 **HEALTH EPIDEMIOLOGY, PUBLIC HEALTH**
3 **LABORATORY SCIENCE, PUBLIC HEALTH**
4 **INFORMATICS, AND EXPANSION OF THE EPI-**
5 **DEMIC INTELLIGENCE SERVICE.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Director of the Centers for Disease Control and Pre-
8 vention, may carry out activities to address documented
9 workforce shortages in State and local health departments
10 in the critical areas of applied public health epidemiology
11 and public health laboratory science and informatics and
12 may expand the Epidemic Intelligence Service.

13 “(b) SPECIFIC USES.—In carrying out subsection
14 (a), the Secretary, acting through the Director of the Cen-
15 ters for Disease Control and Prevention, shall provide for
16 the expansion of existing Council of State and Territorial
17 Epidemiologists and Association of Public Health Labora-
18 tories fellowship programs operated through the Centers
19 for Disease Control and Prevention in a manner that is
20 designed to alleviate shortages of the type described in
21 subsection (a).

22 “(c) OTHER PROGRAMS.—The Secretary, acting
23 through the Director of the Centers for Disease Control
24 and Prevention, may provide for the expansion of other
25 applied epidemiology training programs that meet objec-

1 tives similar to the objectives of the programs described
2 in subsection (b).

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

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

12 “(f) AUTHORIZATIONS OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 \$39,500,000 for each of fiscal years 2009 through 2012,
15 of which—

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

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

23 “(3) not less than \$5,000,000 shall be made
24 available in each such fiscal year for the Public

1 Health Informatics Fellowship Program under sub-
2 section (e); and

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

6 **“SEC. 2823. NATIONALLY NOTIFIABLE DISEASES AND CON-**
7 **DITIONS.**

8 “(a) IN GENERAL.—At the request of the Council of
9 State and Territorial Epidemiologists, the Director of the
10 Centers for Disease Control and Prevention shall assist
11 the Council in developing or improving a process for
12 States to conduct surveillance and submit reports to the
13 Director on nationally notifiable diseases and conditions.

14 “(b) LIST OF NATIONALLY NOTIFIABLE DISEASES
15 AND CONDITIONS.—The process under subsection (a)
16 shall include a list of nationally notifiable diseases and
17 conditions as follows:

18 “(1) The Council of State and Territorial Epi-
19 demologists and the Director of the Centers for Dis-
20 ease Control and Prevention will jointly develop—

21 “(A) not later than 1 year after the date
22 of the enactment of the National Integrated
23 Public Health Surveillance Systems and Report-
24 able Conditions Act, a list of nationally
25 notifiable diseases and conditions; and

1 “(B) a process for reviewing the list on an
2 annual basis and, as appropriate, modifying the
3 list, taking into account newly recognized dis-
4 eases and conditions of public health impor-
5 tance and advances in diagnostic technology.

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

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

12 “(4) The list will distinguish between—

13 “(A) diseases and conditions of urgent
14 public health importance for which immediate
15 action may be needed; and

16 “(B) diseases and conditions for which re-
17 porting is less urgent and mainly for the pur-
18 pose of monitoring trends and evaluating public
19 health intervention programs.

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

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

1 transmission of infectious diseases and disease
2 agents between these countries.

3 “(2) Numerous infectious disease cases in the
4 United States are binational in origin, thus requir-
5 ing improved epidemiology, surveillance, follow-up
6 investigations, and disease case management along
7 the United States and Mexico border.

8 “(b) GUIDELINES FOR BINATIONAL COOPERA-
9 TION.—Not later than 1 year after the date of the enact-
10 ment of this subtitle, the Director of the Centers for Dis-
11 ease Control and Prevention shall—

12 “(1) develop an expedited review and approval
13 process and adopt the resultant version of the
14 ‘Guidelines for US–Mexico Coordination on Epide-
15 miological Events of Mutual Interest’, which have
16 been developed with input from United States and
17 Mexican State health agencies, including the Mexi-
18 can Federal Health Secretariat, the United States
19 Department of Health and Human Services, and the
20 Centers for Disease Control and Prevention; and

21 “(2) use these guidelines as the basis for devel-
22 oping improved standards and protocols for bina-
23 tional epidemiology, surveillance, laboratory anal-
24 yses, and control of infectious diseases between the
25 United States and Mexico.

1 “(1) an epidemiologist employed and designated
2 by the Director of the Centers for Disease Control
3 and Prevention;

4 “(2) an informatics specialist designated by the
5 Director of the Centers for Disease Control and Pre-
6 vention;

7 “(3) an epidemiologist designated by the Direc-
8 tor of the Centers for Disease Control and Preven-
9 tion to represent the National Center for Environ-
10 mental Health and the Agency for Toxic Substances
11 and Disease Registry;

12 “(4) a representative of an academic center or
13 professional, scientific association designated by the
14 American Society for Microbiology;

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

17 “(6) an individual designated by the Secretary
18 of Agriculture from the Division of Veterinary Serv-
19 ices;

20 “(7) a wildlife disease specialist designated by
21 the Secretary of Agriculture;

22 “(8) an epidemiologist employed by a State and
23 designated by the Council of State and Territorial
24 Epidemiologists;

1 “(9) a public health laboratorian employed by a
2 State and designated by the Association of Public
3 Health Laboratories;

4 “(10) a public health veterinarian employed by
5 a State and designated by the National Association
6 of State Public Health Veterinarians;

7 “(11) a laboratorian designated by the Amer-
8 ican Association of Veterinary Laboratory Diagnosti-
9 cians;

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

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

15 “(14) an environmental health scientist em-
16 ployed and designated by the Administrator of the
17 Environmental Protection Agency; and

18 “(15) a representative with expertise in the De-
19 partment of Veterans Affairs’ disease monitoring
20 systems.

21 “(c) FUNCTIONS.—The committee established under
22 subsection (a) shall—

23 “(1) review innovative approaches adopted by
24 State and local agencies to improve disease detec-
25 tion;

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

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

5 “(4) assess systems needed for coordinated ani-
6 mal and human disease surveillance and develop rec-
7 ommendations for the improvement of such surveil-
8 lance; and

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

11 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section,
13 \$750,000 for each of fiscal years 2009 through 2010.”.

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