

*Bill Cassidy, M.D.*

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

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Purpose: 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 SENATE OF THE UNITED STATES—117th Cong., 2d Sess.**

**S. 3799**

To prepare for, and respond to, existing viruses, emerging new threats, and pandemics.

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. CASSIDY

Viz:

1 At the appropriate place in title IV, insert the fol-  
2 lowing:

3 **SEC. 4 \_\_\_\_ . TRACKING AND ACCOUNTABILITY OF SUP-**  
4 **PLIES IN THE NATIONAL STOCKPILE.**

5 Section 319F-2 of the Public Health Service Act (42  
6 U.S.C. 247d-6b), as amended by section 409, is further  
7 amended by adding at the end the following:

8 “(j) TRACKING AND ACCOUNTABILITY OF SUPPLIES  
9 IN THE STOCKPILE.—

1           “(1) IN GENERAL.—The Secretary shall estab-  
2           lish an automated supply-chain tracking application  
3           that provides near real-time insight into the amount  
4           of critical medical and health supplies available in  
5           the stockpile under subsection (a), and available in  
6           the medical and health supply inventories of States,  
7           Indian Tribes, territories, and local and private enti-  
8           ties such as hospitals, manufacturers, and distribu-  
9           tors.

10           “(2) ACCESS AND USE OF THE APPLICATION.—  
11           The Secretary shall establish rules for data access,  
12           and use of, the application established under para-  
13           graph (1). Such rules shall—

14           “(A) require internal tracking, pursuant to  
15           subsection (d), of all supplies within the stock-  
16           pile under subsection (a), in a manner that is  
17           visible to Federal entities identified by the Sec-  
18           retary;

19           “(B) allow for data access, by Federal en-  
20           tities during an emergency response, as deter-  
21           mined by the Secretary, to the medical and  
22           health supply stockpiles of States, Indian  
23           Tribes, territories, and local and private part-  
24           ners;

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

5                   “(i) data standards for category of  
6                   products, nomenclature, and standards for  
7                   coding of each product for entities to re-  
8                   port product availability in their Federal,  
9                   State, and local jurisdictions;

10                   “(ii) application of the standard to  
11                   Tribal and local stockpiles; and

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

15           “(D) ensure clear and efficient mecha-  
16           nisms for health care entities, including hos-  
17           pitals, manufacturers, and distributors, to re-  
18           port data in an emergency that supports med-  
19           ical and health supply chain management and  
20           surge re-deployment, including detailed data re-  
21           garding all relevant supplies secured and avail-  
22           able;

23           “(E) allow access by the Department of  
24           Health and Human Services to data from dif-  
25           ferent vendor management systems, through

1 automated feeds from health care entities,  
2 eliminating manual reporting errors from health  
3 care entities;

4 “(F) establish the parameters for per-  
5 mitted and prohibited government data access  
6 and uses;

7 “(G) ensure that the Department of  
8 Health and Human Services protects any data  
9 that hospitals, manufacturers, and distributors  
10 share through the application, including protec-  
11 tion of confidential, proprietary, commercial,  
12 and trade secret information.

13 “(H) ensure that Federal data collection is  
14 for monitoring and dynamic allocation and will  
15 not be used to remove or reallocate inventory  
16 from organizations;

17 “(I) ensure that data will not be used by  
18 suppliers for commercial or contractual pur-  
19 poses;

20 “(J) ensure that reported data will not be  
21 used to advantage or disadvantage any institu-  
22 tion over another or to undermine the competi-  
23 tive marketplace; and

24 “(K) ensure that the application interfaces,  
25 for tracking management purposes, with the

1 National Disaster Recovery Framework of the  
2 Federal Emergency Management Agency, ap-  
3 propriate dashboards of the Department of De-  
4 fense, and other appropriate Federal partners.

5 “(3) PARTICIPATION BY PRIVATE ENTITIES.—  
6 The application established under paragraph (1)  
7 shall support the voluntary sharing of data and ac-  
8 cessing data by private health care supply chain en-  
9 tities, by allowing such entities to display near real  
10 time data relating to inventory and time estimates  
11 for when inventories may be replenished.

12 “(4) ANNUAL EXERCISE.—The Secretary shall  
13 provide for an annual exercise hosted by the Depart-  
14 ment of Health and Human Services to test the ef-  
15 fectiveness of the application established under para-  
16 graph (1), and to provide an opportunity to report,  
17 not later than 180 days after publication of the  
18 standards described in paragraph (2)(C), any ineffi-  
19 ciencies or deficiencies in the application.

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

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