



(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To require the Secretary of Health and Human Services to establish an automated supply-chain tracking application that provides near real-time insight into the amount of critical medical and health supplies available in the Strategic National Stockpile.

IN THE HOUSE OF REPRESENTATIVES

Mr. GOTTHEIMER introduced the following bill; which was referred to the Committee on _____

A BILL

To require the Secretary of Health and Human Services to establish an automated supply-chain tracking application that provides near real-time insight into the amount of critical medical and health supplies available in the Strategic National Stockpile.

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 “Medical and Health
5 Stockpile Accountability Act of 2021”.

1 **SEC. 2. TRACKING AND ACCOUNTABILITY OF SUPPLIES IN**
2 **THE NATIONAL STOCKPILE.**

3 Section 319F–2 of the Public Health Service Act (42
4 U.S.C. 247d–6b) is amended—

5 (1) by redesignating subsection (h) as sub-
6 section (i); and

7 (2) by inserting after subsection (g) the fol-
8 lowing:

9 “(h) **TRACKING AND ACCOUNTABILITY OF SUPPLIES**
10 **IN THE STOCKPILE.—**

11 “(1) **IN GENERAL.—**The Secretary shall estab-
12 lish an automated supply-chain tracking application
13 that provides near real-time insight into the amount
14 of critical medical and health supplies available in
15 the stockpile under subsection (a), and available in
16 the medical and health supply inventories of State,
17 Tribal, territories, and local and private entities such
18 as hospitals, manufacturers, and distributors.

19 “(2) **ACCESS AND USE OF THE APPLICATION.—**
20 The Secretary shall establish rules for data access,
21 and use of, the application established under para-
22 graph (1). Such rules shall—

23 “(A) require internal tracking, pursuant to
24 subsection (d), of all supplies within the stock-
25 pile under subsection (a), in a manner that is

1 visible to Federal entities identified by the Sec-
2 retary;

3 “(B) allow for data access, by Federal en-
4 tities during an emergency response, as deter-
5 mined by the Secretary, to the medical and
6 health supply stockpiles of State, Tribal, terri-
7 tories, and local and private partners;

8 “(C) establish, after consultation with pub-
9 lic and private partners, a national standard for
10 collecting and reporting data related to prod-
11 ucts maintained in the stockpile, including—

12 “(i) data standards for category of
13 products, nomenclature, and standards for
14 coding of each product for entities to re-
15 port product availability in their Federal,
16 State, and local jurisdictions;

17 “(ii) application of the standard to
18 Tribal and local stockpiles; and

19 “(iii) a data dictionary defining terms,
20 such as ‘burn rate’, ‘calculation of supply-
21 on-hand’, and other appropriate terms;

22 “(D) ensure clear and efficient mecha-
23 nisms for health care entities, including hos-
24 pitals, manufacturers, and distributors, to re-
25 port data in an emergency that supports med-

1 ical and health supply chain management and
2 surge re-deployment, including detailed data re-
3 garding all relevant supplies secured and avail-
4 able;

5 “(E) allow access by the Department of
6 Health and Human Services to data from dif-
7 ferent vendor management systems, through
8 automated feeds from health care entities,
9 eliminating manual reporting errors from health
10 care entities;

11 “(F) establish the parameters for per-
12 mitted and prohibited government data access
13 and uses;

14 “(G) ensure that the Department of
15 Health and Human Services protects any data
16 from hospitals, manufacturers, and distributors
17 that is shared through the application, includ-
18 ing protection of confidential, proprietary, com-
19 mercial, and trade secret information.

20 “(H) ensure that Federal data collection is
21 for monitoring and dynamic allocation and will
22 not be used to remove or reallocate inventory
23 from organizations;

1 “(I) ensure that data will not be used by
2 suppliers for commercial or contractual pur-
3 poses;

4 “(J) ensure that reported data will not be
5 used to advantage or disadvantage any institu-
6 tion over another or to undermine the competi-
7 tive marketplace; and

8 “(K) ensure that the application interfaces,
9 for tracking management purposes, with the
10 National Disaster Recovery Framework of the
11 Federal Emergency Management Agency, ap-
12 propriate dashboards of the Department of De-
13 fense, and other appropriate Federal partners.

14 “(3) PARTICIPATION BY PRIVATE ENTITIES.—
15 The application established under paragraph (1)
16 shall support the voluntary sharing of data and ac-
17 cessing data by private health care supply chain en-
18 tities, by allowing such entities to display near real
19 time data relating to inventory and time estimates
20 for when inventories may be replenished.

21 “(4) ANNUAL EXERCISE.—The Secretary shall
22 provide for an annual exercise hosted by the Depart-
23 ment of Health and Human Services to test the ef-
24 fectiveness of the application established under para-
25 graph (1), and to provide an opportunity to report,

1 not later than 180 days after publication of the
2 standards described in paragraph (2)(C), any ineffi-
3 ciencies or deficiencies in the application.

4 “(5) PROGRAM OF SUPPORT.—The Secretary
5 shall establish a program to assist State, local, and
6 private health care entities, such as rural, critical ac-
7 cess, or community hospitals, that do not have an
8 automated vendor management system in developing
9 or obtaining such a system.

10 “(6) AUTHORIZATION OF APPROPRIATIONS.—
11 There are authorized to be appropriated to the Sec-
12 retary for the acquisition and development of an ap-
13 plication under this section, \$250,000,000 to remain
14 available for fiscal years 2022 through 2027.”.