

Over time the money has increased. The fact is, Americans today, especially young women, are not as informed as they need to be. Reauthorizing both of these bills in one goes a step further to educating people about preventable death, preventable cancer.

The fact is, I am thrilled that Congress, in such a tumultuous time, from time to time, comes together across the aisle and does something so important.

These bills do not cost much, but the lives they save are precious and priceless. Mr. Speaker, I urge its support.

Mr. PALLONE. Mr. Speaker, I have no additional speakers and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would urge support for this bipartisan and very important bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in full support of H.R. 1550, the "PREVENT HPV Cancers Act of 2021."

I would like to thank my colleagues Congresswoman KATHY CASTOR and Congresswoman KIM SCHRIER for introducing this important legislation.

The "Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act" or the PREVENT HPV Cancers Act has the ultimate goal of preventing HPV-related cancers.

Human Papillomavirus (HPV) is a very common virus that causes six types of cancers, leading to nearly 36,000 cases of cancer in the United States every year, according to the CDC.

Nearly 42 million people are currently infected with HPV in the United States.

The HPV vaccine provides safe, effective, and lasting protection against the HPV infections that most commonly cause cancer.

This vaccine is so effective that the World Health Organization established a goal of total eradication of cervical cancer—and this legislation can be part of our nation's commitment to reaching that goal.

This vaccine can help prevent these cancers, and it is the goal of the PREVENT HPV Cancers Act to increase vaccination rates.

HPV-related cancers disproportionately affect individuals who are living on a lower income, have lower education levels, and are from a racial or ethnic minority group.

Increased public awareness and immunization initiatives would help improve vaccination rates in these underserved communities.

More comprehensive research on the HPV vaccine, as authorized in the PREVENT HPV Cancers Act, would also help better identify these disparities and ways to address them.

There is rampant societal mistrust and vaccine hesitancy, and while immunizations are one of the greatest public health tools we have, they work best when there is widespread use.

This legislation will spread awareness so that more people will be vaccinated against HPV, and fund research to help stop the largely preventable deaths caused by HPV linked cancers.

When we have the tools to prevent cancer, we should without a doubt utilize them.

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When we have the tools to prevent cancer, we should without a doubt utilize them.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1550, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

IMMUNIZATION INFRASTRUCTURE MODERNIZATION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 550) to amend the Public Health Service Act with respect to immunization system data modernization and expansion, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 550

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Immunization Infrastructure Modernization Act of 2021".

SEC. 2. IMMUNIZATION INFORMATION SYSTEM DATA MODERNIZATION AND EXPANSION.

Subtitle C of title XXVIII of the Public Health Service Act (42 U.S.C. 300hh–31 et seq.) is amended by adding at the end the following:

"SEC. 2824. IMMUNIZATION INFORMATION SYSTEM DATA MODERNIZATION AND EXPANSION.

"(a) EXPANDING CDC AND PUBLIC HEALTH DEPARTMENT CAPABILITIES.—

"(1) IN GENERAL.—The Secretary shall—

"(A) conduct activities (including with respect to interoperability, population reporting, and bidirectional reporting) to expand, enhance, and improve immunization information systems that are administered by health departments or other agencies of State, local, Tribal, and territorial governments and used by health care providers; and

"(B) award grants or cooperative agreements to the health departments, or such other governmental entities as administer immunization information systems, of State, local, Tribal, and territorial governments, for the expansion, enhancement, and improvement of immunization information systems to assist public health departments in—

"(i) assessing current data infrastructure capabilities and gaps among health care providers to improve and increase consistency in patient matching, data collection, reporting, bidirectional exchange, and analysis of immunization-related information;

"(ii) providing for technical assistance and the efficient enrollment and training of health care providers, including at pharmacies and other settings where immunizations are being provided, such as long-term care facilities, specialty health care providers, community health centers, Federally qualified health centers, rural health centers, organizations serving adults 65 and older, and organizations serving homeless and incarcerated populations;

"(iii) improving secure data collection, transmission, bidirectional exchange, maintenance, and analysis of immunization information;

"(iv) improving the secure bidirectional exchange of immunization record data among Federal, State, local, Tribal, and territorial governmental entities and non-governmental entities, including by—

"(I) improving such exchange among public health officials in multiple jurisdictions within a State, as appropriate; and

"(II) by simplifying and supporting electronic reporting by any health care provider;

"(v) supporting the standardization of immunization information systems to accelerate interoperability with health information technology, including with health information technology certified under section 3001(c)(5) or with health information networks;

"(vi) supporting adoption of the immunization information system functional standards of the Centers for Disease Control and Prevention and the maintenance of security standards to protect individually identifiable health information;

"(vii) supporting and training immunization information system, data science, and informatics personnel;

"(viii) supporting real-time immunization record data exchange and reporting, to support rapid identification of immunization coverage gaps;

"(ix) improving completeness of data by facilitating the capability of immunization information systems to exchange data, directly or indirectly, with immunization information systems in other jurisdictions;

"(x) enhancing the capabilities of immunization information systems to evaluate, forecast, and operationalize clinical decision support tools in alignment with the recommendations of the Advisory Committee on Immunization Practices as approved by the Director of the Centers for Disease Control and Prevention;

“(xi) supporting the development and implementation of policies that facilitate complete population-level capture, consolidation, and access to accurate immunization information;

“(xii) supporting the procurement and implementation of updated software, hardware, and cloud storage to adequately manage information volume and capabilities;

“(xiii) supporting expansion of capabilities within immunization information systems for outbreak response;

“(xiv) supporting activities within the applicable jurisdiction related to the management, distribution, and storage of vaccine doses and ancillary supplies;

“(xv) developing information related to the use and importance of immunization record data and disseminating such information to health care providers and other persons authorized under State law to access such information, including payors and health care facilities; or

“(xvi) supporting activities to improve the scheduling and administration of vaccinations.

“(2) DATA STANDARDS.—In carrying out paragraph (1), the Secretary shall—

“(A) designate data and technology standards that must be followed by governmental entities with respect to use of immunization information systems as a condition of receiving an award under this section, with priority given to standards developed by—

“(i) consensus-based organizations with input from the public; and

“(ii) voluntary consensus-based standards bodies; and

“(B) support a means of independent verification of the standards used in carrying out paragraph (1).

“(3) PUBLIC-PRIVATE PARTNERSHIPS.—In carrying out paragraph (1), the Secretary may develop and utilize contracts and cooperative agreements for technical assistance, training, and related implementation support.

“(b) REQUIREMENTS.—

“(1) HEALTH INFORMATION TECHNOLOGY STANDARDS.—The Secretary may not award a grant or cooperative agreement under subsection (a)(1)(B) unless the applicant uses and agrees to use standards adopted by the Secretary under section 3004.

“(2) WAIVER.—The Secretary may waive the requirement under paragraph (1) with respect to an applicant if the Secretary determines that the activities under subsection (a)(1)(B) cannot otherwise be carried out within the applicable jurisdiction.

“(3) APPLICATION.—A State, local, Tribal, or territorial health department applying for a grant or cooperative agreement under subsection (a)(1)(B) shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include information describing—

“(A) the activities that will be supported by the grant or cooperative agreement; and

“(B) how the modernization of the immunization information systems involved will support or impact the public health infrastructure of the health department, including a description of remaining gaps, if any, and the actions needed to address such gaps.

“(c) STRATEGY AND IMPLEMENTATION PLAN.—Not later than 90 days after the date of enactment of this section, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a coordinated strategy and an accompanying implementation plan that identifies and demonstrates the measures the Secretary will utilize to—

“(1) update and improve immunization information systems supported by the Centers for Disease Control and Prevention; and

“(2) carry out the activities described in this section to support the expansion, enhancement, and improvement of State, local, Tribal, and territorial immunization information systems.

“(d) CONSULTATION; TECHNICAL ASSISTANCE.—

“(1) CONSULTATION.—In developing the strategy and implementation plan under subsection (c), the Secretary shall consult with—

“(A) health departments, or such other governmental entities as administer immunization information systems, of State, local, Tribal, and territorial governments;

“(B) professional medical associations, public health associations, and associations representing pharmacists and pharmacies;

“(C) community health centers, long-term care facilities, and other appropriate entities that provide immunizations;

“(D) health information technology experts; and

“(E) other public or private entities, as appropriate.

“(2) TECHNICAL ASSISTANCE.—In connection with consultation under paragraph (1), the Secretary may—

“(A) provide technical assistance, certification, and training related to the exchange of information by immunization information systems used by health care and public health entities at the local, State, Federal, Tribal, and territorial levels; and

“(B) develop and utilize public-private partnerships for implementation support applicable to this section.

“(e) REPORT TO CONGRESS.—Not later than 1 year after the date of enactment of this section, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives that includes—

“(1) a description of any barriers to—

“(A) public health authorities implementing interoperable immunization information systems;

“(B) the exchange of information pursuant to immunization records; or

“(C) reporting by any health care professional authorized under State law, using such immunization information systems, as appropriate, and pursuant to State law; or

“(2) a description of barriers that hinder the effective establishment of a network to support immunization reporting and monitoring, including a list of recommendations to address such barriers; and

“(3) an assessment of immunization coverage and access to immunizations services and any disparities and gaps in such coverage and access for medically underserved, rural, and frontier areas.

“(f) DEFINITION.—In this section, the term ‘immunization information system’ means a confidential, population-based, computerized database that records immunization doses administered by any health care provider to persons within the geographic area covered by that database.

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$400,000,000, to remain available until expended.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 550.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 550, the Immunization Infrastructure Modernization Act. This bill would authorize \$400 million for grants to expand, enhance, and improve immunization information systems administered by health departments and used by healthcare providers.

Immunization information systems, also known as IIS, or immunization registries, are confidential, population-based, computerized databases that record immunization doses administered by providers to patients. They are critical in our fight against COVID-19 and other public health threats like measles and influenza.

Local public health officials use IIS to collect, analyze, store, and view aggregated vaccination information, which is kept confidential and separate from identifiable patient information. This information helps them understand overall vaccination levels so they can better guide public health decisions for their communities.

IIS also helps patients and healthcare providers by allowing them to view a secure consolidated immunization history, helping them determine appropriate and necessary vaccinations, and reminding patients about vaccination schedules.

IIS have been critical in the COVID-19 pandemic. They have helped us understand where vaccines are getting to patients, and where we need to do more to reach people and provide access. They provided near real-time information sharing, allowing State officials and leadership at the Centers for Disease Control and Prevention to understand vaccination rates and where people are choosing to receive their vaccines.

Like all forms of infrastructure, IIS require maintenance and upgrades. As I mentioned, IIS have been an important tool in the fight against COVID-19, but the pandemic has also tested the ability of IIS to keep up with the pace of our massive vaccination efforts.

According to the American Immunization Registry Association, one State went from an average of 17,000 doses recorded in its IIS each day to over 500,000 this past spring. This dramatic increase required the State health department to nearly quadruple the number of digital servers used to host the data. These are not one-time costs. Going forward, these new servers and the new data collected during the pandemic will need to be maintained and secured.

State and local leaders have also told us that inconsistent and antiquated technology, incomplete provider participation, and faltering interoperability are areas where we must improve to ensure that we have useful and quality data.

It is important that the systems used by physicians are able to communicate with the State and local public health departments, and that these systems

can also communicate with other States and the CDC.

H.R. 550, the bill before us today, addresses these challenges by providing grants for technological upgrades, provider outreach and enrollment, policy development, and a skilled workforce to build and maintain these systems.

The legislation also requires the Department of Health and Human Services to create an implementation strategy and set clear data standards that must be followed by all grantees. And this should help ensure that States are coordinated going forward.

H.R. 550 will ensure all IIS are brought up to modern standards, help control disease outbreaks, and put our public health infrastructure on a solid foundation for years to come.

Mr. Speaker, I thank Representatives Kuster and Bucshon for their bipartisan work on this bill. I urge all Members to support this important bipartisan legislation, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 550, the Immunization Infrastructure Modernization Act, a bill introduced by my Energy and Commerce Committee colleagues, Ms. KUSTER and Mr. BUCSHON.

Immunization information systems, or IIS, are important tools in providing immunization care for patients by allowing providers to view a patient's comprehensive immunization history to determine the appropriate vaccinations throughout their life.

The Immunization Infrastructure Modernization Act authorizes the Secretary of Health and Human Services to conduct activities to improve immunization information systems. These activities include designating data and technology standards, developing public-private partnerships, and awarding grants or cooperative agreements to health departments to enhance their systems.

Modernizing our immunization infrastructure will give us a better understanding of our current vaccination efforts and will also help us determine which communities may need additional vaccination outreach—better targeting our efforts to improve health outcomes across the country.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers at this time, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield such time as he may consume to the gentleman from Indiana (Mr. BUCSHON).

Mr. BUCSHON. Mr. Speaker, I rise in support of H.R. 550, the Immunization Infrastructure Modernization Act of 2021.

Immunization information systems serve as a vital link between public health officials, community providers and individuals, not only in cases of disease outbreak or emergencies, but also during routine vaccination efforts.

The COVID-19 pandemic has made clear that our immunization information systems are in need of modernization.

Decisions in response to outbreaks must be based on science, and we must ensure our States and localities have access to meaningful data to make targeted decisions that lessen the spread and quickly reopen our economies.

H.R. 550 would repurpose previously appropriated funds to be spent through an existing grant program to improve and enhance the ability of immunization information systems to securely exchange real-time immunization record data between all public health programs.

As a doctor, I would take my patients' medical privacy very seriously. Therefore, I want to make clear that the immunization information systems are secure, confidential, population-based databases, and are completely deidentified.

Mr. Speaker, I would like to thank Representative KUSTER for her partnership, and I urge a "yes" vote.

Mr. GUTHRIE. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would ask that we support this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 550, the "Immunization Infrastructure Modernization Act of 2021," which will improve our public health infrastructure and expand information-sharing between state and federal governments, as well as public and private health care providers, to ensure vaccines are being administered effectively and efficiently across all states and territories.

Mr. Speaker, public health agencies work every day to prevent disease and viruses, promote health, and prepare for and respond to both emergency situations and ongoing challenges—but they cannot do so without the ability to access the best available data and share information with other experts, and the COVID-19 pandemic highlighted this fact.

As the Chair of the Congressional Coronavirus Task Force, I have used every means possible to sound the alarm about the seriousness of the COVID-19 virus.

On February 10, 2020, I held the first press conference on the issue of COVID-19 at Houston Intercontinental Airport.

I then held a second press conference on February 24th to continue efforts to raise public knowledge of the impending threat.

On February 26th, I wrote the Chair and Ranking Member of the Committee on Homeland Security requesting to be briefed by Acting Secretary of Homeland Security Chad Wolf regarding the preparedness of the Department of Homeland Security to address a possible pandemic.

On March 19th, I announced an innovative partnership with United Methodist Medical Center (UMMC) to open the first drive-through Coronavirus Test Screening facility in the Greater Houston area, which proved beneficial to everyone in the Greater Houston area, as with UMMC's help we have opened multiple sites that are located within high-risk communities in the Greater Houston area, to reduce the need for travel to get access to COVID-19 testing.

Since the start of this pandemic, I have sought to proactively address the critical issues and concerns tied to the COVID-19 virus.

As I stated at the beginning of this pandemic, "We must not panic, but prepare."

I am pleased to see that this bill is not a panic-induced response, but a well-thought-out proposal to further protect our citizens.

The COVID-19 pandemic revealed a number of challenges for public health information systems, but worst among them is the limited capacity of existing state Immunization Information Systems.

The importance of these systems cannot be understated: they allow providers to keep vaccines and supplies in stock, prevent over—or under—vaccination, remind patients when they are due for a recommended vaccine, and identify areas with low vaccination rates to ensure equitable distribution of vaccines.

However, states lack modern, comprehensive information systems that can meet the challenges of COVID-19 and future public health threats through the secure exchange of real-time immunization data.

Consequently, many state systems struggled to accommodate additional demand, implement new functionalities, onboard immunization providers, support interoperable exchange with health care partners and enable timely reporting of immunization data to federal partners.

These issues are exactly what this legislation seeks to address.

Through H.R. 550, HHS will develop a strategy and a plan to improve immunization information systems and designate data and technology standards for use in these systems.

Additionally, HHS will award grants to health departments and other government agencies to improve their systems contingent upon meeting designated standards.

As the vaccine rollout continues and the time for boosters is upon us, immunization data systems will be a critical tool in the success of these efforts, and they are in need of modernization.

That is why I rise in ardent support of H.R. 550, and that is why the bill has strong bipartisan backing.

Lastly, I want to thank Congresswoman KUSTER and Congressman BUCSHON for introducing and shepherding this bill.

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The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr.

PALLONE) that the House suspend the rules and pass the bill, H.R. 550, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

UNDERSTANDING CYBERSECURITY OF MOBILE NETWORKS ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2685) to direct the Assistant Secretary of Commerce for Communications and Information to submit to Congress a report examining the cybersecurity of mobile service networks, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2685

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Understanding Cybersecurity of Mobile Networks Act".

SEC. 2. REPORT ON CYBERSECURITY OF MOBILE SERVICE NETWORKS.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Assistant Secretary, in consultation with the Department of Homeland Security, shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate a report examining the cybersecurity of mobile service networks and the vulnerability of such networks and mobile devices to cyberattacks and surveillance conducted by adversaries.

(b) MATTERS TO BE INCLUDED.—The report required by subsection (a) shall include the following:

(1) An assessment of the degree to which providers of mobile service have addressed, are addressing, or have not addressed cybersecurity vulnerabilities (including vulnerabilities the exploitation of which could lead to surveillance conducted by adversaries) identified by academic and independent researchers, multistakeholder standards and technical organizations, industry experts, and Federal agencies, including in relevant reports of—

(A) the National Telecommunications and Information Administration;

(B) the National Institute of Standards and Technology; and

(C) the Department of Homeland Security, including—

(i) the Cybersecurity and Infrastructure Security Agency; and

(ii) the Science and Technology Directorate.

(2) A discussion of—

(A) the degree to which customers (including consumers, companies, and government agencies) consider cybersecurity as a factor when considering the purchase of mobile service and mobile devices; and

(B) the commercial availability of tools, frameworks, best practices, and other re-

sources for enabling such customers to evaluate cybersecurity risk and price trade-offs.

(3) A discussion of the degree to which providers of mobile service have implemented cybersecurity best practices and risk assessment frameworks.

(4) An estimate and discussion of the prevalence and efficacy of encryption and authentication algorithms and techniques used in each of the following:

(A) Mobile service.

(B) Mobile communications equipment or services.

(C) Commonly used mobile phones and other mobile devices.

(D) Commonly used mobile operating systems and communications software and applications.

(5) A discussion of the barriers for providers of mobile service to adopt more efficacious encryption and authentication algorithms and techniques and to prohibit the use of older encryption and authentication algorithms and techniques with established vulnerabilities in mobile service, mobile communications equipment or services, and mobile phones and other mobile devices.

(6) An estimate and discussion of the prevalence, usage, and availability of technologies that authenticate legitimate mobile service and mobile communications equipment or services to which mobile phones and other mobile devices are connected.

(7) An estimate and discussion of the prevalence, costs, commercial availability, and usage by adversaries in the United States of cell site simulators (often known as international mobile subscriber identity-catchers) and other mobile service surveillance and interception technologies.

(c) CONSULTATION.—In preparing the report required by subsection (a), the Assistant Secretary shall, to the degree practicable, consult with—

(1) the Federal Communications Commission;

(2) the National Institute of Standards and Technology;

(3) the intelligence community;

(4) the Cybersecurity and Infrastructure Security Agency of the Department of Homeland Security;

(5) the Science and Technology Directorate of the Department of Homeland Security;

(6) academic and independent researchers with expertise in privacy, encryption, cybersecurity, and network threats;

(7) participants in multistakeholder standards and technical organizations (including the 3rd Generation Partnership Project and the Internet Engineering Task Force);

(8) international stakeholders, in coordination with the Department of State as appropriate;

(9) providers of mobile service, including small providers (or the representatives of such providers) and rural providers (or the representatives of such providers);

(10) manufacturers, operators, and providers of mobile communications equipment or services and mobile phones and other mobile devices;

(11) developers of mobile operating systems and communications software and applications; and

(12) other experts that the Assistant Secretary considers appropriate.

(d) SCOPE OF REPORT.—The Assistant Secretary shall—

(1) limit the report required by subsection (a) to mobile service networks;

(2) exclude consideration of 5G protocols and networks in the report required by subsection (a);

(3) limit the assessment required by subsection (b)(1) to vulnerabilities that have been shown to be—