(Original Signature of Member)

118TH CONGRESS 1ST SESSION

## H.R.

To direct the Comptroller General of the United States to evaluate the Federal Government's collection and sharing of public health data to respond to public health emergencies.

## IN THE HOUSE OF REPRESENTATIVES

Mr. Peters introduced the following bill; which was referred to the Committee on \_\_\_\_\_

## A BILL

To direct the Comptroller General of the United States to evaluate the Federal Government's collection and sharing of public health data to respond to public health emergencies.

- 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. STUDY ON FEDERAL PUBLIC HEALTH DATA
- 4 COLLECTION AND SHARING.
- 5 (a) IN GENERAL.—The Comptroller General of the
- 6 United States shall evaluate the Federal Government's
- 7 collection and sharing of public health data to respond to

1	public health emergencies involving infectious disease out-
2	breaks or biological threats, such as the COVID-19 pan-
3	demic, and provide as appropriate recommendations to ad-
4	dress the collection and sharing of public health data.
5	(b) Topics.—The evaluation under subsection (a)
6	shall include a review of what is known about—
7	(1) the authorities, policies, and operational
8	tools used by the Secretary of Health and Human
9	Services to collect public health data from, and share
10	public health data with, other Federal agencies,
11	State, local, territorial, and Tribal governments, and
12	other partners, including—
13	(A) how those authorities, policies, and
14	tools were used during the COVID-19 public
15	health emergency;
16	(B) how Federal funds were expended for
17	the purpose of public health data collection and
18	sharing during the COVID-19 public health
19	emergency;
20	(C) any challenges posed by redundant
21	data reporting requirements placed on State,
22	local, territorial, and Tribal governments and
23	other partners during the COVID-19 public
24	health emergency, including whether these re-
25	quirements conflicted with the needs of State.

1	local, territorial, or Tribal communities or other
2	partners; and
3	(D) any publicly available resources to
4	track how public health data is being collected,
5	shared, and used with other Federal agencies,
6	State, local, territorial, and Tribal governments,
7	and other partners;
8	(2) any limitations on the authorities, policies,
9	and tools used during declared public health emer-
10	gencies, including throughout the COVID-19 public
11	health emergency, that affect the Federal Govern-
12	ment's ability to respond to declared public health
13	emergencies;
14	(3) any redundancy or overutilization in the au-
15	thorities, policies, and tools used during declared
16	public health emergencies, including throughout the
17	COVID-19 public health emergency, including
18	whether any redundant data reporting requirements
19	conflicted with the needs of State, local, territorial,
20	or Tribal communities or other partners; and
21	(4) the Federal Government's data collection,
22	sharing, and epidemiological modeling during the
23	COVID-19 public health emergency compared with
24	the data collection, sharing, and epidemiological
25	modeling of nonprofit and private sector stake-

1	holders, including how the Secretary developed tools,
2	or used already existing tools, to collect, share,
3	model, and disseminate public health data in com-
4	parison to the development of tools and use of exist-
5	ing tools for such purposes by the nonprofit and pri-
6	vate sectors.
7	(c) Report to Congress.—Not later than 18
8	months after the date of enactment of this Act, the Comp-
9	troller General of the United States shall submit a report
10	to the Congress on the results of the evaluation under sub-
11	section (a).
12	(d) Definition.—In this section, the term "other
13	partners" includes—
14	(1) hospitals and physician practices;
15	(2) health systems and health plans;
16	(3) manufacturers and distributors; and
17	(4) clinical laboratories.