

116TH CONGRESS
2D SESSION

H. R. 8811

To initiate an inquiry and report on COVID–19 data quality, sharing, transparency, access, and analysis and develop a process to correct inaccurate information reported with respect to the COVID–19 public health emergency, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 24, 2020

Ms. FINKENAUER (for herself, Mr. LOEBSACK, and Mrs. AXNE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To initiate an inquiry and report on COVID–19 data quality, sharing, transparency, access, and analysis and develop a process to correct inaccurate information reported with respect to the COVID–19 public health emergency, 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 “COVID–19 Data Accu-
5 racy Act”.

1 **SEC. 2. PROTECTING DATA QUALITY, SHARING, TRANS-**
2 **PARENCY, ACCESS, AND ANALYSIS.**

3 (a) INQUIRY AND SUBMISSION.—

4 (1) IN GENERAL.—Not later than 7 days after
5 the date of the enactment of this Act, the Comp-
6 troller General shall initiate an inquiry into any
7 changes or interruptions in data quality, sharing,
8 transparency, access, and analysis or access to rel-
9 evant analytics resulting from the changes to
10 COVID–19 hospital data reporting requirements ini-
11 tiated by the White House Coronavirus Task Force
12 and the Department of Health and Human Services
13 on July 13, 2020.

14 (2) SUBMISSION OF FINDINGS.—Not later than
15 45 days after initiation of an inquiry under para-
16 graph (1), the Comptroller General shall submit
17 findings with respect to such inquiry to the Com-
18 mittee on Energy and Commerce of the House of
19 Representatives, the Committee on Health, Edu-
20 cation, Labor, and Pensions of the Senate, and the
21 Department of Health and Human Services, in oral
22 briefings, which shall address—

23 (A) any changes or interruptions described
24 in paragraph (1), including whether such
25 changes increased, decreased, expedited, or de-
26 layed the data quality, sharing, transparency,

1 access, and analysis or access to relevant ana-
2 lytics, with respect to—

3 (i) the public;

4 (ii) State, local, Tribal, and territorial
5 health departments;

6 (iii) hospitals; and

7 (iv) Federal agency officials, including
8 officials in the Department of Health and
9 Human Services and Centers for Disease
10 Control and Prevention; and

11 (B) any impact to, or interruptions in, de-
12 livery of supplies, including personal protective
13 equipment, ventilators, and COVID–19 thera-
14 peutics, to States or other entities resulting
15 from any changes or interruptions described in
16 paragraph (1).

17 (b) ACCESS TO REPORTING SYSTEM.—The Secretary
18 shall, not later than 7 days after the date of enactment
19 of this Act, provide the Comptroller General with access
20 to the information technology systems maintained by the
21 Department of Health and Human Services to enable the
22 Comptroller General to independently access, view,
23 download, and retrieve data from such systems for the
24 purpose of carrying out this section.

1 (c) ADDRESSING ISSUES.—Not later than 7 days
2 after the Comptroller General submits the findings to Con-
3 gress pursuant to subsection (a)(2), the Secretary shall—

4 (1) correct any decreases or delays identified by
5 the Comptroller General in the findings;

6 (2) address issues with respect to data quality,
7 sharing, transparency, access, and analysis and ac-
8 cess to relevant analytics; and

9 (3) ensure that such data quality, sharing,
10 transparency, access, and analysis and access to rel-
11 evant analytics are equal to or better than they were
12 as of July 12, 2020.

13 (d) REPORT.—Not later than 18 months after the
14 date of the enactment of this Act, the Comptroller General
15 shall submit to the Committee on Energy and Commerce
16 of the House of Representatives and the Committee on
17 Health, Education, Labor, and Pensions of the Senate a
18 report on the impact of changes or interruptions to
19 COVID–19 hospital data reporting requirements described
20 in subsection (a). In preparing such report, the Comp-
21 troller General shall collect information from relevant
22 stakeholders, as appropriate. Such report shall—

23 (1) detail any such changes or interruptions to
24 data quality, sharing, transparency, access, and
25 analysis, or access to relevant analytics, for the enti-

1 ties described in subsection (a)(2)(A), including
2 whether such changes or interruptions increased, de-
3 creased, expedited, or delayed such data or access to
4 relevant analytics;

5 (2) describe challenges faced by hospitals,
6 States, localities, Indian Tribes (as defined in sec-
7 tion 4 of the Indian Self-Determination and Edu-
8 cation Assistance Act (25 U.S.C. 5304)), Urban In-
9 dian organizations (as defined in section 4 of the In-
10 dian Health Care Improvement Act (25 U.S.C.
11 1603)), territories, Federal agencies, and the public
12 resulting from such changes or interruptions;

13 (3) describe the extent to which such changes
14 or interruptions may allow for manipulation of such
15 data in a manner that results in the entities de-
16 scribed in paragraph (2) receiving information that
17 is different from information provided to the Depart-
18 ment of Health and Human Services;

19 (4) assess the extent to which such changes or
20 interruptions increased or decreased the number of
21 hospitals reporting data and the completeness and
22 quality of data reported by hospitals;

23 (5) determine whether any States deployed the
24 National Guard to assist in hospital data reporting
25 (as suggested in communications from the White

1 House Coronavirus Task Force and the Department
2 of Health and Human Services on July 13, 2020)
3 and whether any such deployment had a measurable
4 effect on the speed, content, or quality of such re-
5 porting;

6 (6) describe the decision-making process within
7 the Department of Health and Human Services that
8 led to the changes initiated on July 13, 2020, in-
9 cluding—

10 (A) the role of the Centers for Disease
11 Control and Prevention in such process;

12 (B) any analysis conducted by the Depart-
13 ment of Health and Human Services or the
14 Centers for Disease Control and Prevention
15 that assessed the quality and completeness of
16 different data streams (including the National
17 Healthcare Safety Network, TeleTracking, and
18 data reported by States to the Protect System
19 of the Department of Health and Human Serv-
20 ices), prior to July 13, 2020;

21 (C) any external input into the decision-
22 making process, including from other Federal
23 agencies, States, localities, Indian Tribes (as
24 defined in section 4 of the Indian Self-Deter-
25 mination and Education Assistance Act (25

1 U.S.C. 5304)), Urban Indian organizations (as
2 defined in section 4 of the Indian Health Care
3 Improvement Act (25 U.S.C. 1603)), terri-
4 tories, or hospitals;

5 (D) the public health justification for the
6 changes; and

7 (E) any other justification for such
8 changes; and

9 (7) assess the process used to address—

10 (A) decreases or delays identified under
11 subsection (c)(1); and

12 (B) issues described in subsection (c)(2).

13 (e) INTERIM REPORT.—Not later than 6 months
14 after the date of the enactment of this Act, the Comp-
15 troller General shall submit to the Committee on Energy
16 and Commerce of the House of Representatives and the
17 Committee on Health, Education, Labor, and Pensions of
18 the Senate an interim report on the initial findings with
19 respect to information required to be in the report under
20 subsection (d).

21 **SEC. 3. CORRECTING INACCURACIES.**

22 (a) IN GENERAL.—Not later than 30 days after the
23 date of the enactment of this Act, the Secretary shall, in
24 coordination with the Director of the Centers for Disease
25 Control and Prevention and reporting entities, develop a

1 process to correct inaccurate information collected, re-
2 ported, or distributed with respect to the COVID–19 pub-
3 lic health emergency declared pursuant to section 319 of
4 the Public Health Service Act (42 U.S.C. 247d).

5 (b) REQUIREMENTS.—The process under subsection
6 (a) shall—

7 (1) identify and correct inaccurate information
8 in a timely manner;

9 (2) consider data made available by—

10 (A) the Department of Health and Human
11 Services and the Centers for Disease Control
12 and Prevention; and

13 (B) reporting entities (including data pro-
14 vided to the Secretary in accordance with the
15 State plans referred to in subsection (e));

16 (3) permit the public to report on inaccurate in-
17 formation described in subsection (a); and

18 (4) include technical assistance, as necessary,
19 for reporting entities.

20 (c) PUBLIC NOTIFICATION.—The Secretary shall, in
21 a manner that protects personally identifiable information
22 from disclosure and complies with applicable Federal law
23 on privacy—

24 (1) in a timely manner, notify the public of—

1 (A) inaccurate information identified pur-
2 suant to the process developed under subsection
3 (a); and

4 (B) the steps used to correct the inac-
5 curate information; and

6 (2) after notifying the public under paragraph
7 (1), in a reasonable period of time, make a public
8 certification that such inaccurate information has
9 been corrected.

10 (d) GUIDANCE.—Not later than 30 days after the
11 date of the enactment of this Act, the Secretary shall issue
12 guidance to reporting entities with respect to identifying
13 and correcting inaccurate information described in sub-
14 section (a) in the data collected, reported, or distributed
15 by such agencies. Such guidance shall include a method—

16 (1) to notify the Secretary when such inac-
17 curate information is identified; and

18 (2) to collaborate with the Secretary to correct
19 and notify the public of such inaccurate information
20 in accordance with subsection (c).

21 (e) STATE PLANS.—Not later than 60 days after the
22 date of the enactment of this Act, the Secretary shall re-
23 quire each State that submitted to the Secretary a
24 COVID–19 testing plan under the heading “Public Health
25 and Social Services Emergency Fund” in title I of division

1 B of the Paycheck Protection Program and Health Care
2 Enhancement Act (Public Law 116–139) to update the
3 plan to include a process for correcting inaccurate infor-
4 mation described in subsection (a) based on the guidance
5 issued under subsection (d).

6 (f) REPORTS.—

7 (1) PRELIMINARY REPORTS.—Not later than 90
8 days after the date of the enactment this Act, and
9 every 30 days thereafter, the Secretary shall submit
10 to the Committee on Energy and Commerce of the
11 House of Representatives and the Committee on
12 Health, Education, Labor, and Pensions of the Sen-
13 ate a preliminary report on—

14 (A) the inaccurate information that is cor-
15 rected the most through the process developed
16 under subsection (a); and

17 (B) best practices for identifying, cor-
18 recting, and notifying the public of such inac-
19 curate information.

20 (2) FINAL REPORT.—Not later than 3 months
21 after the end of the public health emergency de-
22 scribed in subsection (a), the Secretary shall submit
23 to the committees referred to in paragraph (1) a
24 final report on—

1 (A) the inaccurate information described in
2 paragraph (1)(A); and

3 (B) the effectiveness of the process devel-
4 oped under subsection (a) to address such inac-
5 curate information.

6 **SEC. 4. DEFINITIONS.**

7 In this Act:

8 (1) **COMPTROLLER GENERAL.**—The term
9 “Comptroller General” means the Comptroller Gen-
10 eral of the United States.

11 (2) **REPORTING ENTITIES.**—The term “report-
12 ing entities” means State, territorial, and local
13 health departments, hospitals, and any other entity
14 that either directly or indirectly reports information
15 to the Secretary with respect to the COVID–19 pub-
16 lic health emergency declared pursuant to section
17 319 of the Public Health Service Act (42 U.S.C.
18 247d).

19 (3) **SECRETARY.**—The term “Secretary” means
20 the Secretary of Health and Human Services.

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