

117TH CONGRESS  
1ST SESSION

# H. R. 3841

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## AN ACT

To amend the Public Health Service Act with respect to the collection and availability of health data with respect to Indian Tribes, 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 “Tribal Health Data  
3 Improvement Act of 2021”.

4 **SEC. 2. COLLECTION AND AVAILABILITY OF HEALTH DATA**  
5 **WITH RESPECT TO INDIAN TRIBES.**

6 (a) DATA COLLECTION.—Section 3101(a)(1) of the  
7 Public Health Service Act (42 U.S.C. 300kk(a)(1)) is  
8 amended—

9 (1) by striking “, by not later than 2 years  
10 after the date of enactment of this title,”; and

11 (2) in subparagraph (B), by inserting “Tribal,”  
12 after “State,”.

13 (b) DATA REPORTING AND DISSEMINATION.—Sec-  
14 tion 3101(c) of the Public Health Service Act (42 U.S.C.  
15 300kk(c)) is amended—

16 (1) by amending subparagraph (F) of para-  
17 graph (1) to read as follows:

18 “(F) the Indian Health Service, Indian  
19 Tribes, Tribal organizations, and epidemiology  
20 centers authorized under the Indian Health  
21 Care Improvement Act;”; and

22 (2) in paragraph (3), by inserting “Indian  
23 Tribes, Tribal organizations, and epidemiology cen-  
24 ters,” after “Federal agencies,”.

25 (c) PROTECTION AND SHARING OF DATA.—Section  
26 3101(e) of the Public Health Service Act (42 U.S.C.

1 300kk(e)) is amended by adding at the end the following  
2 new paragraphs:

3 “(3) DATA SHARING STRATEGY.—With respect  
4 to data access for Tribal epidemiology centers and  
5 Tribes, the Secretary shall create a data sharing  
6 strategy that takes into consideration recommenda-  
7 tions by the Secretary’s Tribal Advisory Committee  
8 for—

9 “(A) ensuring that Tribal epidemiology  
10 centers and Indian Tribes have access to the  
11 data sources necessary to accomplish their pub-  
12 lic health responsibilities; and

13 “(B) protecting the privacy and security of  
14 such data.

15 “(4) TRIBAL PUBLIC HEALTH AUTHORITY.—

16 “(A) AVAILABILITY.—Beginning not later  
17 than 180 days after the date of the enactment  
18 of the Tribal Health Data Improvement Act of  
19 2021, the Secretary shall make available to the  
20 entities listed in subparagraph (B) all data that  
21 is collected pursuant to this title with respect to  
22 health care and public health surveillance pro-  
23 grams and activities, including such programs  
24 and activities that are federally supported or  
25 conducted, so long as—

1 “(i) such entities request the data  
2 pursuant to statute; and

3 “(ii) the data is requested for use—  
4 “(I) consistent with Federal law  
5 and obligations; and

6 “(II) to satisfy a particular pur-  
7 pose or carry out a specific function  
8 consistent with the purpose for which  
9 the data was collected.

10 “(B) ENTITIES.—The entities listed in this  
11 subparagraph are—

12 “(i) the Indian Health Service;

13 “(ii) Indian Tribes and Tribal organi-  
14 zations; and

15 “(iii) epidemiology centers.”.

16 (d) TECHNICAL UPDATES.—Section 3101 of the  
17 Public Health Service Act (42 U.S.C. 300kk) is amend-  
18 ed—

19 (1) by striking subsections (g) and (h); and

20 (2) by redesignating subsection (i) as subsection  
21 (h).

22 (e) DEFINITIONS.—After executing the amendments  
23 made by subsection (d), section 3101 of the Public Health  
24 Service Act (42 U.S.C. 300kk) is amended by inserting  
25 after subsection (f) the following new subsection:

1 “(g) DEFINITIONS.—In this section:

2 “(1) The term ‘epidemiology center’ means an  
3 epidemiology center established under section 214 of  
4 the Indian Health Care Improvement Act, including  
5 such Tribal epidemiology centers serving Indian  
6 Tribes regionally and any Tribal epidemiology center  
7 serving Urban Indian organizations nationally.

8 “(2) The term ‘Indian Tribe’ has the meaning  
9 given to the term ‘Indian tribe’ in section 4 of the  
10 Indian Self-Determination and Education Assistance  
11 Act.

12 “(3) The term ‘Tribal organization’ has the  
13 meaning given to the term ‘tribal organization’ in  
14 section 4 of the of the Indian Self-Determination  
15 and Education Assistance Act.

16 “(4) The term ‘Urban Indian organization’ has  
17 the meaning given to that term in section 4 of the  
18 Indian Health Care Improvement Act.”.

19 (f) TECHNICAL CORRECTION.—Section 3101(b) of  
20 the Public Health Service Act (42 U.S.C. 300kk(b)) is  
21 amended by striking “DATA ANALYSIS.—” and all that  
22 follows through “For each federally” and inserting “DATA  
23 ANALYSIS.—For each federally”.

1 **SEC. 3. IMPROVING HEALTH STATISTICS REPORTING WITH**  
2 **RESPECT TO INDIAN TRIBES.**

3 (a) TECHNICAL AID TO STATES AND LOCALITIES.—  
4 Section 306(d) of the Public Health Service Act (42  
5 U.S.C. 242k(d)) is amended by inserting “, Indian Tribes,  
6 Tribal organizations, and epidemiology centers” after “ju-  
7 risdictions”.

8 (b) COOPERATIVE HEALTH STATISTICS SYSTEM.—  
9 Section 306(e)(3) of the Public Health Service Act (42  
10 U.S.C. 242k(e)(3)) is amended by inserting “, Indian  
11 Tribes, Tribal organizations, and epidemiology centers”  
12 after “health agencies”.

13 (c) FEDERAL-STATE-TRIBAL COOPERATION.—Sec-  
14 tion 306(f) of the Public Health Service Act (42 U.S.C.  
15 242k(f)) is amended—

16 (1) by inserting “the Indian Health Service,”  
17 before “the Departments of Commerce”;

18 (2) by inserting a comma after “the Depart-  
19 ments of Commerce and Labor”;

20 (3) by inserting “, Indian Tribes, Tribal organi-  
21 zations, and epidemiology centers” after “State and  
22 local health departments and agencies”; and

23 (4) by striking “he shall” and inserting “the  
24 Secretary shall”.

1 (d) REGISTRATION AREA RECORDS.—Section  
2 306(h)(1) of the Public Health Service Act (42 U.S.C.  
3 242k(h)(1)) is amended—

4 (1) by striking “in his discretion” and inserting  
5 “in the discretion of the Secretary”; and

6 (2) by striking “Hispanics, Asian Americans,  
7 and Pacific Islanders” and inserting “American In-  
8 dians and Alaska Natives, Hispanics, Asian Ameri-  
9 cans, and Native Hawaiian and other Pacific Island-  
10 ers”.

11 (e) NATIONAL COMMITTEE ON VITAL AND HEALTH  
12 STATISTICS.—Section 306(k) of the Public Health Service  
13 Act (42 U.S.C. 242k(k)) is amended—

14 (1) in paragraph (3), by striking “, not later  
15 than 60 days after the date of the enactment of the  
16 Health Insurance Portability and Accountability Act  
17 of 1996,” each place it appears; and

18 (2) in paragraph (7), by striking “Not later  
19 than 1 year after the date of the enactment of the  
20 Health Insurance Portability and Accountability Act  
21 of 1996, and annually thereafter, the Committee  
22 shall” and inserting “The Committee shall, on a bi-  
23 ennial basis,”.

24 (f) GRANTS FOR ASSEMBLY AND ANALYSIS OF DATA  
25 ON ETHNIC AND RACIAL POPULATIONS.—Section

1 306(m)(4) of the Public Health Service Act (42 U.S.C.  
2 242k(m)(4)) is amended—

3 (1) in subparagraph (A)—

4 (A) by striking “Subject to subparagraph  
5 (B), the” and inserting “The”; and

6 (B) by striking “and major Hispanic sub-  
7 population groups and American Indians” and  
8 inserting “, major Hispanic subgroups, and  
9 American Indians and Alaska Natives”; and

10 (2) by amending subparagraph (B) to read as  
11 follows:

12 “(B) In carrying out subparagraph (A), with respect  
13 to American Indians and Alaska Natives, the Secretary  
14 shall—

15 “(i) consult with Indian Tribes, Tribal organi-  
16 zations, the Tribal Technical Advisory Group of the  
17 Centers for Medicare & Medicaid Services main-  
18 tained under section 5006(e) of the American Recov-  
19 ery and Reinvestment Act of 2009, and the Tribal  
20 Advisory Committee established by the Centers for  
21 Disease Control and Prevention, in coordination with  
22 epidemiology centers, to develop guidelines for State  
23 and local health agencies to improve the quality and  
24 accuracy of data with respect to the birth and death  
25 records of American Indians and Alaska Natives;



1           “(ii) confer with Urban Indian organizations to  
2       develop guidelines for State and local health agencies  
3       to improve the quality and accuracy of data with re-  
4       spect to the birth and death records of American In-  
5       dians and Alaska Natives;

6           “(iii) enter into cooperative agreements with In-  
7       dian Tribes, Tribal organizations, Urban Indian or-  
8       ganizations, and epidemiology centers to address  
9       misclassification and undersampling of American In-  
10      dians and Alaska Natives with respect to—

11           “(I) birth and death records; and

12           “(II) health care and public health surveil-  
13      lance systems, including, but not limited to,  
14      data with respect to chronic and infectious dis-  
15      eases, unintentional injuries, environmental  
16      health, child and adolescent health, maternal  
17      health and mortality, foodborne and waterborne  
18      illness, reproductive health, and any other  
19      notifiable disease or condition;

20           “(iv) encourage States to enter into data shar-  
21      ing agreements with Indian Tribes, Tribal organiza-  
22      tions, and epidemiology centers to improve the qual-  
23      ity and accuracy of public health data; and

24           “(v) not later than 180 days after the date of  
25      enactment of the Tribal Health Data Improvement

1 Act of 2021, and biennially thereafter, issue a report  
2 on the following:

3 “(I) Which States have data sharing agree-  
4 ments with Indian Tribes, Tribal organizations,  
5 Urban Indian organizations, and Tribal epide-  
6 miology centers to improve the quality and ac-  
7 curacy of health data.

8 “(II) What the Centers for Disease Control  
9 and Prevention is doing to encourage States to  
10 enter into data sharing agreements with Indian  
11 Tribes, Tribal organizations, Urban Indian or-  
12 ganizations, and Tribal epidemiology centers to  
13 improve the quality and accuracy of health  
14 data.

15 “(III) Best practices and guidance for  
16 States, Indian Tribes, Tribal organizations,  
17 Urban Indian organizations, and Tribal epide-  
18 miology centers that wish to enter into data  
19 sharing agreements.

20 “(IV) Best practices and guidance for  
21 local, State, Tribal, and Federal uniform stand-  
22 ards for the collection of data on race and eth-  
23 nicity.”.

24 (g) DEFINITIONS.—Section 306 of the Public Health  
25 Service Act (42 U.S.C. 242k) is amended—

1           (1) by redesignating subsection (n) as sub-  
2           section (o); and

3           (2) by inserting after subsection (m) the fol-  
4           lowing:

5           “(n) In this section:

6                 “(1) The term ‘epidemiology center’ means an  
7                 epidemiology center established under section 214 of  
8                 the Indian Health Care Improvement Act, including  
9                 such Tribal epidemiology centers serving Indian  
10                Tribes regionally and any Tribal epidemiology center  
11                serving Urban Indian organizations nationally.

12               “(2) The term ‘Indian Tribe’ has the meaning  
13                given to the term ‘Indian tribe’ in section 4 of the  
14                Indian Self-Determination and Education Assistance  
15                Act.

16               “(3) The term ‘Tribal organization’ has the  
17                meaning given to the term ‘tribal organization’ in  
18                section 4 of the Indian Self-Determination and Edu-  
19                cation Assistance Act.

20               “(4) The term ‘Urban Indian organization’ has  
21                the meaning given to that term in section 4 of the  
22                Indian Health Care Improvement Act.”.

23           (h) AUTHORIZATION OF APPROPRIATIONS.—Section  
24           306(o) of the Public Health Service Act, as redesignated  
25           by subsection (g), is amended to read as follows:

1       “(o)(1) To carry out this section, there is authorized  
2 to be appropriated \$185,000,000 for each of the fiscal  
3 years 2022 through 2026.

4       “(2) Of the amount authorized to be appropriated to  
5 carry out this section for a fiscal year, the Secretary shall  
6 not use more than 10 percent for the combined costs of—

7               “(A) administration of this section; and

8               “(B) carrying out subsection (m)(2).”.

Passed the House of Representatives June 23, 2021.

Attest:

*Clerk.*



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