

119TH CONGRESS
1ST SESSION

H. R. 4331

To require the Secretary of Health and Human Services to establish a process to expand access to claims data under certain Federal health plans in order to facilitate research and quality improvement.

IN THE HOUSE OF REPRESENTATIVES

JULY 10, 2025

Mr. JOYCE of Pennsylvania (for himself and Ms. SCHRIER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require the Secretary of Health and Human Services to establish a process to expand access to claims data under certain Federal health plans in order to facilitate research and quality improvement.

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 “Access to Claims Data
5 Act”.

1 **SEC. 2. EXPANDED ACCESS TO CLAIMS DATA TO FACILI-**
2 **TATE RESEARCH AND QUALITY IMPROVE-**
3 **MENT.**

4 (a) IN GENERAL.—Not later than January 1, 2026,
5 the Secretary of Health and Human Services shall estab-
6 lish a process to allow a qualified clinical data registry
7 under section 1848(m)(3)(E) of the Social Security Act
8 (42 U.S.C. 1395w-4(m)(3)(E)) or a clinician-led clinical
9 data registry under section 4005 of the 21st Century
10 Cures Act (P.L. 114–255) to request claims data de-
11 scribed in subsection (b) (in a form and manner deter-
12 mined to be appropriate by the Secretary) for the purposes
13 of—

14 (1) linking such data with clinical outcomes
15 data;

16 (2) conducting quality assessments and quality
17 improvement activities of providers of services (as
18 defined in subsection (u) of section 1861 of the So-
19 cial Security Act (42 U.S.C. 1395x) and suppliers
20 (as defined in subsection (d) of such section)), re-
21 porting the results of such assessments and activities
22 to such providers and suppliers, and performing
23 risk-adjusted, scientifically valid analyses and re-
24 search to support quality improvement or patient
25 safety; and

1 (3) publishing research and quality improve-
2 ment analyses, which may include deidentified com-
3 bined claims and clinical outcomes data.

4 (b) CLAIMS DATA DESCRIBED.—For purposes of
5 subsection (a), the claims data described in this sub-
6 section—

7 (1) are—

8 (A) claims data under the Medicare pro-
9 gram under title XVIII of the Social Security
10 Act (42 U.S.C. 1395 et seq.); and

11 (B) if the Secretary determines appro-
12 priate, claims data under the Medicaid program
13 under title XIX of such Act (42 U.S.C. 1396 et
14 seq.) and the State Children’s Health Insurance
15 Program under title XXI of such Act (42
16 U.S.C. 1397aa et seq.); and

17 (2) may include provider-specific claims data,
18 clinical specialty-specific claims data, State-specific
19 claims data, or nationwide claims data.

20 (c) TREATMENT OF QUALIFIED CLINICAL DATA
21 REGISTRIES AND CLINICIAN-LED CLINICAL DATA REG-
22 ISTRIES.—For the purposes of this section, qualified clin-
23 ical data registries and clinician-led clinical data registries
24 shall not be required to be qualified entities, as defined
25 in section 1874(e)(2) of the Social Security Act (42 U.S.C.

1 1395kk(e)(2)), or quasi-qualified entities, to access claims
2 data pursuant to subsection (a).

3 (d) FEE.—Data described in subsection (b) shall be
4 made available to a qualified clinical data registry or clini-
5 cian-led clinical data registry under this section at a rea-
6 sonable fee equal to the cost of making such data avail-
7 able. Any fee collected pursuant to the preceding sentence
8 shall be deposited into the Centers for Medicare & Med-
9 icaid Services Program Management Account.

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