

  
(Original Signature of Member)

116TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To direct the Secretary of Health and Human Services to enter into an agreement with the National Academy of Medicine under which the National Academy agrees to conduct a one-year study assessing the effectiveness of current vital statistics reporting and data sharing between State, local, and Federal agencies, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. TAYLOR introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**A BILL**

To direct the Secretary of Health and Human Services to enter into an agreement with the National Academy of Medicine under which the National Academy agrees to conduct a one-year study assessing the effectiveness of current vital statistics reporting and data sharing between State, local, and Federal agencies, 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; FINDINGS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Vital Standardization of Thoughtful Administrative  
4 Techniques and Statistics Act of 2020” or the “Vital  
5 STATS Act of 2020”.

6 (b) **FINDINGS.**—The Congress makes the following  
7 findings:

8 (1) Pandemic and highly infectious diseases  
9 have the ability to rapidly cross international and  
10 State boundaries, can infect millions of individuals  
11 in the United States, and have the potentially to se-  
12 verely disrupt interstate commerce.

13 (2) During the outbreak of COVID–19, the dis-  
14 ease substantially affected interstate commerce and  
15 touched all 50 States, the District of Columbia, the  
16 Commonwealth of Puerto Rico, the United States  
17 Virgin Islands, Guam, and the Commonwealth of the  
18 Northern Mariana Islands.

19 (3) The COVID–19 pandemic in the United  
20 States highlights the necessity of accurate and time-  
21 ly vital statistics and death reporting for a success-  
22 ful public health response.

23 (4) Variations between means and methods of  
24 vital statistics reporting between State, local, and  
25 Federal entities can create administrative hurdles,

1 including potential backlogs, and could hamper pub-  
2 lic health response efforts.

3 (5) In order for the Nation to combat future  
4 health emergencies, to improve our general under-  
5 standing of health problems in the United States,  
6 and to ensure the sharing of timely, accurate health  
7 information, the Federal government, State govern-  
8 ments, and local units of government must improve  
9 their means of coordinating and sharing health in-  
10 formation and vital statistics.

11 **SEC. 2. STUDY ON EFFECTIVENESS OF VITAL STATISTICS**  
12 **REPORTING.**

13 (a) IN GENERAL.—The Secretary of Health and  
14 Human Services shall enter into an agreement with the  
15 National Academy of Medicine under which the National  
16 Academy agrees to conduct a one-year study assessing the  
17 effectiveness of current vital statistics reporting and data  
18 sharing between State, local, and Federal agencies and the  
19 degree to which there is divergence between State, local,  
20 and Federal vital statistics reporting.

21 (b) REPORT.—The agreement entered into under  
22 subsection (a) shall require the National Academy of Med-  
23 icine to, not later 1 year after the date on which the agree-  
24 ment is entered into to submit to Congress a report con-  
25 taining the findings of the study conducted pursuant to

1 such subsection. Such report shall include recommenda-  
2 tions with respect to—

3           (1) coordination and standardization of State,  
4           local, and Federal vital statistics reporting methods,  
5           including the efficiency, effectiveness, and trans-  
6           parency of such reporting; and

7           (2) the feasibility of setting national standards  
8           for death reporting and collecting vital statistics.