

117TH CONGRESS
1ST SESSION

H. R. 550

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Immunization Infra-
3 structure Modernization Act of 2021”.

4 **SEC. 2. IMMUNIZATION INFORMATION SYSTEM DATA MOD-
5 ERNIZATION AND EXPANSION.**

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

9 **“SEC. 2824. IMMUNIZATION INFORMATION SYSTEM DATA
10 MODERNIZATION AND EXPANSION.**

11 **“(a) EXPANDING CDC AND PUBLIC HEALTH DE-
12 PARTMENT CAPABILITIES.—**

13 **“(1) IN GENERAL.—**The Secretary shall—

14 **“(A)** conduct activities (including with re-
15 spect to interoperability, population reporting,
16 and bidirectional reporting) to expand, enhance,
17 and improve immunization information systems
18 that are administered by health departments or
19 other agencies of State, local, Tribal, and terri-
20 torial governments and used by health care pro-
21 viders; and

22 **“(B)** award grants or cooperative agree-
23 ments to the health departments, or such other
24 governmental entities as administer immuniza-
25 tion information systems, of State, local, Tribal,
26 and territorial governments, for the expansion,

1 enhancement, and improvement of immuniza-
2 tion information systems to assist public health
3 departments in—

4 “(i) assessing current data infrastruc-
5 ture capabilities and gaps among health
6 care providers to improve and increase
7 consistency in patient matching, data col-
8 lection, reporting, bidirectional exchange,
9 and analysis of immunization-related infor-
10 mation;

11 “(ii) providing for technical assistance
12 and the efficient enrollment and training of
13 health care providers, including at phar-
14 macies and other settings where immuniza-
15 tions are being provided, such as long-term
16 care facilities, specialty health care pro-
17 viders, community health centers, Feder-
18 ally qualified health centers, rural health
19 centers, organizations serving adults 65
20 and older, and organizations serving home-
21 less and incarcerated populations;

22 “(iii) improving secure data collection,
23 transmission, bidirectional exchange, main-
24 tenance, and analysis of immunization in-
25 formation;

1 “(iv) improving the secure
2 bidirectional exchange of immunization
3 record data among Federal, State, local,
4 Tribal, and territorial governmental enti-
5 ties and non-governmental entities, includ-
6 ing by—

7 “(I) improving such exchange
8 among public health officials in mul-
9 tiple jurisdictions within a State, as
10 appropriate; and

11 “(II) by simplifying and sup-
12 porting electronic reporting by any
13 health care provider;

14 “(v) supporting the standardization of
15 immunization information systems to accel-
16 erate interoperability with health informa-
17 tion technology, including with health in-
18 formation technology certified under sec-
19 tion 3001(e)(5) or with health information
20 networks;

21 “(vi) supporting adoption of the im-
22 munization information system functional
23 standards of the Centers for Disease Con-
24 trol and Prevention and the maintenance

1 of security standards to protect individ-
2 ually identifiable health information;

3 “(vii) supporting and training immu-
4 nization information system, data science,
5 and informatics personnel;

6 “(viii) supporting real-time immuniza-
7 tion record data exchange and reporting,
8 to support rapid identification of immuni-
9 zation coverage gaps;

10 “(ix) improving completeness of data
11 by facilitating the capability of immuniza-
12 tion information systems to exchange data,
13 directly or indirectly, with immunization
14 information systems in other jurisdictions;

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

23 “(xi) supporting the development and
24 implementation of policies that facilitate
25 complete population-level capture, consoli-

1 dation, and access to accurate immuniza-
2 tion information;

3 “(xii) supporting the procurement and
4 implementation of updated software, hard-
5 ware, and cloud storage to adequately
6 manage information volume and capabili-
7 ties;

8 “(xiii) supporting expansion of capa-
9 bilities within immunization information
10 systems for outbreak response;

11 “(xiv) supporting activities within the
12 applicable jurisdiction related to the man-
13 agement, distribution, and storage of vac-
14 cine doses and ancillary supplies;

15 “(xv) developing information related
16 to the use and importance of immunization
17 record data and disseminating such infor-
18 mation to health care providers and other
19 persons authorized under State law to ac-
20 cess such information, including payors
21 and health care facilities; or

22 “(xvi) supporting activities to improve
23 the scheduling and administration of vac-
24 cinations.

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

3 “(A) designate data and technology stand-
4 ards that must be followed by governmental en-
5 tities with respect to use of immunization infor-
6 mation systems as a condition of receiving an
7 award under this section, with priority given to
8 standards developed by—

9 “(i) consensus-based organizations
10 with input from the public; and

11 “(ii) voluntary consensus-based stand-
12 ards bodies; and

13 “(B) support a means of independent
14 verification of the standards used in carrying
15 out paragraph (1).

16 “(3) PUBLIC-PRIVATE PARTNERSHIPS.—In car-
17 rying out paragraph (1), the Secretary may develop
18 and utilize contracts and cooperative agreements for
19 technical assistance, training, and related implemen-
20 tation support.

21 “(b) REQUIREMENTS.—

22 “(1) HEALTH INFORMATION TECHNOLOGY
23 STANDARDS.—The Secretary may not award a grant
24 or cooperative agreement under subsection (a)(1)(B)

1 unless the applicant uses and agrees to use stand-
2 ards adopted by the Secretary under section 3004.

3 “(2) WAIVER.—The Secretary may waive the
4 requirement under paragraph (1) with respect to an
5 applicant if the Secretary determines that the activi-
6 ties under subsection (a)(1)(B) cannot otherwise be
7 carried out within the applicable jurisdiction.

8 “(3) APPLICATION.—A State, local, Tribal, or
9 territorial health department applying for a grant or
10 cooperative agreement under subsection (a)(1)(B)
11 shall submit an application to the Secretary at such
12 time and in such manner as the Secretary may re-
13 quire. Such application shall include information de-
14 scribing—

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

17 “(B) how the modernization of the immu-
18 nization information systems involved will sup-
19 port or impact the public health infrastructure
20 of the health department, including a descrip-
21 tion of remaining gaps, if any, and the actions
22 needed to address such gaps.

23 “(c) STRATEGY AND IMPLEMENTATION PLAN.—Not
24 later than 90 days after the date of enactment of this sec-
25 tion, the Secretary shall submit to the Committee on En-

1 ergy and Commerce of the House of Representatives and
2 the Committee on Health, Education, Labor, and Pen-
3 sions of the Senate a coordinated strategy and an accom-
4 panying implementation plan that identifies and dem-
5 onstrates the measures the Secretary will utilize to—

6 “(1) update and improve immunization infor-
7 mation systems supported by the Centers for Dis-
8 ease Control and Prevention; and

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

13 “(d) CONSULTATION; TECHNICAL ASSISTANCE.—

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

17 “(A) health departments, or such other
18 governmental entities as administer immuniza-
19 tion information systems, of State, local, Tribal,
20 and territorial governments;

21 “(B) professional medical associations,
22 public health associations, and associations rep-
23 resenting pharmacists and pharmacies;

1 “(C) community health centers, long-term
2 care facilities, and other appropriate entities
3 that provide immunizations;

4 “(D) health information technology ex-
5 perts; and

6 “(E) other public or private entities, as ap-
7 propriate.

8 “(2) TECHNICAL ASSISTANCE.—In connection
9 with consultation under paragraph (1), the Secretary
10 may—

11 “(A) provide technical assistance, certifi-
12 cation, and training related to the exchange of
13 information by immunization information sys-
14 tems used by health care and public health enti-
15 ties at the local, State, Federal, Tribal, and ter-
16 ritorial levels; and

17 “(B) develop and utilize public-private
18 partnerships for implementation support appli-
19 cable to this section.

20 “(e) REPORT TO CONGRESS.—Not later than 1 year
21 after the date of enactment of this section, the Secretary
22 shall submit a report to the Committee on Health, Edu-
23 cation, Labor, and Pensions of the Senate and the Com-
24 mittee on Energy and Commerce of the House of Rep-
25 resentatives that includes—

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

2 “(A) public health authorities imple-
3 menting interoperable immunization informa-
4 tion systems;

5 “(B) the exchange of information pursuant
6 to immunization records; or

7 “(C) reporting by any health care profes-
8 sional authorized under State law, using such
9 immunization information systems, as appro-
10 priate, and pursuant to State law; or

11 “(2) a description of barriers that hinder the
12 effective establishment of a network to support im-
13 munization reporting and monitoring, including a
14 list of recommendations to address such barriers;
15 and

16 “(3) an assessment of immunization coverage
17 and access to immunizations services and any dis-
18 parities and gaps in such coverage and access for
19 medically underserved, rural, and frontier areas.

20 “(f) DEFINITION.—In this section, the term ‘immuni-
21 zation information system’ means a confidential, popu-
22 lation-based, computerized database that records immuni-
23 zation doses administered by any health care provider to
24 persons within the geographic area covered by that data-
25 base.

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

Passed the House of Representatives November 30,
2021.

Attest:

Clerk.

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