

119TH CONGRESS
2D SESSION

S. _____

To amend the Public Health Service Act to require the National Coordinator for Health Information Technology to establish a national computable-guideline framework for cancer screening recommendations, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. GRASSLEY (for himself and Ms. HASSAN) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To amend the Public Health Service Act to require the National Coordinator for Health Information Technology to establish a national computable-guideline framework for cancer screening recommendations, 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 “Standardizing Cancer
5 Recommendations for Earlier Evaluation and Navigation
6 of Screenings Act” or the “SCREENS Act”.

1 **SEC. 2. NATIONAL COMPUTABLE-GUIDELINE FRAMEWORK**
2 **FOR CANCER SCREENING RECOMMENDA-**
3 **TIONS.**

4 (a) IN GENERAL.—Subtitle A of title XXX of the
5 Public Health Service Act (42 U.S.C. 300jj–11 et seq.)
6 is amended by adding at the end the following:

7 **“SEC. 3009B. NATIONAL COMPUTABLE-GUIDELINE FRAME-**
8 **WORK FOR CANCER SCREENING REC-**
9 **OMMENDATIONS.**

10 “(a) IN GENERAL.—Not later than 1 year after the
11 date of enactment of the Standardizing Cancer Rec-
12 ommendations for Earlier Evaluation and Navigation of
13 Screenings Act, the National Coordinator, in consultation
14 with the Director of the Agency for Healthcare Research
15 and Quality, the United States Preventive Services Task
16 Force, the Director of the National Cancer Institute, the
17 Director of the Centers for Disease Control and Preven-
18 tion, and key oncology stakeholders, shall establish a na-
19 tional computable-guideline framework for cancer screen-
20 ing recommendations based on data and certain statistics,
21 such as age, sex, and high-risk factors, established in the
22 recommendations of the United States Preventive Services
23 Task Force and the National Cancer Institute. Such
24 framework shall be updated annually.

25 “(b) REQUIREMENT.—

1 “(1) IN GENERAL.—The recommendations con-
2 tained in the framework under subsection (a) shall
3 be publicly available in machine-readable screening
4 logic, so that interoperability and health information
5 technology can use such recommendations to estab-
6 lish patient-forward technologies for the purpose of
7 making such recommendations more accessible and
8 consumer-focused.

9 “(2) MACHINE-READABLE SCREENING LOGIC
10 INTEROPERABILITY REQUIREMENT.—The machine-
11 readable screening logic required under paragraph
12 (1) shall be interoperable with—

13 “(A) the Minimal Common Oncology Data
14 Elements (mCODE) dataset; or

15 “(B) the United States Core Data for
16 Interoperability (USCDI).

17 “(c) PRIVACY PROTECTIONS.—The National Coordi-
18 nator shall ensure that all activities conducted pursuant
19 this section comply with applicable privacy laws, including
20 the regulations promulgated under section 264(c) of the
21 Health Insurance Portability and Accountability Act of
22 1996.

23 “(d) EFFECT.—Nothing in this Act permits the un-
24 authorized use, disclosure, or re-identification of individ-
25 ually identifiable health information.”.

1 (b) CONDITION OF CERTIFICATION.—Section
2 3001(c)(5) of the Public Health Service Act (42 U.S.C.
3 300jj–11(c)(5)) is amended—

4 (1) by redesignating subparagraph (E) as sub-
5 paragraph (F);

6 (2) by inserting after subparagraph (D) the fol-
7 lowing:

8 “(E) CONDITION OF CERTIFICATION RE-
9 LATING TO CANCER SCREENING RECOMMENDA-
10 TIONS.—

11 “(i) IN GENERAL.—Not later than 5
12 years after the date of enactment of the
13 Standardizing Cancer Recommendations
14 for Earlier Evaluation and Navigation of
15 Screenings Act, the Secretary, through no-
16 tice and comment rulemaking, shall re-
17 quire, as a condition of certification and
18 maintenance of certification for programs
19 maintained or recognized under this para-
20 graph, consistent with other conditions and
21 requirements under this title, that the
22 health information technology will include
23 functionality that operationalizes the can-
24 cer screening recommendations included in
25 the national computable-guideline frame-

1 work established under section 3009B(a)
2 so that the status of an individual patient
3 with respect to completion of recommended
4 cancer screenings may be determined.

5 “(ii) PRIVACY PROTECTIONS.—The
6 functionality required under clause (i)
7 shall—

8 “(I) use only the minimum nec-
9 essary patient data, including age,
10 sex, and high risk factors, required to
11 determine an individual’s status with
12 respect to recommended cancer
13 screenings;

14 “(II) provide patients with clear
15 and accessible information regarding
16 how their data is used in generating
17 cancer screening recommendations;
18 and

19 “(III) support mechanisms for
20 patients to access, review, and request
21 changes to their health information, in
22 accordance with applicable privacy
23 laws.”; and

1 (3) in subparagraph (F) (as so redesignated),
2 by striking “subparagraph (D)” and inserting “sub-
3 paragraphs (D) and (E)”.

4 **SEC. 3. GUIDANCE RELATING TO INTEGRATION OF COM-**
5 **PUTABLE-GUIDELINE CANCER SCREENING**
6 **RECOMMENDATIONS INTO HEALTH PLANS.**

7 (a) IN GENERAL.—Not later than 2 years after the
8 date of enactment of this Act, the Secretary of Health and
9 Human Services shall issue guidance to encourage health
10 plans—

11 (1) to integrate technology that operationalizes
12 the cancer screening recommendations included in
13 the national computable-guideline framework estab-
14 lished under section 3009B(a) of the Public Health
15 Service Act (as added by section 2(a)); and

16 (2) to enable consumers to opt-into certified
17 EHR technology (as defined in section 3000 of the
18 Public Health Service Act (42 U.S.C. 300jj)) that
19 includes the functionality for cancer screening rec-
20 ommendations described in subparagraph (E) of sec-
21 tion 3001(c)(5) of such Act (42 U.S.C. 300jj–
22 11(c)(5)).

23 (b) DEFINITION OF HEALTH PLAN.—In this section,
24 the term “health plan” means—

1 (1) a medicaid managed care organization (as
2 defined in section 1903(m)(1)(A) of the Social Secu-
3 rity Act (42 U.S.C. 1396b(m)(1)(A)) or other speci-
4 fied entity (as defined in section 1903(m)(9)(D) of
5 the Social Security Act (42 U.S.C.
6 1396b(m)(9)(D));

7 (2) a Medicare Advantage plan under part C of
8 title XVIII of the Social Security Act (42 U.S.C.
9 1395w–21 et seq.); or

10 (3) a qualified health plan offered through the
11 American Health Benefit Exchanges established
12 under sections 1311 and 1321 of the Patient Protec-
13 tion and Affordable Care Act (42 U.S.C. 18031,
14 18041).

15 **SEC. 4. PATIENT-CENTERED OUTCOMES RESEARCH INSTI-**
16 **TUTE RESEARCH, PILOT PROJECTS, IMPLE-**
17 **MENTATION ACTIVITIES, AND DISSEMINA-**
18 **TION EFFORTS.**

19 Section 1181(d)(1) of the Social Security Act (42
20 U.S.C. 1320e(d)(1)) is amended by adding at the end the
21 following new subparagraph:

22 “(C) RESEARCH, PILOT PROJECTS, IMPLE-
23 MENTATION ACTIVITIES, AND DISSEMINATION
24 EFFORTS.—The Institute may support research,
25 pilot projects, implementation activities, and

1 dissemination efforts that advance the use of
2 interoperable health information technology to
3 improve patient-centered outcomes through the
4 translation of evidence-based preventive care
5 recommendations into clinical practice. Such ac-
6 tivities may include the development, testing,
7 evaluation, and implementation of computable
8 clinical guidelines, clinical decision support
9 tools, patient-facing decision aids, and inter-
10 operable technologies that facilitate evidence-
11 based cancer screening recommendations,
12 shared decision-making, and identification of in-
13 dividuals who may be eligible for preventive
14 services or clinical research.”.