

1 **SEC. 115. STATE ALL PAYER CLAIMS DATABASES.**

2 (a) GRANTS TO STATES.—Part B of title III of the  
3 Public Health Service Act (42 U.S.C. 243 et seq.) is  
4 amended by adding at the end the following:

5 **“SEC. 320B. STATE ALL PAYER CLAIMS DATABASES.**

6 “(a) IN GENERAL.—The Secretary shall make one-  
7 time grants to eligible States for the purposes described  
8 in subsection (b).

9 “(b) USES.—A State may use a grant received under  
10 subsection (a) for one of the following purposes:

11 “(1) To establish a State All Payer Claims  
12 Database.

13 “(2) To improve an existing State All Payer  
14 Claims Databases.

15 “(c) ELIGIBILITY.—To be eligible to receive a grant  
16 under subsection (a), a State shall submit to the Secretary  
17 an application at such time, in such manner, and con-  
18 taining such information as the Secretary specifies, includ-  
19 ing, with respect to a State All Payer Claims Database,  
20 at least specifics on how the State will ensure uniform  
21 data collection and the privacy and security of such data.

22 “(d) GRANT PERIOD AND AMOUNT.—Grants award-  
23 ed under this section shall be for a period of 3-years, and  
24 in an amount of \$2,500,000, of which \$1,000,000 shall  
25 be made available to the State for each of the first 2 years

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1 of the grant period, and \$500,000 shall be made available  
2 to the State for the third year of the grant period.

3 “(e) AUTHORIZED USERS.—

4 “(1) APPLICATION.—An entity desiring author-  
5 ization for access to a State All Payer Claims Data-  
6 base that has received a grant under this section  
7 shall submit to the State All Payer Claims Database  
8 an application for such access, which shall include—

9 “(A) in the case of an entity requesting ac-  
10 cess for research purposes—

11 “(i) a description of the uses and  
12 methodologies for evaluating health system  
13 performance using such data; and

14 “(ii) documentation of approval of the  
15 research by an institutional review board,  
16 if applicable for a particular plan of re-  
17 search; or

18 “(B) in the case of an entity such as an  
19 employer, health insurance issuer, third-party  
20 administrator, or health care provider, request-  
21 ing access for the purpose of quality improve-  
22 ment or cost-containment, a description of the  
23 intended uses for such data.

24 “(2) REQUIREMENTS.—

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1           “(A) ACCESS FOR RESEARCH PURPOSES.—

2           Upon approval of an application for research  
3           purposes under paragraph (1)(A), the author-  
4           ized user shall enter into a data use and con-  
5           fidentiality agreement with the State All Payer  
6           Claims Database that has received a grant  
7           under this subsection, which shall include a pro-  
8           hibition on attempts to reidentify and disclose  
9           individually identifiable health information and  
10          proprietary financial information.

11          “(B) CUSTOMIZED REPORTS.—Employers  
12          and employer organizations may request cus-  
13          tomized reports from a State All Payer Claims  
14          Database that has received a grant under this  
15          section, at cost, subject to the requirements of  
16          this section with respect to privacy, security,  
17          and proprietary financial information.

18          “(C) NON-CUSTOMIZED REPORTS.—A  
19          State All Payer Claims Database that has re-  
20          ceived a grant under this section shall make  
21          available to all authorized users aggregate data  
22          sets available through the State All Payer  
23          Claims Database, free of charge.

24          “(3) WAIVERS.—The Secretary may waive the  
25          requirements of this subsection of a State All Payer

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1 Claims Database to provide access of entities to such  
2 database if such State All Payer Claims Database is  
3 substantially in compliance with this subsection.

4 “(f) EXPANDED ACCESS.—

5 “(1) MULTI-STATE APPLICATIONS.—The Sec-  
6 retary may prioritize applications submitted by a  
7 State whose application demonstrates that the State  
8 will work with other State All Payer Claims Data-  
9 bases to establish a single application for access to  
10 data by authorized users across multiple States.

11 “(2) EXPANSION OF DATA SETS.—The Sec-  
12 retary may prioritize applications submitted by a  
13 State whose application demonstrates that the State  
14 will implement the reporting format for self-insured  
15 group health plans described in section 735 of the  
16 Employee Retirement Income Security Act of 1974.

17 “(g) DEFINITIONS.—In this section—

18 “(1) the term ‘individually identifiable health  
19 information’ has the meaning given such term in  
20 section 1171(6) of the Social Security Act;

21 “(2) the term ‘proprietary financial informa-  
22 tion’ means data that would disclose the terms of a  
23 specific contract between an individual health care  
24 provider or facility and a specific group health plan,  
25 managed care entity (as defined in section

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1 1932(a)(1)(B) of the Social Security Act) or other  
2 managed care organization, or health insurance  
3 issuer offering group or individual health insurance  
4 coverage; and

5 “(3) the term ‘State All Payer Claims Data-  
6 base’ means, with respect to a State, a database that  
7 may include medical claims, pharmacy claims, dental  
8 claims, and eligibility and provider files, which are  
9 collected from private and public payers.

10 “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
11 carry out this section, there is authorized to be appro-  
12 priated \$50,000,000 for each of fiscal years 2022 and  
13 2023, and \$25,000,000 for fiscal year 2024, to remain  
14 available until expended.”.

15 (b) STANDARDIZED REPORTING FORMAT.—

16 Subpart C of part 7 of subtitle B of title I of  
17 the Employee Retirement Income Security Act of  
18 1974 (29 U.S.C. 1191 et seq.) is amended by adding  
19 at the end the following:

20 **“SEC. 735. STANDARDIZED REPORTING FORMAT.**

21 “(a) IN GENERAL.—Not later than 1 year after the  
22 date of enactment of this section, the Secretary shall es-  
23 tablish (and periodically update) a standardized reporting  
24 format for the voluntary reporting, by group health plans  
25 to State All Payer Claims Databases, of medical claims,

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1 pharmacy claims, dental claims, and eligibility and pro-  
2 vider files that are collected from private and public pay-  
3 ers, and shall provide guidance to States on the process  
4 by which States may collect such data from such plans  
5 in the standardized reporting format.

6 “(b) CONSULTATION.—

7 “(1) ADVISORY COMMITTEE.—Not later than  
8 90 days after the date of enactment of this section,  
9 the Secretary shall convene an Advisory Committee  
10 (referred to in this section as the ‘Committee’), con-  
11 sisting of 15 members to advise the Secretary re-  
12 garding the format and guidance described in para-  
13 graph (1).

14 “(2) MEMBERSHIP.—

15 “(A) APPOINTMENT.—In accordance with  
16 subparagraph (B), not later than 90 days after  
17 the date of enactment this section, the Sec-  
18 retary, in coordination with the Secretary of  
19 Health and Human Services, shall appoint  
20 under subparagraph (B)(iii), and the Comp-  
21 troller General of the United States shall ap-  
22 point under subparagraph (B)(iv), members  
23 who have distinguished themselves in the fields  
24 of health services research, health economics,  
25 health informatics, data privacy and security, or

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1 the governance of State All Payer Claims Data-  
2 bases, or who represent organizations likely to  
3 submit data to or use the database, including  
4 patients, employers, or employee organizations  
5 that sponsor group health plans, health care  
6 providers, health insurance issuers, or third-  
7 party administrators of group health plans.  
8 Such members shall serve 3-year terms on a  
9 staggered basis. Vacancies on the Committee  
10 shall be filled by appointment consistent with  
11 this paragraph not later than 3 months after  
12 the vacancy arises.

13 “(B) COMPOSITION.—The Committee shall  
14 be comprised of—

15 “(i) the Assistant Secretary of Em-  
16 ployee Benefits and Security Administra-  
17 tion of the Department of Labor, or a des-  
18 ignee of such Assistant Secretary;

19 “(ii) the Assistant Secretary for Plan-  
20 ning and Evaluation of the Department of  
21 Health and Human Services, or a designee  
22 of such Assistant Secretary;

23 “(iii) members appointed by the Sec-  
24 retary, in coordination with the Secretary

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1 of Health and Human Services, includ-  
2 ing—

3 “(I) 1 member to serve as the  
4 chair of the Committee;

5 “(II) 1 representative of the Cen-  
6 ters for Medicare & Medicaid Services;

7 “(III) 1 representative of the  
8 Agency for Healthcare Research and  
9 Quality;

10 “(IV) 1 representative of the Of-  
11 fice for Civil Rights of the Depart-  
12 ment of Health and Human Services  
13 with expertise in data privacy and se-  
14 curity;

15 “(V) 1 representative of the Na-  
16 tional Center for Health Statistics;

17 “(VI) 1 representative of the Of-  
18 fice of the National Coordinator for  
19 Health Information Technology; and

20 “(VII) 1 representative of a  
21 State All-Payer Claims Database;

22 “(iv) members appointed by the  
23 Comptroller General of the United States,  
24 including—



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1                   “(I) 1 representative of an em-  
2                   ployer that sponsors a group health  
3                   plan;

4                   “(II) 1 representative of an em-  
5                   ployee organization that sponsors a  
6                   group health plan;

7                   “(III) 1 academic researcher with  
8                   expertise in health economics or  
9                   health services research;

10                   “(IV) 1 consumer advocate; and

11                   “(V) 2 additional members.

12                   “(3) REPORT.—Not later than 180 days after  
13                   the date of enactment of this section, the Committee  
14                   shall report to the Secretary, the Committee on  
15                   Health, Education, Labor, and Pensions of the Sen-  
16                   ate, and the Committee on Energy and Commerce  
17                   and the Committee on Education and Labor of the  
18                   House of Representatives. Such report shall include  
19                   recommendations on the establishment of the format  
20                   and guidance described in subsection (a).

21                   “(c) STATE ALL PAYER CLAIMS DATABASE.—In this  
22                   section, the term ‘State All Payer Claims Database’  
23                   means, with respect to a State, a database that may in-  
24                   clude medical claims, pharmacy claims, dental claims, and

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1 eligibility and provider files, which are collected from pri-  
2 vate and public payers.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there are authorized to be appro-  
5 priated \$5,000,000 for fiscal year 2021, to remain avail-  
6 able until expended or, if sooner, until the date described  
7 in subsection (e).

8 “(e) SUNSET.—Beginning on the date on which the  
9 report is submitted under subsection (b)(3), subsection (b)  
10 shall have no force or effect.”.

11 **SEC. 116. PROTECTING PATIENTS AND IMPROVING THE AC-**  
12 **CURACY OF PROVIDER DIRECTORY INFOR-**  
13 **MATION.**

14 (a) PHSA.—Part D of title XXVII of the Public  
15 Health Service Act (42 U.S.C. 300gg et seq.), as added  
16 and amended by section 102 and further amended by the  
17 previous provisions of this title, is further amended by in-  
18 serting after section 2799A–4 the following:

19 **“SEC. 2799A–5. PROTECTING PATIENTS AND IMPROVING**  
20 **THE ACCURACY OF PROVIDER DIRECTORY**  
21 **INFORMATION.**

22 “(a) PROVIDER DIRECTORY INFORMATION REQUIRE-  
23 MENTS.—

24 “(1) IN GENERAL.—For plan years beginning  
25 on or after January 1, 2022, each group health plan