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(Original Signature of Member)

115TH CONGRESS
2D SESSION

H. R. 6378

To reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. BROOKS of Indiana (for herself, Ms. ANNA ESHOO of California, Mr. GREG WALDEN, and Mr. FRANK PALLONE) introduced the following bill; which was referred to the Committee on

A BILL

To reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, 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 “Pandemic and All-Haz-
5 ards Preparedness and Advancing Innovation Act of
6 2018”.

1 SEC. 2. TABLE OF CONTENTS.**2 The table of contents of this Act is as follows:**

- Sec. 1. Short title.
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- Sec. 102. Public health emergency medical countermeasures enterprise.
- Sec. 103. National Health Security Strategy.
- Sec. 104. Improving emergency preparedness and response considerations for children.
- Sec. 105. Reauthorizing the National Advisory Committee on Children and Disasters.
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**TITLE II—OPTIMIZING STATE AND LOCAL ALL-HAZARDS
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- Sec. 205. Authorization of appropriations for revitalizing the Centers for Disease Control and Prevention.
- Sec. 206. Authorization of appropriations for Emergency System for Advanced Registration of Volunteer Health Professionals.
- Sec. 207. Regional health care emergency preparedness and response systems.
- Sec. 208. National Academy of Medicine evaluation and report on the preparedness of hospitals, long-term care facilities, dialysis centers, and other medical facilities for public health emergencies.
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- Sec. 301. Strategic national stockpile and security countermeasure procurement.
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- Sec. 405. Strengthening Mosquito Abatement for Safety and Health.
- Sec. 406. Additional strategies for combating antibiotic resistance.
- Sec. 407. Additional purposes for grants for certain trauma centers.

1 **TITLE I—STRENGTHENING NA-**
2 **TIONAL PREPAREDNESS AND**
3 **RESPONSE FOR PUBLIC**
4 **HEALTH EMERGENCIES**

5 **SEC. 101. COORDINATION OF PREPAREDNESS FOR AND RE-**
6 **SPONSE TO ALL-HAZARDS PUBLIC HEALTH**
7 **EMERGENCIES.**

8 (a) IN GENERAL.—Section 2811 of the Public Health
9 Service Act (42 U.S.C. 300hh–10) is amended—

10 (1) in subsection (b)—

11 (A) in paragraph (4)—

12 (i) in subparagraph (G)—

13 (I) by inserting “the pandemic
14 influenza and emerging infectious dis-
15 ease program established under sec-
16 tion 319L(d), or” before “all-hazards
17 medical and public health prepared-
18 ness and response”; and

19 (II) by adding at the end (after
20 and below clause (ii)) the following:

1 “Such drills and operations exercises shall be
2 comprehensive, synchronized, and mutually sup-
3 portive.”; and

4 (ii) by adding at the end the following
5 new subparagraph:

6 “(I) THREAT AWARENESS.—Coordinate
7 with the Director of the Centers for Disease
8 Control and Prevention, the Director of Na-
9 tional Intelligence, the Secretary of Homeland
10 Security, the Assistant to the President for Na-
11 tional Security Affairs, the Secretary of De-
12 fense, and other relevant Federal officials, such
13 as the Secretary of Agriculture, to maintain a
14 current assessment of national security threats
15 and inform preparedness and response capabili-
16 ties based on the range of the threats that have
17 the potential to result in a public health emer-
18 gency.”;

19 (B) in paragraph (5), by adding at the end
20 the following: “Such logistical support shall in-
21 clude working with other relevant Federal,
22 State, local, tribal, and territorial public health
23 officials and private sector entities to identify
24 the critical infrastructure assets, systems, and
25 networks needed for the proper functioning of

1 the health care and public health sectors that
2 need to be maintained through any emergency
3 or disaster, including entities capable of assist-
4 ing with, responding to, and mitigating the ef-
5 fect of a public health emergency, including a
6 public health emergency declared by the Sec-
7 retary pursuant to section 319, or an emer-
8 gency or major disaster declared by the Presi-
9 dent pursuant to the Robert T. Stafford Dis-
10 aster Relief and Emergency Assistance Act or
11 the National Emergencies Act, including by es-
12 tablishing methods to exchange critical informa-
13 tion and deliver products consumed or used to
14 preserve, protect, or sustain life, health, or safe-
15 ty, and sharing of specialized expertise.”;

16 (C) in paragraph (7)—

17 (i) in the matter preceding subpara-
18 graph (A)—

19 (I) by inserting “the research
20 and development activities of the pan-
21 demic influenza and emerging infec-
22 tious disease program established
23 under section 319L(d) with respect to
24 qualified pandemic or epidemic prod-
25 ucts (as defined in section 319F–3),

1 and” before “the medical counter-
2 measure priorities described in sub-
3 section (d)”;

4 (II) by striking “Develop, and
5 update not later than March 1 of each
6 year” and inserting “Develop, by not
7 later than September 30, 2019, and
8 update no later than every two years
9 after the initial development,”;

10 (ii) in each of subparagraphs (D) and
11 (E), by striking “not later than March 15
12 of each year” and inserting in each such
13 place “not later than 14 days after each
14 biennial development date”;

15 (D) by adding at the end the following new
16 paragraph:

17 “(8) REPORTING.—The Assistant Secretary for
18 Preparedness and Response shall, beginning on the
19 date of the enactment of this paragraph, submit to
20 the Committee on Energy and Commerce of the
21 House of Representatives weekly reports on the sta-
22 tus and welfare of the children who, as a result of
23 the ‘zero tolerance’ policy, were separated from their
24 parent or guardian and are awaiting reunification
25 with their parent or guardian, as well as the number

1 of such children in facilities funded by the Depart-
2 ment of Health and Human Services.”;

3 (2) in subsection (c), in the matter preceding
4 paragraph (1), by striking “shall” and inserting
5 “shall, utilizing experience related to public health
6 emergency preparedness and response, biodefense,
7 medical countermeasures, and other relevant topics”;
8 and

9 (3) in subsection (d)—

10 (A) in paragraph (1), by striking “Not
11 later than 180 days after the date of enactment
12 of this subsection, and every year thereafter”
13 and inserting “Not later than September 30,
14 2019, and every second year thereafter”;

15 (B) in paragraph (2)(C), by inserting after
16 “products” the following: “, and ancillary med-
17 ical supplies to assist with the utilization of
18 such products,”; and

19 (C) in paragraph (2)(J)(v), by striking
20 “the one-year period for which the report is
21 submitted” and inserting “the two-year period
22 for which the report is submitted”.

23 (b) COUNTERMEASURES BUDGET PLAN.—Section
24 2811(b)(7) of the Public Health Service Act (42 U.S.C.
25 300hh–10(b)(7)) is amended—

1 (1) by striking subparagraph (A) and inserting
2 the following:

3 “(A) include consideration of the entire
4 medical countermeasures enterprise, includ-
5 ing—

6 “(i) basic research and advanced re-
7 search and development;

8 “(ii) approval, clearance, licensure,
9 and authorized uses of products;

10 “(iii) procurement, stockpiling, main-
11 tenance, and potential replenishment (in-
12 cluding manufacturing capabilities) of all
13 products in the Strategic National Stock-
14 pile; and

15 “(iv) the availability of technologies
16 that may assist in the advanced research
17 and development of countermeasures and
18 opportunities to use such technologies to
19 accelerate and navigate challenges unique
20 to countermeasure research and develop-
21 ment;”;

22 (2) by redesignating subparagraphs (D) and
23 (E) as subparagraphs (E) and (F), respectively; and

24 (3) by inserting after subparagraph (C) the fol-
25 lowing:

1 “(D) identify the full range of anticipated
2 medical countermeasure needs related to re-
3 search and development, procurement, and
4 stockpiling, including the potential need for in-
5 dications, dosing, and administration tech-
6 nologies, and other countermeasure needs as
7 applicable and appropriate;”.

8 **SEC. 102. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
9 **TERMEASURES ENTERPRISE.**

10 Subtitle B of title XXVIII of the Public Health Serv-
11 ice Act (42 U.S.C. 300hh–10 et seq.) is amended—

12 (1) by redesignating section 2811A as 2811B;
13 and

14 (2) by inserting after section 2811 the fol-
15 lowing:

16 **“SEC. 2811A. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
17 **TERMEASURES ENTERPRISE.**

18 “(a) IN GENERAL.—The Secretary shall establish
19 and the Assistant Secretary for Preparedness and Re-
20 sponse may convene an interagency panel of advisors to
21 be known as the Public Health Emergency Medical Coun-
22 termeasures Enterprise (in this section referred to as the
23 ‘PHEMCE’).

24 “(b) MEMBERS.—

1 “(1) IN GENERAL.—In addition to the Assistant
2 Secretary for Preparedness and Response, who shall
3 serve as chair, the PHEMCE shall include the vot-
4 ing members described in paragraph (2) and the
5 non-voting members described in paragraph (3).

6 “(2) VOTING MEMBERS.—For purposes of para-
7 graph (1), the voting members described in this
8 paragraph are following members:

9 “(A) The Director of the Biomedical Ad-
10 vanced Research and Development Authority
11 (or the Director’s designee).

12 “(B) The Director of the Centers for Dis-
13 ease Control and Prevention (or the Director’s
14 designee).

15 “(C) The Director of the National Insti-
16 tutes of Health (or the Director’s designee).

17 “(D) The Commissioner of Food and
18 Drugs (or the Commissioner’s designee).

19 “(E) The Secretary of Defense (or the Sec-
20 retary’s designee).

21 “(F) The Secretary of Homeland Security
22 (or the Secretary’s designee).

23 “(G) The Secretary of Agriculture (or the
24 Secretary’s designee).

1 “(H) The Secretary of Veterans Affairs (or
2 the Secretary’s designee).

3 “(I) Representatives of any other Federal
4 agencies, as the Assistant Secretary for Pre-
5 paredness and Response determines appro-
6 priate.

7 “(3) NON-VOTING MEMBERS.—For purposes of
8 paragraph (1), the non-voting members described in
9 this paragraph are the following members:

10 “(A) The Secretary of State (or the Sec-
11 retary’s designee).

12 “(B) The Director of National Intelligence
13 (or the Director’s designee).

14 “(C) The Director of the Central Intel-
15 ligence Agency (or the Director’s designee).

16 “(c) FUNCTIONS.—The PHEMCE shall—

17 “(1) advise the Assistant Secretary for Pre-
18 paredness and Response regarding research, develop-
19 ment, and procurement of security countermeasures
20 (as defined in section 319F–2(c)) based on the
21 health security needs of the United States; and

22 “(2) assist the Assistant Secretary for Pre-
23 paredness and Response in the identification of gaps
24 in public health preparedness and response related
25 to such security countermeasures and challenges to

1 addressing such needs (including any regulatory
2 challenges).”.

3 **SEC. 103. NATIONAL HEALTH SECURITY STRATEGY.**

4 Section 2802 of the Public Health Service Act (42
5 U.S.C. 300hh-1) is amended—

6 (1) in subsection (a)—

7 (A) in paragraph (1)—

8 (i) by striking “2014” and inserting
9 “2018”; and

10 (ii) by striking the second sentence
11 and inserting the following: “Such Na-
12 tional Health Security Strategy shall de-
13 scribe potential emergency health security
14 threats and identify the process for achiev-
15 ing the preparedness goals described in
16 subsection (b) to be prepared to identify
17 and respond to such threats and shall be
18 consistent with the national preparedness
19 goal (as described in section 504(a)(19) of
20 the Homeland Security Act of 2002), the
21 National Incident Management System (as
22 defined in section 501(7) of such Act), and
23 the National Response Plan developed pur-
24 suant to section 504 of such Act, or any
25 successor plan.”;

1 (B) in paragraph (2), by inserting before
2 the period at the end of the second sentence the
3 following: “, and an analysis of any changes to
4 the evidence-based benchmarks and objective
5 standards under sections 319C–1 and 319C–2”;
6 and

7 (C) in paragraph (3)—

8 (i) by striking “2009” and inserting
9 “2022”;

10 (ii) by inserting “(including gaps in
11 the environmental health and animal
12 health workforces, as applicable), describ-
13 ing the status of such workforce” after
14 “gaps in such workforce”;

15 (iii) by striking “and identifying strat-
16 egies” and inserting “identifying strate-
17 gies”; and

18 (iv) by inserting before the period at
19 the end “, and identifying current capabili-
20 ties to meet the requirements of section
21 2803”; and

22 (2) in subsection (b)—

23 (A) in paragraph (2)—

24 (i) in subparagraph (A), by striking
25 “and investigation” and inserting “inves-

1 tigation, and related information tech-
2 nology activities”;

3 (ii) in subparagraph (B), by striking
4 “and decontamination” and inserting “de-
5 contamination, relevant health care serv-
6 ices and supplies, and transportation and
7 disposal of medical waste”; and

8 (iii) by adding at the end the fol-
9 lowing:
10 “(E) Response to environmental hazards.”;
11 (B) in paragraph (3)—

12 (i) in the matter preceding subpara-
13 graph (A), by striking “including mental
14 health” and inserting “including phar-
15 macies, mental health facilities,”;

16 (ii) in subparagraph (F), by inserting
17 “or exposures to agents that could cause a
18 public health emergency” before the pe-
19 riod; and

20 (iii) by amending subparagraph (G) to
21 read as follows:

22 “(G) Optimizing a coordinated and flexible
23 approach to the emergency response and med-
24 ical surge capacity of hospitals, other health
25 care facilities, critical care, trauma care (which

1 may include trauma centers), and emergency
2 medical systems, which may include the imple-
3 mentation of guidelines for regional health care
4 emergency preparedness and response systems
5 under section 319C–3.”;

6 (C) in paragraph (5), by inserting “and
7 other applicable compacts” after “Compact”;
8 and

9 (D) by adding at the end the following:

10 “(9) ZOOBOTIC DISEASE, FOOD, AND AGRICULTURE.—Improving coordination among Federal,
11 State, local, tribal, and territorial entities (including
12 through consultation with the Secretary of Agriculture) to prevent, detect, and respond to outbreaks
13 of plant or animal disease (including zoonotic disease) that could compromise national security result-
14 ing from a deliberate attack, a naturally occurring
15 threat, the intentional adulteration of food, or other
16 public health threats, taking into account inter-
17 actions between animal health, human health, and
18 animals’ and humans’ shared environment as di-
19 rectly related to public health emergency prepared-
20 ness and response capabilities, as applicable.

21 “(10) GLOBAL HEALTH SECURITY.—Assessing
22 current or potential health security threats from
23

1 abroad to inform domestic public health prepared-
2 ness and response capabilities.”.

3 **SEC. 104. IMPROVING EMERGENCY PREPAREDNESS AND**
4 **RESPONSE CONSIDERATIONS FOR CHIL-**
5 **DREN.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 319D the following:

9 **“SEC. 319D-1. CHILDREN’S PREPAREDNESS UNIT.**

10 “(a) ENHANCING EMERGENCY PREPAREDNESS FOR
11 CHILDREN.—The Secretary, acting through the Director
12 of the Centers for Disease Control and Prevention (re-
13 ferred to in this subsection as the ‘Director’), shall main-
14 tain an internal team of experts, to be known as the Chil-
15 dren’s Preparedness Unit (referred to in this subsection
16 as the ‘Unit’), to work collaboratively to provide guidance
17 on the considerations for, and the specific needs of, chil-
18 dren before, during, and after public health emergencies.
19 The Unit shall inform the Director regarding emergency
20 preparedness and response efforts pertaining to children
21 at the Centers for Disease Control and Prevention.

22 “(b) EXPERTISE.—The team described in subsection
23 (a) shall include one or more pediatricians, which may be
24 a developmental-behavioral pediatrician, and may also in-
25 clude behavioral scientists, child psychologists, epidemiolo-

1 gists, biostatisticians, health communications staff, and
2 individuals with other areas of expertise, as the Secretary
3 determines appropriate.

4 “(c) DUTIES.—The team described in subsection (a)
5 may—

6 “(1) assist State, local, tribal, and territorial
7 emergency planning and response activities related
8 to children, which may include developing, identi-
9 fying, and sharing best practices;

10 “(2) provide technical assistance, training, and
11 consultation to Federal, State, local, tribal, and ter-
12 ritorial public health officials to improve prepared-
13 ness and response capabilities with respect to the
14 needs of children, including providing such technical
15 assistance, training, and consultation to eligible enti-
16 ties in order to support the achievement of measur-
17 able evidence-based benchmarks and objective stand-
18 ards applicable to sections 319C–1 and 319C–2 ;

19 “(3) improve the utilization of methods to in-
20 corporate the needs of children in planning for and
21 responding to a public health emergency, including
22 public awareness of such methods;

23 “(4) coordinate with, and improve, public-pri-
24 vate partnerships, such as health care coalitions pur-
25 suant to sections 319C–2 and 319C–3, to address

1 gaps and inefficiencies in emergency preparedness
2 and response efforts for children;

3 “(5) provide expertise and input during the de-
4 velopment of guidance and clinical recommendations
5 to address the needs of children when preparing for,
6 and responding to, public health emergencies, includ-
7 ing pursuant to section 319C–3; and

8 “(6) carry out other duties related to prepared-
9 ness and response activities for children, as the Sec-
10 retary determines appropriate.”.

11 **SEC. 105. REAUTHORIZING THE NATIONAL ADVISORY COM-
12 MITTEE ON CHILDREN AND DISASTERS.**

13 Section 2811B of the Public Health Service Act, as
14 redesignated by section 102(1), is amended—

15 (1) in subsection (b)(2), by inserting “, mental
16 and behavioral,” after “medical”;

17 (2) in subsection (d)—

18 (A) in paragraph (1), by striking “15” and
19 inserting “25”; and

20 (B) by striking paragraph (2) and insert-
21 ing the following:

22 “(2) REQUIRED NON-FEDERAL MEMBERS.—The
23 Secretary, in consultation with such other heads of
24 Federal agencies as may be appropriate, shall ap-
25 point to the Advisory Committee under paragraph

1 (1) at least 13 individuals to perform the duties de-
2 scribed in subsections (b) and (c), including—

3 “(A) at least 2 non-Federal professionals
4 with expertise in pediatric medical disaster
5 planning, preparedness, response, or recovery;

6 “(B) at least 2 representatives from State,
7 local, tribal, or territorial agencies with exper-
8 tise in pediatric disaster planning, prepared-
9 ness, response, or recovery;

10 “(C) at least 4 members representing
11 health care professionals, which may include
12 members with expertise in pediatric emergency
13 medicine; pediatric trauma, critical care, or sur-
14 gery; the treatment of pediatric patients af-
15 fected by chemical, biological, radiological, or
16 nuclear agents and emerging infectious dis-
17 eases; pediatric mental or behavioral health re-
18 lated to children affected by a public health
19 emergency; or pediatric primary care; and

20 “(D) other members as the Secretary de-
21 termines appropriate, of whom—

22 “(i) at least one such member shall
23 represent a children’s hospital;

1 “(ii) at least one such member shall
2 be an individual with expertise in schools
3 or child care settings;

4 “(iii) at least one such member shall
5 be an individual with expertise in children
6 and youth with special health care needs;
7 and

8 “(iv) at least one such member shall
9 be an individual with expertise in the needs
10 of parents or family caregivers, including
11 the parents or caregivers of children with
12 disabilities.

13 “(3) FEDERAL MEMBERS.—The Advisory Com-
14 mittee under paragraph (1) shall include the fol-
15 lowing Federal members or their designees:

16 “(A) The Assistant Secretary for Pre-
17 paredness and Response.

18 “(B) The Director of the Biomedical Ad-
19 vanced Research and Development Authority.

20 “(C) The Director of the Centers for Dis-
21 ease Control and Prevention.

22 “(D) The Commissioner of Food and
23 Drugs.

24 “(E) The Director of the National Insti-
25 tutes of Health.

1 “(F) The Assistant Secretary of the Ad-
2 ministration for Children and Families.

3 “(G) The Administrator of the Health Re-
4 sources and Services Administration.

5 “(H) The Administrator of the Federal
6 Emergency Management Agency.

7 “(I) The Administrator of the Administra-
8 tion for Community Living.

9 “(J) The Secretary of Education.

10 “(K) Representatives from such Federal
11 agencies (such as the Substance Abuse and
12 Mental Health Services Administration and the
13 Department of Homeland Security) as the Sec-
14 retary determines appropriate to fulfill the du-
15 ties of the Advisory Committee under sub-
16 sections (b) and (c).

17 “(4) TERM OF APPOINTMENT.—Each member
18 of the Advisory Committee appointed under para-
19 graph (2) shall serve for a term of 3 years, except
20 that the Secretary may adjust the terms of the Advi-
21 sory Committee appointees serving on the date of
22 enactment of the Pandemic and All-Hazards Pre-
23 paredness and Advancing Innovation Act of 2018, or
24 appointees who are initially appointed after such

1 date of enactment, in order to provide for a stag-
2 gered term of appointment for all members.

3 “(5) CONSECUTIVE APPOINTMENTS; MAXIMUM
4 TERMS.—A member appointed under paragraph (2)
5 may serve not more than 3 terms on the Advisory
6 Committee, and not more than 2 of which may be
7 served consecutively.”;

8 (3) in subsection (e), by adding at the end “At
9 least one meeting per year shall be an in-person
10 meeting.”;

11 (4) by redesignating subsection (f) as sub-
12 section (g);

13 (5) by inserting after subsection (e) the fol-
14 lowing:

15 “(f) COORDINATION.—The Secretary shall coordinate
16 activities authorized under this section and section 2811C,
17 in accordance with section 2811C(d).”; and

18 (6) in subsection (g), as so redesignated, by
19 striking “2018” and inserting “2023”.

20 **SEC. 106. NATIONAL DISASTER MEDICAL SYSTEM.**

21 (a) PURPOSE OF SYSTEM.—Clause (ii) of section
22 2812(a)(3)(A) of the Public Health Service Act (42 U.S.C.
23 300hh–11(a)(3)(A)) is amended to read as follows:

24 “(ii) be present at locations, and for
25 limited periods of time, specified by the

1 Secretary on the basis that the Secretary
2 has determined that a location is at risk of
3 a public health emergency during the time
4 specified, or there is a significant potential
5 for a public health emergency.”.

6 (b) REVIEW OF THE NATIONAL DISASTER MEDICAL
7 SYSTEM.—Section 2812(b)(2) of the Public Health Serv-
8 ice Act (42 U.S.C. 300hh–11(b)(2)) is amended to read
9 as follows:

10 “(2) JOINT REVIEW AND MEDICAL SURGE CA-
11 PACITY STRATEGIC PLAN.—

12 “(A) REVIEW.—Not later than 180 days
13 after the date of enactment of the Pandemic
14 and All-Hazards Preparedness and Advancing
15 Innovation Act of 2018, the Secretary, in co-
16 ordination with the Secretary of Homeland Se-
17 curity, the Secretary of Defense, and the Sec-
18 retary of Veterans Affairs, shall conduct a joint
19 review of the National Disaster Medical System.
20 Such review shall include—

21 “(i) an evaluation of medical surge ca-
22 pacity, as described in section 2803(a);

23 “(ii) an assessment of the available
24 workforce of the intermittent disaster-re-

1 sponse personnel described in subsection
2 (c);

3 “(iii) the capacity of the workforce de-
4 scribed in clause (ii) to respond to all haz-
5 ards, including capacity to simultaneously
6 respond to multiple public health emer-
7 gencies and to respond to a nationwide
8 public health emergency;

9 “(iv) the effectiveness of efforts to re-
10 cruit, retain, and train such workforce; and

11 “(v) gaps that may exist in such
12 workforce and recommendations for ad-
13 dressing such gaps.

14 “(B) UPDATES.—As part of the National
15 Health Security Strategy under section 2802,
16 the Secretary shall update the findings from the
17 review under subparagraph (A) and provide rec-
18 ommendations to modify the policies of the Na-
19 tional Disaster Medical System as necessary.”.

20 (c) DIRECT HIRE AUTHORITY.—Section 2812(c)(1)
21 of the Public Health Service Act (42 U.S.C. 300hh-
22 11(c)(1)) is amended by inserting “(or, for the period be-
23 ginning on the date of the enactment of the Pandemic and
24 All-Hazards Preparedness Reauthorization Act of 2018
25 and ending on September 30, 2021, without regard to

1 those provisions of title 5, United States Code, governing
2 appointments in the competitive service)” after “in accord-
3 ance with applicable civil service laws and regulations”.

4 (d) SERVICE BENEFIT; NOTIFICATION OF SHORT-
5 AGE.—Section 2812(c) (42 U.S.C. 300hh–11(c)) is
6 amended by adding at the end the following:

7 “(3) SERVICE BENEFIT.—Individuals appointed
8 to serve under this subsection shall be considered
9 public safety officers under part L of title I of the
10 Omnibus Crime Control and Safe Streets Act of
11 1968. The Secretary shall provide notification to eli-
12 gible individuals of any effect such designation may
13 have on other benefits for which such individuals are
14 eligible, including benefits from private entities.

15 “(4) NOTIFICATION.—Not later than 30 days
16 after the date on which the Secretary determines the
17 number of intermittent disaster-response personnel
18 of the National Disaster Medical System is insuffi-
19 cient to address a public health emergency or poten-
20 tial public health emergency, the Secretary shall sub-
21 mit to the congressional committees of jurisdiction a
22 notification detailing—

23 “(A) the impact such shortage could have
24 on meeting public health needs and emergency

1 medical personnel needs during a public health
2 emergency; and

3 “(B) any identified measures to address
4 such shortage.”.

5 (e) DEATH BENEFITS.—Section 1204(9) of the Om-
6 nibus Crime Control and Safe Streets Act of 1968 (34
7 U.S.C. 10284(9)) is amended—

8 (1) in subparagraph (C), by striking “or” at
9 the end;

10 (2) in subparagraph (D), by striking the period
11 at the end and inserting “; or”; and

12 (3) by adding at the end the following:

13 “(E) an individual appointed to assist the
14 National Disaster Medical System pursuant to
15 section 2812(c)(1) of the Public Health Service
16 Act.”.

17 (f) AUTHORIZATION OF APPROPRIATIONS.—Section
18 2812(g) of the Public Health Service Act (42 U.S.C.
19 300hh–11(g)) is amended by striking “\$52,700,000 for
20 each of fiscal years 2014 through 2018” and inserting
21 “\$57,400,000 for each of fiscal years 2019 through
22 2023”.

23 **SEC. 107. VOLUNTEER MEDICAL RESERVE CORPS.**

24 Section 2813 of the Public Health Service Act (42
25 U.S.C. 300hh–15)) is amended—

1 (1) in subsection (a), by amending the second
2 sentence to read as follows: “The Secretary may ap-
3 point a Director to head the Corps and oversee the
4 activities of the Corps chapters that exist at the
5 State, local, and tribal levels.”; and

6 (2) in subsection (i), by striking “\$11,200,000
7 for each of fiscal years 2014 through 2018” and in-
8 serting “\$6,000,000 for each of fiscal years 2019
9 through 2023”.

10 **SEC. 108. CONTINUING THE ROLE OF THE DEPARTMENT OF**
11 **VETERANS AFFAIRS.**

12 Section 8117(g) of title 38, United States Code, is
13 amended by striking “\$155,300,000 for each of fiscal
14 years 2014 through 2018” and inserting “\$126,800,000
15 for each of fiscal years 2019 through 2023”.

16 **SEC. 109. AUTHORIZING THE NATIONAL ADVISORY COM-**
17 **MITTEE ON SENIORS AND DISASTERS.**

18 Subtitle B of title XXVIII of the Public Health Serv-
19 ice Act (42 U.S.C. 300hh et seq.), as amended by section
20 102, is further amended by inserting after section 2811B
21 the following:

22 **“SEC. 2811C. NATIONAL ADVISORY COMMITTEE ON SEN-**
23 **IORS AND DISASTERS.**

24 **“(a) ESTABLISHMENT.—**The Secretary, in consulta-
25 tion with the Secretary of Homeland Security and the Sec-

1 retary of Veterans Affairs, shall establish an advisory com-
2 mittee to be known as the National Advisory Committee
3 on Seniors and Disasters (referred to in this section as
4 the ‘Advisory Committee’).

5 “(b) DUTIES.—

6 “(1) IN GENERAL.—The Advisory Committee
7 shall—

8 “(A) provide advice and consultation with
9 respect to the activities carried out pursuant to
10 section 2814, as applicable and appropriate;

11 “(B) evaluate and provide input with re-
12 spect to the medical and public health needs of
13 seniors related to the preparation for, response
14 to, and recovery from all-hazards emergencies;
15 and

16 “(C) provide advice and consultation with
17 respect to State emergency preparedness and
18 response activities and seniors, including related
19 drills and exercises pursuant to the prepared-
20 ness goals under section 2802(b).

21 “(2) ADDITIONAL DUTIES.—The Advisory Com-
22 mittee may provide advice and recommendations to
23 the Secretary with respect to seniors and the med-
24 ical and public health grants and cooperative agree-

1 ments as applicable to preparedness and response
2 activities under this title and title III.

3 “(3) MEMBERSHIP.—

4 “(A) IN GENERAL.—The Secretary, in con-
5 sultation with such other heads of agencies as
6 appropriate, shall appoint not more than 15
7 members to the Advisory Committee. In ap-
8 pointing such members, the Secretary shall en-
9 sure that the total membership of the Advisory
10 Committee is an odd number.

11 “(B) REQUIRED MEMBERS.—The members
12 appointed under paragraph (1) shall include—

13 “(i) the Assistant Secretary for Pre-
14 paredness and Response;

15 “(ii) the Director of the Biomedical
16 Advanced Research and Development Au-
17 thority;

18 “(iii) the Director of the Centers for
19 Disease Control and Prevention;

20 “(iv) the Commissioner of Food and
21 Drugs;

22 “(v) the Director of the National In-
23 stitutes of Health;

24 “(vi) the Administrator of the Centers
25 for Medicare & Medicaid Services;

1 “(vii) the Administrator of the Ad-
2 ministration for Community Living;

3 “(viii) the Administrator of the Fed-
4 eral Emergency Management Agency;

5 “(ix) the Under Secretary for Health
6 of the Department of Veterans Affairs;

7 “(x) at least 2 non-Federal health
8 care professionals with expertise in medical
9 disaster planning, preparedness, response,
10 or recovery;

11 “(xi) at least 2 representatives of
12 State, local, territorial, or tribal agencies
13 with expertise in disaster planning, pre-
14 paredness, response, or recovery; and

15 “(xii) representatives of such other
16 Federal agencies (such as the Department
17 of Energy and the Department of Home-
18 land Security) as the Secretary determines
19 necessary to fulfill the duties of the Advi-
20 sory Committee.

21 “(c) MEETINGS.—The Advisory Committee shall
22 meet not less frequently than biannually.

23 “(d) ADVISORY COMMITTEE COORDINATION.—

24 “(1) IN GENERAL.—The Secretary shall coordi-
25 nate activities authorized under this section and sec-

1 tion 2811B, and make efforts to reduce unnecessary
2 or duplication of meetings, recommendations, and
3 reporting under such sections. Members of the advi-
4 sory committees under this section and section
5 2811B, or their designees, shall meet periodically,
6 and not less than annually, to—

7 “(A) review the recommendations devel-
8 oped by such committees to coordinate, as ap-
9 propriate, the implementation of recommenda-
10 tions, in order to reduce gaps, overlap, and du-
11 plication of effort in Federal programs or by
12 Federal grantees; and

13 “(B) align preparedness and response pro-
14 grams or activities to address the dual or over-
15 lapping needs of children and seniors and any
16 challenges in preparing for and responding to
17 such needs.

18 “(2) NOTIFICATION.—The Secretary shall no-
19 tify the congressional committees of jurisdiction
20 upon the convening of each meeting under para-
21 graph (1), and provide minutes from such meeting
22 not later than 90 days after the meeting.

23 “(e) SUNSET.—The Advisory Committee shall termi-
24 nate on September 30, 2023.”.

1 **SEC. 110. NATIONAL ADVISORY COMMITTEE ON INDIVID-**
2 **UALS WITH DISABILITIES IN ALL-HAZARDS**
3 **EMERGENCIES.**

4 Subtitle B of title XXVIII of the Public Health Serv-
5 ice Act (42 U.S.C. 300hh et seq.), as amended by sections
6 102 and 109, is further amended by inserting after section
7 2811C the following:

8 **“SEC. 2811D. NATIONAL ADVISORY COMMITTEE ON INDI-**
9 **VIDUALS WITH DISABILITIES IN ALL-HAZ-**
10 **ARDS EMERGENCIES.**

11 “(a) ESTABLISHMENT.—Not later than 90 days after
12 the date of this section, the Secretary shall establish a na-
13 tional advisory committee to be known as the National Ad-
14 visory Committee on Individuals with Disabilities in All-
15 Hazards Emergencies (referred to in this section as the
16 ‘Advisory Committee’).

17 “(b) DUTIES.—The Advisory Committee shall—

18 “(1) provide advice and consultation with re-
19 spect to activities carried out pursuant to section
20 2814, as applicable and appropriate;

21 “(2) evaluate and provide input with respect to
22 the public health, accessibility, and medical needs of
23 individuals with disabilities as they relate to prepa-
24 ration for, response to, and recovery from all-haz-
25 ards emergencies; and

1 “(3) provide advice and consultation with re-
2 spect to State emergency preparedness and response
3 activities, including related drills and exercises pur-
4 suant to the preparedness goals under section
5 2802(b).

6 “(c) REPORT.—Not later than February 1, 2020, the
7 Advisory Committee shall submit to the Secretary, the
8 Committee on Energy and Commerce of the House of
9 Representatives, the Committee on Homeland Security of
10 the House of Representatives, the Committee on Veterans’
11 Affairs of the House of Representatives, the Committee
12 on Health, Education, Labor, and Pensions of the Senate,
13 the Committee on Veterans Affairs of the Senate, and the
14 Committee on Homeland Security and Governmental Af-
15 fairs of the Senate a report that evaluates the extent to
16 which individuals with disabilities are thoroughly included
17 in disaster preparedness planning and disaster recovery.
18 Such report shall—

19 “(1) include recommendations that offer spe-
20 cific improvements that could be made across local,
21 State, tribal, territorial, and Federal efforts to im-
22 prove outcomes in areas that include—

23 “(A) preparedness;

24 “(B) planning;

25 “(C) exercises and drills;

1 “(D) alerts, warning, and notifications;

2 “(E) evacuation;

3 “(F) sheltering;

4 “(G) health maintenance;

5 “(H) accessing emergency programs and
6 services;

7 “(I) medical care (including mental health
8 care);

9 “(J) temporary housing;

10 “(K) mitigation; and

11 “(L) community resilience; and

12 “(2) assess the strength of existing policies to
13 incorporate such individuals as well as the efficacy
14 of implementation.

15 “(d) COMPOSITION.—

16 “(1) IN GENERAL.—The Secretary, in consulta-
17 tion with such other heads of agencies and depart-
18 ments as may be appropriate, shall appoint not to
19 exceed 25 members to the Advisory Committee.

20 “(2) REQUIRED MEMBERS.—In carrying out
21 paragraph (1), the Secretary shall appoint to the
22 Advisory Committee such individuals as may be ap-
23 propriate to perform the duties described in sub-
24 sections (b), which shall include—

1 “(A) the Assistant Secretary for Prepared-
2 ness and Response (or their designee);

3 “(B) the Director of the Administration
4 for Community Living (or their designee);

5 “(C) the Director of the Biomedical Ad-
6 vanced Research and Development Authority
7 (or their designee);

8 “(D) the Director of the Centers for Dis-
9 ease Control and Prevention (or their designee);

10 “(E) the Commissioner of Food and Drugs
11 (or their designee);

12 “(F) the Director of the National Insti-
13 tutes of Health (or their designee);

14 “(G) the Administrator of the Federal
15 Emergency Management Agency (or their des-
16 ignee);

17 “(H) the Director of Office of Disability
18 Integration and Coordination (or their des-
19 ignee);

20 “(I) the Officer for Civil Rights and Civil
21 Liberties of the Department of Homeland Secu-
22 rity (or their designee);

23 “(J) the Chair of the National Council on
24 Disability (or their designee);

1 “(K) the Chair of the United States Access
2 Board (or their designee);

3 “(L) the Director of the Disability Rights
4 Section of the Department of Justice (or their
5 designee);

6 “(M) the Secretary of the Department of
7 Education (or their designee);

8 “(N) the Secretary of the Department of
9 Transportation (or their designee);

10 “(O) the Secretary of the Department of
11 Housing and Urban Development (or their des-
12 ignee);

13 “(P) a representative from the Department
14 of Veterans Affairs Health Administration’s Of-
15 fice of Emergency Management;

16 “(Q) the Director of the Bureau of Prisons
17 (or their designee);

18 “(R) at least four representatives who are
19 individuals with disabilities that have sub-
20 stantive expertise in disability inclusive emer-
21 gency management policy and operations;

22 “(S) at least two non-Federal health care
23 professionals with expertise in disability accessi-
24 bility before, during, and after disasters, med-

1 ical and mass care disaster planning, prepared-
2 ness, response, or recovery; and

3 “(T) at least two representatives from
4 State, local, territorial, or tribal agencies with
5 expertise in disability-inclusive disaster plan-
6 ning, preparedness, response, or recovery.

7 “(e) MEETINGS.—The Advisory Committee shall
8 meet not less than biannually.

9 “(f) DISABILITY DEFINED.—For purposes of this
10 section, the term ‘disability’ has the meaning given such
11 term in section 3 of the Americans with Disabilities Act
12 of 1990.

13 “(g) TERMINATION OF COMMITTEE.—

14 “(1) IN GENERAL.—The Advisory Committee
15 shall terminate on September 30, 2023.

16 “(2) RECOMMENDATION.—Not later than
17 March 30, 2023, the Secretary shall submit to Con-
18 gress a recommendation on whether the Advisory
19 Committee should be extended.”.

20 **SEC. 111. CONSIDERATION FOR AT-RISK INDIVIDUALS.**

21 (a) AT-RISK INDIVIDUALS IN THE NATIONAL
22 HEALTH SECURITY STRATEGY.—Section 2802(b)(4)(B)
23 (42 U.S.C. 300hh–1(b)(4)(B)) is amended by striking
24 “this section and sections 319C–1, 319F, and 319L” and
25 inserting “this Act”.

1 (b) COUNTERMEASURE CONSIDERATIONS.—Section
2 319L(c)(6) (42 U.S.C. 247d–7e(c)(6)) is amended—

3 (1) by striking “elderly” and inserting “senior
4 citizens”; and

5 (2) by inserting “with relevant characteristics
6 that warrant consideration during the process of re-
7 searching and developing such countermeasures and
8 products” before the period at the end.

9 **SEC. 112. PUBLIC HEALTH SURVEILLANCE.**

10 (a) GOAL.—Section 2802(b) of the Public Health
11 Service Act (42 U.S.C. 300hh–1(b)), as amended by sec-
12 tions 103 and 111, is further amended by adding at the
13 end the following:

14 “(11) PUBLIC HEALTH SURVEILLANCE.—
15 Strengthening the ability of State, tribal, territorial,
16 and local health departments to adapt and expand
17 existing public health surveillance infrastructure to
18 develop a robust national surveillance capacity to
19 capture data on the impact of emerging public
20 health threats. Such capacity shall include emerging
21 threats to pregnant and postpartum women and in-
22 fants, including through monitoring birth defects,
23 developmental disabilities, and other short-term and
24 long-term adverse outcomes.”.

1 (b) ASSURANCE OF CONFIDENTIALITY.—Section
2 308(d) of the Public Health Service Act (42 U.S.C.
3 242m(d)) is amended—

4 (1) by striking “or 307” and inserting “307, or
5 2802(b)(11)”; and

6 (2) by striking “or 306” and inserting “306, or
7 2802(b)(11)”.

8 **SEC. 113. GAO STUDY AND REPORT ON DISASTER MEDICAL**
9 **ASSISTANCE TEAMS.**

10 (a) STUDY AND REPORT.—

11 (1) STUDY.—The Comptroller General of the
12 United States shall conduct a study on the mission
13 readiness of disaster medical assistance teams with
14 respect to current and emerging natural and man-
15 made threats.

16 (2) COMPONENTS.—The study conducted pur-
17 suant to paragraph (1) shall include an assessment,
18 in relation to disaster medical assistance teams, of—

19 (A) whether the mission readiness of such
20 teams, and the needs relating to such readiness,
21 have changed over time;

22 (B) the standards the Assistant Secretary
23 for Preparedness and Response of the Depart-
24 ment of Health and Human Services uses to de-
25 termine—

1 (i) the training needs of such teams;

2 and

3 (ii) whether such teams are mission

4 ready;

5 (C) how to improve the determinations de-
6 scribed in subparagraph (B);

7 (D) the extent to which the provision of
8 additional resources (including personnel, train-
9 ing, and equipment) has addressed mission
10 readiness concerns; and

11 (E) the extent to which the Assistant Sec-
12 retary has developed plans to address mission
13 readiness issues.

14 (3) REPORT.—Not later than one year after the
15 date of enactment of this Act, the Comptroller Gen-
16 eral shall submit to the Committee on Energy and
17 Commerce of the House of Representatives and the
18 Committee on Health, Education, Labor and Pen-
19 sions of the Senate a report containing—

20 (A) the findings of the study conducted
21 pursuant to paragraph (1); and

22 (B) related recommendations.

23 (b) DISASTER MEDICAL ASSISTANCE TEAM DE-
24 FINED.—In this section, the term “disaster medical assist-
25 ance team” means a disaster medical assistance team op-

1 erating pursuant to the National Disaster Medical System
2 established under section 2812 of the Public Health Serv-
3 ice Act (42 U.S.C. 300hh–11).

4 **SEC. 114. MILITARY AND CIVILIAN PARTNERSHIP FOR**
5 **TRAUMA READINESS GRANT PROGRAM.**

6 Title XII of the Public Health Service Act (42 U.S.C.
7 300d et seq.) is amended by adding at the end the fol-
8 lowing new part:

9 **“PART I—MILITARY AND CIVILIAN PARTNERSHIP**
10 **FOR TRAUMA READINESS GRANT PROGRAM**

11 **“SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR**
12 **TRAUMA READINESS GRANT PROGRAM.**

13 “(a) MILITARY TRAUMA TEAM PLACEMENT PRO-
14 GRAM.—

15 “(1) IN GENERAL.—The Secretary shall award
16 grants to not more than 20 eligible high-acuity trau-
17 ma centers to enable military trauma teams to pro-
18 vide, on a full-time basis, trauma care and related
19 acute care at such trauma centers.

20 “(2) LIMITATIONS.—In the case of a grant
21 awarded under paragraph (1) to an eligible high-
22 acuity trauma center, such grant—

23 “(A) shall be for a period of at least 3
24 years and not more than 5 years (and may be
25 renewed at the end of such period); and

1 “(B) shall be in an amount that does not
2 exceed \$1,000,000 per year.

3 “(3) AVAILABILITY OF FUNDS AFTER PER-
4 FORMANCE PERIOD.—Notwithstanding section 1552
5 of title 31, United States Code, or any other provi-
6 sion of law, funds available to the Secretary for obli-
7 gation for a grant under this subsection shall remain
8 available for expenditure for 100 days after the last
9 day of the performance period of such grant.

10 “(b) MILITARY TRAUMA CARE PROVIDER PLACE-
11 MENT PROGRAM.—

12 “(1) IN GENERAL.—The Secretary shall award
13 grants to eligible trauma centers to enable military
14 trauma care providers to provide trauma care and
15 related acute care at such trauma centers.

16 “(2) LIMITATIONS.—In the case of a grant
17 awarded under paragraph (1) to an eligible trauma
18 center, such grant—

19 “(A) shall be for a period of at least 1 year
20 and not more than 3 years (and may be re-
21 newed at the end of such period); and

22 “(B) shall be in an amount that does not
23 exceed, in a year—

1 “(i) \$100,000 for each military trau-
2 ma care provider that is a physician at
3 such eligible trauma center; and

4 “(ii) \$50,000 for each other military
5 trauma care provider at such eligible trau-
6 ma center.

7 “(c) GRANT REQUIREMENTS.—

8 “(1) DEPLOYMENT.—As a condition of receipt
9 of a grant under this section, a grant recipient shall
10 agree to allow military trauma care providers pro-
11 viding care pursuant to such grant to be deployed by
12 the Secretary of Defense for military operations, for
13 training, or for response to a mass casualty incident.

14 “(2) USE OF FUNDS.—Grants awarded under
15 this section to an eligible trauma center may be used
16 to train and incorporate military trauma care pro-
17 viders into such trauma center, including expendi-
18 tures for malpractice insurance, office space, infor-
19 mation technology, specialty education and super-
20 vision, trauma programs, research, and State license
21 fees for such military trauma care providers.

22 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
23 tion shall be construed to affect the extent to which State
24 licensing requirements for health care professionals are

1 preempted by other Federal law from applying to military
2 trauma care providers.

3 “(e) REPORTING REQUIREMENTS.—

4 “(1) REPORT TO THE SECRETARY AND THE
5 SECRETARY OF DEFENSE.—Each eligible trauma
6 center or eligible high-acuity trauma center awarded
7 a grant under subsection (a) or (b) for a year shall
8 submit to the Secretary and the Secretary of De-
9 fense a report for such year that includes informa-
10 tion on—

11 “(A) the number and types of trauma
12 cases managed by military trauma teams or
13 military trauma care providers pursuant to such
14 grant during such year;

15 “(B) the financial impact of such grant on
16 the trauma center;

17 “(C) the educational impact on resident
18 trainees in centers where military trauma teams
19 are assigned;

20 “(D) any research conducted during such
21 year supported by such grant; and

22 “(E) any other information required by the
23 Secretaries for the purpose of evaluating the ef-
24 fect of such grant.

1 “(2) REPORT TO CONGRESS.—Not less than
2 once every 2 years, the Secretary, in consultation
3 with the Secretary of Defense, shall submit a report
4 to Congress that includes information on the effect
5 of placing military trauma care providers in trauma
6 centers awarded grants under this section on—

7 “(A) maintaining readiness of military
8 trauma care providers for battlefield injuries;

9 “(B) providing health care to civilian trau-
10 ma patients in both urban and rural settings;

11 “(C) the capability to respond to surges in
12 trauma cases, including as a result of a large
13 scale event; and

14 “(D) the financial State of the trauma cen-
15 ters.

16 “(f) DEFINITIONS.—For purposes of this part:

17 “(1) ELIGIBLE TRAUMA CENTER.—The term
18 ‘eligible trauma center’ means a Level I, II, or III
19 trauma center that satisfies each of the following:

20 “(A) Such trauma center has an agree-
21 ment with the Secretary of Defense to enable
22 military trauma care providers to provide trau-
23 ma care and related acute care at such trauma
24 center.

1 “(B) Such trauma center utilizes a risk-ad-
2 justed benchmarking system to measure per-
3 formance and outcomes, such as the Trauma
4 Quality Improvement Program of the American
5 College of Surgeons.

6 “(C) Such trauma center demonstrates a
7 need for integrated military trauma care pro-
8 viders to maintain or improve the trauma clin-
9 ical capability of such trauma center.

10 “(2) ELIGIBLE HIGH-ACUITY TRAUMA CEN-
11 TER.—The term ‘eligible high-acuity trauma center’
12 means a Level I trauma center that satisfies each of
13 the following:

14 “(A) Such trauma center has an agree-
15 ment with the Secretary of Defense to enable
16 military trauma teams to provide trauma care
17 and related acute care at such trauma center.

18 “(B) At least 20 percent of patients of
19 such trauma center in the most recent 3-month
20 period for which data is available are treated
21 for a major trauma at such trauma center.

22 “(C) Such trauma center utilizes a risk-ad-
23 justed benchmarking system to measure per-
24 formance and outcomes, such as the Trauma

1 Quality Improvement Program of the American
2 College of Surgeons.

3 “(D) Such trauma center is an academic
4 training center—

5 “(i) affiliated with a medical school;

6 “(ii) that maintains residency pro-
7 grams and fellowships in critical trauma
8 specialties and subspecialties, and provides
9 education and supervision of military trau-
10 ma team members according to those spe-
11 cialties and subspecialties; and

12 “(iii) that undertakes research in the
13 prevention and treatment of traumatic in-
14 jury.

15 “(E) Such trauma center serves as a dis-
16 aster response leader for its community, such
17 as by participating in a partnership for State
18 and regional hospital preparedness established
19 under section 319C-2.

20 “(3) MAJOR TRAUMA.—The term ‘major trau-
21 ma’ means an injury that is greater than or equal
22 to 15 on the injury severity score.

23 “(4) MILITARY TRAUMA TEAM.—The term
24 ‘military trauma team’ means a complete military

1 trauma team consisting of military trauma care pro-
2 viders.

3 “(5) **MILITARY TRAUMA CARE PROVIDER.**—The
4 term ‘military trauma care provider’ means a mem-
5 ber of the Armed Forces who furnishes emergency,
6 critical care, and other trauma acute care, including
7 a physician, military surgeon, physician assistant,
8 nurse, respiratory therapist, flight paramedic, com-
9 bat medic, or enlisted medical technician.

10 “(g) **AUTHORIZATION OF APPROPRIATIONS.**—There
11 are authorized to be appropriated to carry out this section,
12 \$15,000,000 for each of fiscal years 2019 through 2023,
13 of which—

14 “(1) \$10,000,000 shall be for carrying out sub-
15 section (a); and

16 “(2) \$5,000,000 shall be for carrying out sub-
17 section (b).”.

18 **SEC. 115. IMPROVEMENT OF LOAN REPAYMENT PROGRAM**
19 **FOR PREVENTION ACTIVITIES.**

20 Section 317F of the Public Health Service Act (42
21 U.S.C. Sec. 247b–7) is amended—

22 (1) in subsection (a)(1)—

23 (A) by inserting after “conduct prevention
24 activities” the following: “, including rapid re-
25 sponse to major health threats,”; and

1 (B) by striking “\$35,000” and inserting
2 “\$50,000”;

3 (2) in subsection (a)(2)(B), by striking “3
4 years” and inserting “2 years”; and

5 (3) in subsection (c), by striking “\$500,000”
6 and all that follows through the period at the end
7 and inserting “\$1,000,000 for each of the fiscal
8 years 2019 through 2023.”.

9 **SEC. 116. REPORT ON ADEQUATE NATIONAL BLOOD SUP-**
10 **PLY.**

11 Not later than 1 year after the date of the enactment
12 of this Act, the Secretary of Health and Human Services
13 shall submit to Congress a report containing recommenda-
14 tions related to maintaining an adequate national blood
15 supply, including challenges associated with continuous re-
16 cruitment of blood donors, ensuring adequacy of blood
17 supply in the case of public health emergencies, and imple-
18 mentation of safety measures and innovation.

19 **TITLE II—OPTIMIZING STATE**
20 **AND LOCAL ALL-HAZARDS**
21 **PREPAREDNESS AND RE-**
22 **SPONSE**

23 **SEC. 201. PUBLIC HEALTH EMERGENCIES.**

24 (a) RESPONSE FUND.—Section 319 of the Public
25 Health Service Act (42 U.S.C. 247d) is amended—

1 (1) in subsection (b)—

2 (A) in paragraph (1)—

3 (i) in the first sentence, by inserting
4 before the period the following: “, or if the
5 Secretary determines there is the signifi-
6 cant potential for a public health emer-
7 gency, to allow the Secretary to rapidly re-
8 spond to the immediate needs resulting
9 from such public health emergency or po-
10 tential public health emergency”; and

11 (ii) by inserting after the first sen-
12 tence the following: “The Secretary shall
13 plan for the expedited distribution of
14 amounts in the Fund to appropriate agen-
15 cies and entities.”;

16 (B) by redesignating paragraph (2) as
17 paragraph (3);

18 (C) by inserting after paragraph (1) the
19 following:

20 “(2) USES.—The Secretary may use amounts
21 in the Fund established under paragraph (1)—

22 “(A) to facilitate coordination between and
23 among Federal, State, local, tribal, and terri-
24 torial entities and public and private health
25 care entities that the Secretary determines may

1 be affected by a public health emergency or po-
2 tential public health emergency referred to in
3 paragraph (1) (including communication of
4 such entities with relevant international enti-
5 ties, as applicable);

6 “(B) to make grants, provide for awards,
7 enter into contracts, and conduct supportive in-
8 vestigations pertaining to such a public health
9 emergency or potential public health emergency,
10 including further supporting programs under
11 sections 319C–1 and 319C–2;

12 “(C) to facilitate and accelerate, as appli-
13 cable, advanced research and development of se-
14 curity countermeasures (as defined in section
15 319F–2), qualified countermeasures (as defined
16 in section 319F–1), or qualified pandemic or
17 epidemic products (as defined in section 319F–
18 3), that are applicable to such a public health
19 emergency or potential public health emergency;

20 “(D) to strengthen biosurveillance capabili-
21 ties and laboratory capacity to identify, collect,
22 and analyze information regarding such a pub-
23 lic health emergency or potential public health
24 emergency, including the systems under section
25 319D;

1 “(E) to support initial emergency oper-
2 ations and assets related to preparation and de-
3 ployment of intermittent disaster-response per-
4 sonnel under section 2812, and the Medical Re-
5 serve Corps under section 2813; and

6 “(F) to carry out other activities, as the
7 Secretary determines applicable and appro-
8 priate.”; and

9 (D) by inserting after paragraph (3), as so
10 redesignated, the following:

11 “(4) REVIEW.—Not later than 2 years after the
12 date of enactment of the Pandemic and All-Hazards
13 Preparedness Reauthorization Act of 2018, the Sec-
14 retary, in coordination with the Assistant Secretary
15 for Preparedness and Response, shall conduct a re-
16 view of the Fund under this subsection, and provide
17 recommendations to the Committee on Health, Edu-
18 cation, Labor, and Pensions and the Committee on
19 Appropriations of the Senate and the Committee on
20 Energy and Commerce and the Committee on Ap-
21 propriations of the House of Representatives on poli-
22 cies to improve such Fund for the uses described in
23 paragraph (2).

24 “(5) GAO REVIEW AND REPORT.—The Comp-
25 troller General of the United States shall conduct a

1 review of the Fund under this subsection, including
2 the uses and the resources available in the Fund.
3 Not later than 4 years after the date of enactment
4 of the Pandemic and All-Hazards Preparedness Re-
5 authorization Act of 2018, the Comptroller General
6 shall submit to the Committee on Energy and Com-
7 merce of the House of Representatives and the Com-
8 mittee on Health, Education, Labor, and Pensions
9 of the Senate a report on such review, including rec-
10 ommendations related to such review.”; and

11 (2) in subsection (e), by striking “section.” and
12 inserting “section or funds otherwise provided for
13 emergency response.”.

14 (b) TEMPORARY REASSIGNMENT OF FEDERALLY
15 FUNDED PERSONNEL.—Section 319(e)(8) of the Public
16 Health Service Act (42 U.S.C. 247d(e)(8)) is amended by
17 striking “2018” and inserting “2023”.

18 **SEC. 202. IMPROVING STATE AND LOCAL PUBLIC HEALTH**
19 **SECURITY.**

20 (a) IN GENERAL.—Section 319C–1 of the Public
21 Health Service Act (42 U.S.C. 247d–3a) is amended—

22 (1) in subsection (a), by inserting “, acting
23 through the Director of the Centers for Disease
24 Control and Prevention,” after “the Secretary”;

25 (2) in subsection (b)(2)(A)—

1 (A) in clause (viii), by striking at the end
2 “and”;

3 (B) in clause (ix), by adding at the end
4 “and”; and

5 (C) by inserting after clause (ix) the fol-
6 lowing new clause:

7 “(x) a description of—

8 (I) the measures the entity will
9 have in place to prioritize nursing fa-
10 cilities and skilled nursing facilities
11 with respect to public health emer-
12 gency preparedness in the same man-
13 ner as such plan will prioritize hos-
14 pitals, while ensuring that, in
15 prioritizing nursing facilities, skilled
16 nursing facilities, and hospitals, the
17 entity will retain the discretion to
18 prioritize among such facilities; and

19 (II) the plans that each electric
20 utility company within the entity’s ju-
21 risdiction has in place to ensure that
22 each such company will remain func-
23 tioning or return to functioning as
24 soon as practicable during power out-

1 ages caused by natural or manmade
2 disasters;”;

3 (3) in subsection (e), by striking “, and local
4 emergency plans.” and inserting “, local emergency
5 plans, and any regional health care emergency pre-
6 paredness and response system established pursuant
7 to the applicable guidelines under section 319C–3.”;
8 and

9 (4) in subsection (h)(1)(A), by striking
10 “\$641,900,000 for fiscal year 2014 for awards pur-
11 suant to paragraph (3) (subject to the authority of
12 the Secretary to make awards pursuant to para-
13 graphs (4) and (5)), and \$641,900,000 for each of
14 fiscal years 2015 through 2018” and inserting
15 “\$670,000,000 for each of fiscal years 2019 through
16 2023”.

17 (b) **EFFECTIVE DATE.**—The amendments made by
18 subsection (a) shall take effect on the date of enactment
19 of this Act and apply with respect to cooperative agree-
20 ments awarded on or after such date of enactment.

21 **SEC. 203. STRENGTHENING THE HOSPITAL PREPAREDNESS**
22 **PROGRAM.**

23 Section 319C–2 of the Public Health Service Act (42
24 U.S.C. 247d–3b) is amended—

1 (1) by amending the section heading to read as
2 follows: “**STATE AND REGIONAL HEALTH CARE**
3 **PREPAREDNESS AND RESPONSE TO IMPROVE**
4 **SURGE CAPACITY**”;

5 (2) in subsection (a), by striking “hospital pre-
6 paredness for” and inserting “health care prepared-
7 ness for and response to”;

8 (3) in subsection (b)(1)(A)—

9 (A) in the matter preceding clause (i)—

10 (i) by striking “partnership” and in-
11 sserting “coalition”; and

12 (ii) by striking “consisting of” and in-
13 sserting “that includes”;

14 (B) in clause (ii), by striking “and” at the
15 end;

16 (C) in clause (iii)(III), by striking “and”
17 at the end; and

18 (D) by adding at the end the following:

19 “(iv) an emergency medical service or-
20 ganization; and

21 “(v) an emergency management orga-
22 nization; and”;

23 (4) in subsection (c), by inserting after “pre-
24 paredness” the following: “and response”;

25 (5) in subsection (d)—

1 (A) in paragraph (1)(A)—

2 (i) in clause (i), by striking “; and”

3 and inserting a semicolon;

4 (ii) by redesignating clause (ii) as
5 clause (iii); and

6 (iii) by inserting after clause (i) the
7 following:

8 “(ii) among one or more facilities in a
9 regional health care emergency system
10 under section 319C-3; and”;

11 (B) in paragraph (1)(B), by striking
12 “partnership” each place it appears and insert-
13 ing “coalition”; and

14 (C) in paragraph (2)(C), by striking “med-
15 ical preparedness” and inserting “preparedness
16 and response”;

17 (6) in subsection (f), by striking “partnership”
18 and inserting “coalition”;

19 (7) in subsection (g)(2)—

20 (A) by striking “Partnerships” and insert-
21 ing “Coalitions”;

22 (B) by striking “partnerships” and insert-
23 ing “coalitions”; and

24 (C) by inserting after “preparedness” the
25 following: “and response”;

1 (8) in subsection (i)—

2 (A) in paragraph (1)—

3 (i) by striking “The requirements”
4 and inserting “Except as provided in para-
5 graph (2), the requirements”;

6 (ii) by striking “An entity” and in-
7 serting “A coalition”;

8 (iii) by striking “such partnership”
9 and inserting “such coalition”; and

10 (iv) by adding at the end the fol-
11 lowing: “In submitting reports pursuant to
12 this paragraph, an entity shall include in-
13 formation on the progress (if any) that the
14 entity has made towards the implementa-
15 tion of section 319C-3.”;

16 (B) by redesignating paragraph (2) as
17 paragraph (3); and

18 (C) by inserting after paragraph (1) the
19 following:

20 “(2) EXCEPTION RELATING TO APPLICATION OF
21 CERTAIN REQUIREMENTS.—Beginning with fiscal
22 year 2019, and in each succeeding fiscal year, with
23 respect to entities receiving awards under this sec-
24 tion—

1 “(A) paragraph (5)(A) of section 319C–
2 1(g) shall be applied—

3 “(i) by substituting ‘for the imme-
4 diately preceding fiscal year’ with the fol-
5 lowing: ‘for either of the two immediately
6 preceding fiscal years’; and

7 “(ii) by substituting ‘2019’ for ‘2008’;
8 and

9 “(B) paragraph (6)(A) of section 319C–
10 1(g) shall be applied by substituting—

11 “(i) clause (i) of such paragraph with
12 the following: ‘For each of the first two fis-
13 cal years immediately following a fiscal
14 year in which an entity experienced a fail-
15 ure described in subparagraph (A) or (B)
16 of paragraph (5) by the entity, an amount
17 equal to 10 percent of the amount the enti-
18 ty was eligible to receive for each such fis-
19 cal year.’;

20 “(ii) clause (ii) of such paragraph
21 with the following: ‘For each of the first
22 two fiscal years immediately following two
23 consecutive fiscal years in which an entity
24 experienced such a failure, an amount
25 equal to 15 percent of the amount the enti-

1 ty was eligible to receive for each of such
2 first two fiscal years, disregarding any
3 withholding of funds that would have been
4 made in each such year by virtue of clause
5 (i). The amount determined pursuant to
6 the previous sentence shall be in lieu of
7 any amount that would have been withheld
8 for each such year by virtue of clause (i).’;
9 “(iii) clause (iii) of such paragraph
10 with the following: ‘For each of the first
11 two fiscal years immediately following
12 three consecutive fiscal years in which an
13 entity experienced such a failure, an
14 amount equal to 20 percent of the amount
15 the entity was eligible to receive for each
16 of such first two fiscal years, disregarding
17 any withholding of funds that would have
18 been made in each such year by virtue of
19 clauses (i) and (ii). The amount deter-
20 mined pursuant to the previous sentence
21 shall be in lieu of any amount that would
22 have been withheld for each such year by
23 virtue of clauses (i) and (ii).’; and
24 “(iv) clause (iv) of such paragraph
25 with the following: ‘For each of the first

1 two fiscal years immediately following four
2 consecutive fiscal years in which an entity
3 experienced such a failure, an amount
4 equal to 25 percent of the amount the enti-
5 ty was eligible to receive for each of such
6 first two fiscal years, disregarding any
7 withholding of funds that would have been
8 made in each such year by virtue of
9 clauses (i), (ii), and (iii). The amount de-
10 termined pursuant to the previous sentence
11 shall be in lieu of any amount that would
12 have been withheld for each such year by
13 virtue of clauses (i), (ii), and (iii).’.’; and
14 (9) in subsection (j)(2), in the paragraph head-
15 ing, by striking “PARTNERSHIPS” and inserting
16 “COALITIONS”.

17 **SEC. 204. IMPROVING BENCHMARKS AND STANDARDS FOR**
18 **PREPAREDNESS AND RESPONSE.**

19 (a) **EVALUATING MEASURABLE EVIDENCE-BASED**
20 **BENCHMARKS AND OBJECTIVE STANDARDS.**—Section
21 319C–1 (42 U.S.C. 247d–3a) is amended by inserting
22 after subsection (j) the following:

23 “(k) **EVALUATION.**—

24 “(1) **IN GENERAL.**—Not later than 2 years
25 after the date of enactment of the Pandemic and

1 All-Hazards Preparedness and Advancing Innovation
2 Act of 2018 and every 2 years thereafter, the Sec-
3 retary shall conduct an evaluation of the evidence-
4 based benchmarks and objective standards required
5 under subsection (g). Such evaluation shall be sub-
6 mitted to the congressional committees of jurisdic-
7 tion together with the National Health Security
8 Strategy under section 2802, at such time as such
9 strategy is submitted.

10 “(2) CONTENT.—The evaluation under this
11 paragraph shall include—

12 “(A) a review of evidence-based bench-
13 marks and objective standards, and associated
14 metrics and targets;

15 “(B) a discussion of changes to any evi-
16 dence-based benchmarks and objective stand-
17 ards, and the effect of such changes on the abil-
18 ity to track whether entities are meeting or
19 making progress toward the goals under this
20 section and, to the extent practicable, the appli-
21 cable goals of the National Health Security
22 Strategy under section 2802;

23 “(C) a description of amounts received by
24 eligible entities, as described in subsection (b)
25 and section 319C–2(b), and amounts received

1 by subrecipients and the effect of such funding
2 on meeting evidence-based benchmarks and ob-
3 jective standards; and

4 “(D) recommendations, as applicable and
5 appropriate, to improve evidence-based bench-
6 marks and objective standards to more accu-
7 rately assess the ability of entities receiving
8 awards under this section to better achieve the
9 goals under this section and section 2802.”.

10 (b) EVALUATING THE PARTNERSHIP FOR STATE AND
11 REGIONAL HOSPITAL PREPAREDNESS.—Section 319C–
12 2(i)(1) (42 U.S.C. 247–3b(i)(1)), as amended by section
13 203, is further amended by striking “section 319C–1(g),
14 (i), and (j)” and inserting “section 319C–1(g), (i), (j), and
15 (k)”.

16 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS FOR REVI-**
17 **TALIZING THE CENTERS FOR DISEASE CON-**
18 **TROL AND PREVENTION.**

19 Section 319D(f) of the Public Health Service Act (42
20 U.S.C. 247d–4(f)) is amended by striking “\$138,300,000
21 for each of fiscal years 2014 through 2018” and inserting
22 “\$161,800,000 for each of fiscal years 2019 through
23 2023”.

1 **SEC. 206. AUTHORIZATION OF APPROPRIATIONS FOR**
2 **EMERGENCY SYSTEM FOR ADVANCED REG-**
3 **ISTRATION OF VOLUNTEER HEALTH PROFES-**
4 **SIONALS.**

5 Section 319I(k) of the Public Health Service Act (42
6 U.S.C. 247d–7b(k)) is amended by striking “fiscal years
7 2014 through 2018” and inserting “fiscal years 2019
8 through 2023”.

9 **SEC. 207. REGIONAL HEALTH CARE EMERGENCY PRE-**
10 **PAREDNESS AND RESPONSE SYSTEMS.**

11 Part B of title III of the Public Health Service Act
12 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
13 tion 319C–2 the following new section:

14 **“SEC. 319C–3. GUIDELINES FOR REGIONAL HEALTH CARE**
15 **EMERGENCY PREPAREDNESS AND RESPONSE**
16 **SYSTEMS.**

17 “(a) **PURPOSE.**—It is the purpose of this section to
18 identify and provide guidelines for regional systems of hos-
19 pitals, health care facilities, and other public and private
20 sector entities, with varying levels of capability to treat
21 patients and increase medical surge capacity during, in ad-
22 vance of, and immediately following a public health emer-
23 gency, including threats posed by one or more chemical,
24 biological, radiological, and nuclear agents, including
25 emerging infectious diseases.

1 “(b) GUIDELINES.—The Assistant Secretary for Pre-
2 paredness and Response, in consultation with the Director
3 of the Centers for Disease Control and Prevention, the Ad-
4 ministrators of the Centers for Medicare & Medicaid Serv-
5 ices, the Administrator of the Health Resources and Serv-
6 ices Administration, the Commissioner of Food and
7 Drugs, the Assistant Secretary for Mental Health and
8 Substance Use, the Assistant Secretary of Labor for Occu-
9 pational Safety and Health, the Secretary of Veterans Af-
10 fairs, the heads of such other Federal agencies as the Sec-
11 retary determines to be appropriate, and State, local, trib-
12 al, and territorial public health officials, shall, not later
13 than 2 years after the date of enactment of this section—

14 “(1) identify and develop a set of guidelines re-
15 lating to practices and protocols for all-hazards pub-
16 lic health emergency preparedness and response for
17 hospitals and health care facilities to provide appro-
18 priate patient care during, in advance of, or imme-
19 diately following, a public health emergency, result-
20 ing from one or more chemical, biological, radio-
21 logical, or nuclear agents, including emerging infec-
22 tious diseases (which may include existing practices,
23 such as trauma care and medical surge capacity and
24 capabilities), with respect to—

1 “(A) a regional approach to identifying
2 hospitals and health care facilities based on
3 varying capabilities and capacity to treat pa-
4 tients affected by such emergency, including—

5 “(i) the manner in which the system
6 will coordinate with and integrate the
7 health care coalitions and entities de-
8 scribed in section 319C–2(b); and

9 “(ii) informing and educating appro-
10 priate first responders and health care sup-
11 ply chain partners of the regional emer-
12 gency preparedness and response capabili-
13 ties and medical surge capacity of such
14 hospitals and health care facilities in the
15 community;

16 “(B) physical and technological infrastruc-
17 ture, laboratory capacity, staffing, blood supply,
18 and other supply chain needs, taking into ac-
19 count resiliency, geographic considerations, and
20 rural considerations;

21 “(C) protocols or best practices for the
22 safety and personal protection of workers who
23 handle human remains and health care workers
24 (including with respect to protective equipment
25 and supplies, waste management processes, and

1 decontamination), sharing of specialized experi-
2 ence among the health care workforce, behav-
3 ioral health, psychological resilience, and train-
4 ing of the workforce, as applicable;

5 “(D) in a manner that allows for disease
6 containment (within the meaning of section
7 2802(b)(2)(B)), coordinated medical triage,
8 treatment, and transportation of patients, based
9 on patient medical need (including patients in
10 rural areas), to the appropriate hospitals or
11 health care facilities within the regional system
12 or, as applicable and appropriate, between sys-
13 tems in different States or regions; and

14 “(E) the needs of children and other at-
15 risk individuals;

16 “(2) make such guidelines available on the pub-
17 lic website of the Department of Health and Human
18 Services in a manner that does not compromise na-
19 tional security; and

20 “(3) update such guidelines as appropriate, in-
21 cluding based on input received pursuant to sub-
22 sections (c) and (f), to address new and emerging
23 public health threats.

1 “(c) CONSIDERATIONS.—In identifying, developing,
2 and updating guidelines under subsection (b), the Assist-
3 ant Secretary for Preparedness and Response shall—

4 “(1) include input from hospitals and health
5 care facilities (including health care coalitions under
6 section 319C–2), State, local, tribal, and territorial
7 public health departments, and health care or sub-
8 ject matter experts (including experts with relevant
9 expertise in chemical, biological, radiological, or nu-
10 clear threats, and emerging infectious disease), as
11 the Assistant Secretary determines appropriate, to
12 meet the goals under section 2802(b)(3);

13 “(2) consult and engage with appropriate
14 health care providers and professionals, including
15 physicians, nurses, first responders, health care fa-
16 cilities (including hospitals, primary care clinics,
17 community health centers, mental health facilities,
18 ambulatory care facilities, and dental health facili-
19 ties), pharmacies, emergency medical providers,
20 trauma care providers, environmental health agen-
21 cies, public health laboratories, poison control cen-
22 ters, blood banks, and other experts that the Assist-
23 ant Secretary determines appropriate, to meet the
24 goals under section 2802(b)(3);

1 “(3) consider feedback related to financial im-
2 plications for hospitals, health care facilities, public
3 health agencies, laboratories, blood banks, and other
4 entities engaged in regional preparedness planning
5 to implement and follow such guidelines, as applica-
6 ble; and

7 “(4) consider financial requirements and poten-
8 tial incentives for entities to prepare for, and re-
9 spond to, public health emergencies as part of the
10 regional health care emergency preparedness and re-
11 sponse system.

12 “(d) TECHNICAL ASSISTANCE.—The Assistant Sec-
13 retary for Preparedness and Response, in consultation
14 with the Director of the Centers for Disease Control and
15 Prevention and the Assistant Secretary of Labor for Occu-
16 pational Safety and Health, may provide technical assist-
17 ance and consultation towards meeting the guidelines de-
18 scribed in subsection (b).

19 “(e) DEMONSTRATION PROJECT FOR REGIONAL
20 HEALTH CARE PREPAREDNESS AND RESPONSE SYS-
21 TEMS.—

22 “(1) IN GENERAL.—The Assistant Secretary for
23 Preparedness and Response may establish a dem-
24 onstration project pursuant to the development and
25 implementation of guidelines under subsection (b) to

1 award grants to improve medical surge capacity for
2 all hazards, build and integrate regional medical re-
3 sponse capabilities, improve specialty care expertise
4 for all-hazards response, and coordinate medical pre-
5 paredness and response across State, local, tribal,
6 territorial, and regional jurisdictions.

7 “(2) SUNSET.—The authority under this sub-
8 section shall expire on September 30, 2023.

9 “(f) GAO REPORT TO CONGRESS.—

10 “(1) REPORT.—Not later than 3 years after the
11 date of enactment of this section, the Comptroller
12 General of the United States (referred to in this
13 subsection as the ‘Comptroller General’) shall submit
14 to the Committee on Health, Education, Labor, and
15 Pensions and the Committee on Finance of the Sen-
16 ate and the Committee on Energy and Commerce
17 and the Committee on Ways and Means of the
18 House of Representatives a report on the extent to
19 which hospitals and health care facilities have imple-
20 mented the recommended guidelines under sub-
21 section (b), including an analysis and evaluation of
22 any challenges hospitals or health care facilities ex-
23 perience in implementing such guidelines.

24 “(2) CONTENT.—The Comptroller General shall
25 include in the report under paragraph (1)—

1 “(A) data on the preparedness and re-
2 response capabilities that have been informed by
3 the guidelines under subsection (b) to improve
4 regional emergency health care preparedness
5 and response capability, including hospital and
6 health care facility capacity and medical surge
7 capabilities to prepare for, and respond to, pub-
8 lic health emergencies; and

9 “(B) recommendations to reduce gaps in
10 incentives for regional health partners, includ-
11 ing hospitals and health care facilities, to im-
12 prove capacity and medical surge capabilities to
13 prepare for, and respond to, public health emer-
14 gencies, consistent with subsection (a), which
15 may include consideration of facilities partici-
16 pating in programs under section 319C–2, pro-
17 grams under the Centers for Medicare & Med-
18 icaid Services (including innovative health care
19 delivery and payment models), and input from
20 private sector financial institutions.

21 “(3) CONSULTATION.—In carrying out para-
22 graphs (1) and (2), the Comptroller General shall
23 consult with the heads of appropriate Federal agen-
24 cies, including—

1 “(A) the Assistant Secretary for Prepared-
2 ness and Response;

3 “(B) the Director of the Centers for Dis-
4 ease Control and Prevention;

5 “(C) the Administrator of the Centers for
6 Medicare & Medicaid Services;

7 “(D) the Assistant Secretary for Mental
8 Health and Substance Use;

9 “(E) the Assistant Secretary of Labor for
10 Occupational Safety and Health;

11 “(F) the Secretary of Veterans Affairs;
12 and

13 “(G) the heads of such other Federal agen-
14 cies as the Secretary determines appropriate.”.

15 **SEC. 208. NATIONAL ACADEMY OF MEDICINE EVALUATION**
16 **AND REPORT ON THE PREPAREDNESS OF**
17 **HOSPITALS, LONG-TERM CARE FACILITIES,**
18 **DIALYSIS CENTERS, AND OTHER MEDICAL**
19 **FACILITIES FOR PUBLIC HEALTH EMER-**
20 **GENCIES.**

21 (a) EVALUATION.—

22 (1) IN GENERAL.—Not later than 60 days after
23 the date of enactment of this Act, the Secretary of
24 Health and Human Services shall enter into an ar-
25 rangement with the National Academy of Medicine

1 or, if the National Academy declines to enter into
2 such an arrangement, another appropriate entity
3 under which the National Academy (or other appro-
4 priate entity) agrees to evaluate the preparedness of
5 hospitals, long-term care facilities, dialysis centers,
6 and other medical facilities nationwide for public
7 health emergencies, including natural disasters.

8 (2) SPECIFIC MATTERS EVALUATED.—The ar-
9 rangement under paragraph (1) shall require the
10 National Academy of Medicine (or other appropriate
11 entity)—

12 (A) to catalogue, review, and evaluate the
13 efficacy of current rules and regulations for
14 hospitals, long-term care facilities, dialysis cen-
15 ters, and medical facilities regarding emergency
16 preparedness planning;

17 (B) to identify and prioritize options to im-
18 plement policies for hospitals, long-term care
19 facilities, dialysis centers, and other medical fa-
20 cilities nationwide that address future threats;

21 (C) to review all Federal grant programs
22 that affect the preparedness of hospitals, long-
23 term care facilities, dialysis centers, or other
24 medical facilities for public health emergencies

1 and provide recommendations for improving
2 such preparedness by—

3 (i) improving such existing Federal
4 grant programs; or

5 (ii) creating new Federal grant pro-
6 grams;

7 (D) to review, identify, and recommend
8 best practices for improving emergency pre-
9 paredness at hospitals, long-term care facilities,
10 dialysis centers, and other medical facilities;

11 (E) to identify and recommend best
12 sources and guidelines for alternative or emer-
13 gency power systems, including renewable
14 sources, battery storage, and generators; and

15 (F) to identify and recommend best prac-
16 tices and guidelines for emergency preparedness
17 planning related to access to clean water at hos-
18 pitals, long-term care facilities, dialysis centers,
19 and other medical facilities.

20 (b) REPORT.—

21 (1) IN GENERAL.—The arrangement under sub-
22 section (a)(1) shall require the National Academy of
23 Medicine (or other appropriate entity) to submit to
24 the Secretary of Health and Human Services and
25 the Congress, not later than 18 months after the

1 date of enactment of this Act, a report on the re-
2 sults of the evaluation conducted pursuant to this
3 section.

4 (2) CONTENTS.—The report under paragraph
5 (1) shall—

6 (A) describe the findings and conclusions
7 of the evaluation conducted pursuant to this
8 section; and

9 (B) include a strategy for improving the
10 preparedness of hospitals, long-term care facili-
11 ties, dialysis centers, and other medical facili-
12 ties nationwide for public health emergencies,
13 including natural disasters.

14 **SEC. 209. LIMITATION ON LIABILITY FOR VOLUNTEER**
15 **HEALTH CARE PROFESSIONALS.**

16 (a) IN GENERAL.—Title II of the Public Health Serv-
17 ice Act is amended by inserting after section 224 (42
18 U.S.C. 233) the following new section:

19 **“SEC. 224A. LIMITATION ON LIABILITY FOR VOLUNTEER**
20 **HEALTH CARE PROFESSIONALS.**

21 “(a) LIMITATION ON LIABILITY.—Except as provided
22 in subsection (b), a health care professional serving, for
23 purposes of responding to a disaster, as a volunteer shall
24 not be liable under Federal or State law for any harm
25 caused by an act or omission of the professional in the

1 provision of health care services if the act or omission oc-
2 curs—

3 “(1) during the period of the disaster;

4 “(2) in the State or States for which the dis-
5 aster is declared;

6 “(3) while the health care professional is acting
7 in the professional’s capacity as a volunteer;

8 “(4) in the course of providing health care serv-
9 ices that are within the scope of the license, registra-
10 tion, or certification of the volunteer, as defined by
11 the State of licensure, registration, or certification;
12 and

13 “(5) while the health care professional is acting
14 in a good faith belief that the individual being pro-
15 vided such health care services is in need of such
16 health care services.

17 “(b) EXCEPTIONS.—Subsection (a) does not apply
18 with respect to harm caused by an act or omission of a
19 health care professional in the provision of health care
20 services as described in such subsection if—

21 “(1) the harm was caused by an act or omission
22 constituting willful or criminal misconduct, gross
23 negligence, reckless misconduct, or a conscious fla-
24 grant indifference to the rights or safety of the indi-
25 vidual harmed by the health care professional; or

1 “(2) the health care professional provided such
2 health care services under the influence (as deter-
3 mined pursuant to applicable State law) of alcohol
4 or an intoxicating drug.

5 “(c) PREEMPTION.—No State or political subdivision
6 of a State may establish or continue in effect any laws
7 relating to the liability for acts or omissions relating to
8 the provision of health care services by health care profes-
9 sionals serving, for purposes of responding to a disaster,
10 as volunteers that are inconsistent with this section, unless
11 such laws provide greater protection from such liability.

12 “(d) RELATIONSHIP TO VOLUNTEER PROTECTION
13 ACT OF 1997.—The protections from liability under this
14 section are in addition to the protections from liability
15 under the Volunteer Protection Act of 1997.

16 “(e) DEFINITIONS.—In this section:

17 “(1) The term ‘disaster’ means—

18 “(A) a national emergency declared by the
19 President under the National Emergencies Act;

20 “(B) an emergency or major disaster de-
21 clared by the President under the Robert T.
22 Stafford Disaster Relief and Emergency Assist-
23 ance Act; or

24 “(C) a public health emergency that is de-
25 termined by the Secretary under section 319 of

1 this Act with respect to one or more States
2 specified in such determination—

3 “(i) during only the initial period cov-
4 ered by such determination; and

5 “(ii) excluding any period covered by
6 a renewal of such determination.

7 “(2) The term ‘harm’ includes physical, non-
8 physical, economic, and noneconomic losses.

9 “(3) The term ‘health care professional’ means
10 an individual who is licensed, registered, or certified
11 under Federal or State law to provide health care
12 services.

13 “(4) The term ‘health care services’ means any
14 services provided by a health care professional, or by
15 any individual working under the supervision of a
16 health care professional, that relate to—

17 “(A) the diagnosis, prevention, or treat-
18 ment of any human disease or impairment; or

19 “(B) the assessment or care of the health
20 of a human being.

21 “(5) The term ‘State’ includes each of the sev-
22 eral States, the District of Columbia, the Common-
23 wealth of Puerto Rico, the Virgin Islands, Guam,
24 American Samoa, the Northern Mariana Islands,

1 and any other territory or possession of the United
2 States.

3 “(6)(A) The term ‘volunteer’ means a health
4 care professional who, in providing health care serv-
5 ices in response to a disaster, does not receive—

6 “(i) compensation; or

7 “(ii) any other thing of value in lieu of
8 compensation, in excess of \$500 per year.

9 “(B) For purposes of subparagraph (A), the
10 term ‘compensation’—

11 “(i) includes payment under any insurance
12 policy or health plan, or under any Federal
13 health care program (as defined in section
14 1128B(f) of the Social Security Act) or State
15 health benefits program; and

16 “(ii) excludes—

17 “(I) reasonable reimbursement or al-
18 lowance for expenses actually incurred;

19 “(II) receipt of paid leave; and

20 “(III) receipt of items to be used ex-
21 clusively for providing the health care serv-
22 ices referred to in subparagraph (A).”.

23 (b) EFFECTIVE DATE.—The amendment made by
24 subsection (a) shall apply with respect to claims for relief
25 for which the act or omission giving rise to the claim oc-

1 curred on or after the date that is 90 days after the date
2 of the enactment of this Act.

3 (c) SENSE OF CONGRESS.—It is the sense of the Con-
4 gress that—

5 (1) health care professionals should be encour-
6 aged, to register with the Emergency System for Ad-
7 vance Registration of Volunteer Health Professionals
8 (ESARVHP), and States should employ online reg-
9 istration with the promptest processing possible of
10 such registrations to foster the rapid deployment
11 and utilization of volunteer health care professionals
12 following a disaster;

13 (2) Federal and State agencies and licensing
14 boards should cooperate to facilitate the timely
15 movement of properly licensed volunteer health care
16 professionals to areas affected by a disaster; and

17 (3) the appropriate licensing entities should
18 verify the licenses of volunteer health care profes-
19 sionals serving disaster victims as soon as is reason-
20 ably practical following a disaster.

1 **TITLE III—ACCELERATING MED-**
2 **ICAL COUNTERMEASURE AD-**
3 **VANCED RESEARCH AND DE-**
4 **VELOPMENT**

5 **SEC. 301. STRATEGIC NATIONAL STOCKPILE AND SECURITY**
6 **COUNTERMEASURE PROCUREMENT.**

7 (a) IN GENERAL.—

8 (1) COORDINATION WITH THE ASPR.—Sub-
9 section (a)(1) of section 319F–2 of the Public
10 Health Service Act (42 U.S.C. 247d–6b) is amended
11 by inserting “the Assistant Secretary for Prepared-
12 ness and Response and” before “the Director of the
13 Centers for Disease Control and Prevention”.

14 (2) CONFORMING AMENDMENTS.—Subsection
15 (c) of section 2811 of the Public Health Service Act
16 (42 U.S.C. 300hh–10), as amended by section 101,
17 is further amended—

18 (A) in paragraph (2)—

19 (i) by redesignating subparagraphs
20 (C) through (F) as subparagraphs (D)
21 through (G), respectively; and

22 (ii) by inserting after subparagraph
23 (B) the following new subparagraph:

24 “(C) the Strategic National Stockpile pur-
25 suant to section 319F–2;” and

1 (B) in paragraph (3)—

2 (i) in subparagraph (A), by adding

3 “and” at the end;

4 (ii) by striking subparagraph (B); and

5 (iii) by redesignating subparagraph

6 (C) as subparagraph (B).

7 (b) CONGRESSIONAL NOTIFICATION OF MATERIAL
8 THREAT DETERMINATION.—Section 319F–2(e)(2)(C) (42
9 U.S.C. 247d–6b(e)(2)(C)) is amended by striking “The
10 Secretary and the Homeland Security Secretary shall
11 promptly notify the appropriate committees of Congress”
12 and inserting “The Secretary and the Secretary of Home-
13 land Security shall send to Congress, on an annual basis,
14 all current material threat determinations and shall
15 promptly notify the Committee on Health, Education,
16 Labor, and Pensions and the Committee on Homeland Se-
17 curity and Government Affairs of the Senate and the Com-
18 mittee on Energy and Commerce and the Committee on
19 Homeland Security of the House of Representatives”.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
21 319F–2(f)(1) of the Public Health Service Act (42 U.S.C.
22 247d–6b(f)(1)) is amended by striking “\$533,800,000 for
23 each of fiscal years 2014 through 2018” and inserting
24 “\$610,000,000 for each of fiscal years 2019 through
25 2023, to remain available until expended”.

1 (d) BIOSHIELD SPECIAL RESERVE FUND.—Para-
2 graph (1) of section 319F–2(g) of the Public Health Serv-
3 ice Act (42 U.S.C. 247d–6b(g)) is amended to read as fol-
4 lows:

5 “(1) AUTHORIZATION OF APPROPRIATIONS.—In
6 addition to amounts appropriated to the special re-
7 serve fund prior to the date of the enactment of this
8 subsection, there is authorized to be appropriated,
9 for the procurement of security countermeasures
10 under subsection (c) and for carrying out section
11 319L (relating to the Biomedical Advanced Research
12 and Development Authority), \$7,100,000,000 for the
13 fiscal years 2019 through 2028. Funds authorized
14 by the preceding sentence for fiscal years 2020
15 through 2027 may be provided by advance appro-
16 priation, to be obligated at a rate of not less than
17 \$710,000,000 per year. Amounts appropriated pur-
18 suant to this paragraph are authorized to remain
19 available until expended.”.

20 **SEC. 302. BIOMEDICAL ADVANCED RESEARCH AND DEVEL-**
21 **OPMENT AUTHORITY.**

22 (a) PREPARING FOR PANDEMIC INFLUENZA, ANTI-
23 MICROBIAL RESISTANCE, AND OTHER SIGNIFICANT
24 THREATS.—Section 319L(c)(4) of the Public Health Serv-

1 ice Act (247d–7e(c)(4)) is amended by adding at the end
2 the following:

3 “(F) STRATEGIC INITIATIVES.—The Sec-
4 retary, acting through the Director of BARDA,
5 may implement strategic initiatives, including
6 by building on existing programs and by award-
7 ing grants supporting innovative candidate
8 products in preclinical and clinical development,
9 to address priority, naturally occurring and
10 man-made threats that, as determined by the
11 Secretary, pose a significant level of risk to na-
12 tional security based on the characteristics of a
13 chemical, biological, radiological or nuclear
14 threat, or existing capabilities to respond to
15 such a threat (including medical response and
16 treatment capabilities and manufacturing infra-
17 structure). Such initiatives shall accelerate and
18 support the advanced research, development,
19 and procurement of, countermeasures and prod-
20 ucts, as applicable, to address areas including—

21 “(i) chemical, biological, radiological,
22 or nuclear threats, including emerging in-
23 fectionous diseases, for which insufficient ap-
24 proved, licensed, or authorized counter-
25 measures exist, or for which such threat,

1 or the result of an exposure to such threat,
2 may become resistant to countermeasures
3 or existing countermeasures may be ren-
4 dered ineffective;

5 “(ii) threats that consistently exist or
6 continually circulate and have significant
7 potential to become a pandemic, such as
8 pandemic influenza, which may include the
9 advanced research and development, manu-
10 facturing, and appropriate stockpiling of
11 qualified pandemic or epidemic products,
12 and products, technologies, or processes to
13 support the advanced research and devel-
14 opment of such countermeasures (including
15 multiuse platform technologies for
16 diagnostics, vaccines, and therapeutics;
17 virus seeds; clinical trial lots; novel virus
18 strains; and antigen and adjuvant mate-
19 rial); and

20 “(iii) threats that may result pri-
21 marily or secondarily from a chemical, bio-
22 logical, radiological, or nuclear agent, or
23 emerging infectious disease, and which
24 may present increased treatment complica-
25 tions such as the occurrence of resistance

1 to available countermeasures or potential
2 countermeasures, including antimicrobial
3 resistant pathogens.”.

4 (b) TRANSACTION AUTHORITIES.—Section
5 319L(c)(5)(A) of the Public Health Service Act (42
6 U.S.C. 247d–7e(c)(5)(A)) is amended—

7 (1) by amending clause (i) to read as follows:

8 “(i) IN GENERAL.—The Secretary
9 shall have the authority to engage in trans-
10 actions other than a contract, grant, or co-
11 operative agreement with respect to
12 projects under this section.”;

13 (2) in clause (ii)—

14 (A) by amending subclause (I) to read as
15 follows:

16 “(I) To the maximum extent
17 practicable, competitive procedures
18 shall be used when entering into
19 agreements to carry out projects
20 under this section.”; and

21 (B) in subclause (II), by striking
22 “\$20,000,000” and inserting “\$100,000,000”.

23 (c) PANDEMIC INFLUENZA PROGRAM.—Section 319L
24 of the Public Health Service Act (42 U.S.C. 247d–7e) is
25 amended—

1 (1) by redesignating subsections (d) through (f)
2 as subsections (f) through (h), respectively; and

3 (2) by inserting after subsection (c) the fol-
4 lowing new subsections:

5 “(d) PANDEMIC INFLUENZA PROGRAM.—The Sec-
6 retary, acting through the Director of BARDA, shall es-
7 tablish and implement a program that—

8 “(1) supports research and development activi-
9 ties for qualified pandemic or epidemic products (as
10 defined in section 319F–3(i)), including by devel-
11 oping innovative technologies to enhance rapid re-
12 sponse to threats relating to pandemic influenza;

13 “(2) ensures readiness to respond to pandemic
14 influenza threats by supporting the development and
15 manufacturing of influenza virus seeds, clinical trial
16 lots, and stockpiles of novel influenza strains; and

17 “(3) sustains and replenishes pandemic stock-
18 piles of bulk antigen and adjuvant material, includ-
19 ing annually testing the potency and shelf-life poten-
20 tial of all existing pandemic stockpiles held by the
21 Department of Health and Human Services.

22 “(e) EMERGING INFECTIOUS DISEASE PROGRAM.—
23 The Secretary, acting through the Director of BARDA,
24 shall establish and implement a program that supports re-
25 search and development, and manufacturing infrastruc-

1 ture, activities with respect to an emerging infectious dis-
2 ease.”.

3 (d) FUNDING.—Subsection (f) of section 319L of the
4 Public Health Service Act (42 U.S.C. 247d–7e), as reded-
5 igned by subsection (b)(1), is amended—

6 (1) in paragraph (2)—

7 (A) by inserting “(other than subsections
8 (d) and (e))” after “purposes of this section”;
9 and

10 (B) by striking “\$415,000,000 for each of
11 fiscal years 2014 through 2018” and inserting
12 “\$536,700,000 for each of fiscal years 2019
13 through 2023”; and

14 (2) by adding at the end the following new
15 paragraphs:

16 “(3) FUNDING FOR PANDEMIC INFLUENZA PRO-
17 GRAM.—

18 “(A) IN GENERAL.—To carry out the pur-
19 poses of subsection (d), there is authorized to
20 be appropriated \$250,000,000 for each of fiscal
21 years 2019 through 2023, to remain available
22 until expended.

23 “(B) SUPPLEMENT NOT SUPPLANT.—Any
24 funds provided to the Secretary under this
25 paragraph shall be used to supplement and not

1 supplant any other Federal funds provided to
2 carry out the purposes of subsection (d).

3 “(4) FUNDING FOR EMERGING INFECTIOUS DIS-
4 EASE PROGRAM.—

5 “(A) IN GENERAL.—To carry out the pur-
6 poses of subsection (e), there is authorized to
7 be appropriated \$250,000,000 for each of fiscal
8 years 2019 through 2023, to remain available
9 until expended.

10 “(B) SUPPLEMENT NOT SUPPLANT.—Any
11 funds provided to the Secretary under this
12 paragraph shall be used to supplement and not
13 supplant any other Federal funds provided to
14 carry out the purposes of subsection (e).”.

15 **SEC. 303. REPORT ON THE DEVELOPMENT OF VACCINES TO**
16 **PREVENT FUTURE EPIDEMICS.**

17 Not later than one year after the date of the enact-
18 ment of this Act, the Secretary of Health and Human
19 Services shall submit to Congress a report detailing the
20 activities carried out by the Department of Health and
21 Human Services to support the development of vaccines
22 to prevent future epidemics, including work carried out
23 through domestic and global public-private partnerships
24 and other collaborations intended to spur the development
25 of such vaccines. Such report shall include information re-

1 lated to the provision of any funding or technical assist-
2 ance to such entities.

3 **TITLE IV—MISCELLANEOUS**
4 **PROVISIONS**

5 **SEC. 401. CYBERSECURITY.**

6 (a) NATIONAL HEALTH SECURITY STRATEGY.—Sec-
7 tion 2802(a) of the Public Health Service Act (42 U.S.C.
8 300h–1(a)) is amended by adding at the end the following:

9 “(4) CYBERSECURITY THREATS.—In the next
10 version of the National Health Security Strategy
11 prepared after the date of the enactment of this
12 paragraph, the National Health Security Strategy
13 shall include a national strategy focused on address-
14 ing cybersecurity threats to the public health and
15 health care system, including—

16 “(A) defining the functions, capabilities,
17 and gaps in such system; and

18 “(B) identifying strategies to strengthen
19 the preparedness and response of such system
20 to cybersecurity threats and incidents, including
21 with respect to continuity of care and risk miti-
22 gation to prevent harm to human health in case
23 of a cybersecurity incident.”.

24 (b) COORDINATION OF PREPAREDNESS FOR AND RE-
25 SPONSE TO ALL-HAZARDS PUBLIC HEALTH EMER-

1 AGENCIES.—Section 2811(c) of the Public Health Service
2 Act (42 U.S.C. 300hh–10), as amended by sections 101
3 and 301, is further amended—

4 (1) by redesignating paragraph (4) as para-
5 graph (5); and

6 (2) by inserting after paragraph (3) the fol-
7 lowing:

8 “(4) have lead responsibility within the Depart-
9 ment of Health and Human Services for ensuring
10 the ability of the health care sector to provide con-
11 tinuity of care during a cybersecurity incident; and”.

12 **SEC. 402. MISCELLANEOUS FDA AMENDMENTS.**

13 (a) DRUG DEVELOPMENT TOOLS.—Section 507(c) of
14 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
15 357) is amended—

16 (1) by redesignating paragraph (3) as para-
17 graph (4); and

18 (2) by inserting after paragraph (2) the fol-
19 lowing:

20 “(3) NATIONAL SECURITY LIMITATION.—In
21 making information publicly available pursuant to
22 paragraph (1), the Secretary—

23 “(A) shall not disclose information that
24 would compromise national security; and

1 “(B) may make available summaries in
2 lieu of data and evidence contained in qualifica-
3 tion submissions.”.

4 (b) EMERGENCY USE INSTRUCTIONS.—Subpara-
5 graph (A) of section 564A(e)(2) of the Federal Food,
6 Drug, and Cosmetic Act (21 U.S.C. 360bbb–3a(e)(2)) is
7 amended by striking “subsection (a)(1)(C)(i)” and insert-
8 ing “subsection (a)(1)(C)”.

9 (c) PRODUCTS HELD FOR EMERGENCY USE.—Sec-
10 tion 564B(2) of the Federal Food, Drug, and Cosmetic
11 Act (21 U.S.C. 360bbb–3b) is amended—

12 (1) in subparagraph (B), by inserting a comma
13 after “505”; and

14 (2) in subparagraph (C), by inserting “or sec-
15 tion 564A” before the period at the end.

16 **SEC. 403. FORMAL STRATEGY RELATING TO CHILDREN**
17 **SEPARATED FROM PARENTS AND GUARD-**
18 **FIANS AS A RESULT OF ZERO TOLERANCE POL-**
19 **ICY.**

20 Not later than 14 days after the date of the enact-
21 ment of this Act, the Assistant Secretary for Preparedness
22 and Response shall submit to the Committee on Energy
23 and Commerce of the House of Representatives a formal
24 strategy—

1 (1) to reunify with their parent or guardian
2 each child who, as a result of the “zero tolerance”
3 policy, was separated from their parent or guardian
4 and placed into a facility funded by the Department
5 of Health and Human Services; and

6 (2) to address deficiencies identified by the pre-
7 vious work of the Committee, which began in 2014,
8 regarding the oversight of, and care for, unaccom-
9 panied alien children in the custody of the Depart-
10 ment.

11 **SEC. 404. BIOLOGICAL THREAT DETECTION.**

12 Part B of title III of the Public Health Service Act
13 (42 U.S.C. 243 et seq.), as amended by section 104, is
14 further amended by inserting after section 319D–1 of
15 such Act, the following new section:

16 **“SEC. 319D-2. BIOLOGICAL THREAT DETECTION.**

17 “(a) EXCHANGE OF INFORMATION.—

18 “(1) IN GENERAL.—The Secretary of Health
19 and Human Services, in coordination with the Sec-
20 retary of Defense and the Secretary of Homeland
21 Security, shall—

22 “(A) facilitate the identification by Federal
23 departments and agencies of technological,
24 operational, and programmatic successes and
25 failures of domestic detection programs for in-

1 entionally introduced, accidentally released,
2 and naturally occurring infectious diseases;

3 “(B) facilitate the exchange of information
4 described in subparagraph (A) among Federal
5 departments and agencies that utilize biological
6 threat detection technology; and

7 “(C) make recommendations on research,
8 development, and procurement to Federal de-
9 partments and agencies to replace and enhance
10 biological threat detection systems in use, in-
11 cluding recommendation for the transfer of bio-
12 logical threat detection technology among Fed-
13 eral departments and agencies.

14 “(2) CONSIDERATIONS.—In carrying out para-
15 graph (1), the Secretary of Health and Human
16 Services shall take into consideration the capabilities
17 of the system with respect to each of the following:

18 “(A) Rapidly detecting, identifying, charac-
19 terizing, and confirming the presence of biologi-
20 cal threat agents.

21 “(B) Recovering live biological agents from
22 collection devices.

23 “(C) Determining the geographical dis-
24 tribution of biological agents.

1 “(D) Determining the extent of environ-
2 mental contamination and persistence of bio-
3 logical agents.

4 “(E) Providing advanced molecular
5 diagnostics to State, local, tribal, and territorial
6 public health and other laboratories that sup-
7 port biological threat detection activities.

8 “(b) COLLABORATION.—The Secretary of Health and
9 Human Services, in consultation with Secretary of De-
10 fense, the Secretary of Homeland Security, the Director
11 of the Centers for Disease Control and Prevention, and
12 the heads of other Federal departments and agencies that
13 utilize biological threat detection technology, shall collabo-
14 rate with State, local, tribal, and territorial public health
15 laboratories and other users of current and future biologi-
16 cal threat detection systems to develop—

17 “(1) biological threat detection requirements,
18 including—

19 “(A) technical, quality, and biosafety
20 standards, including the review of validation
21 data prior to and throughout deployment of a
22 biological threat detection system; and

23 “(B) requirements for—

1 “(i) the assessment of quality stand-
2 ards and the development and deployment
3 of biological threat detection systems; and

4 “(ii) metrics for, collaborative assess-
5 ment of, and deployment of biosafety
6 standards;

7 “(2) a standardized integration strategy for—

8 “(A) the level to which biological threat de-
9 tection processes and systems are defined and
10 executed;

11 “(B) the locations at which such processes
12 and systems are performed; and

13 “(C) the extent to which data is shared
14 among State, local, tribal, and territorial public
15 health laboratories and Federal departments
16 and agencies;

17 “(3) State, local, tribal, and territorial labora-
18 tory training requirements for—

19 “(A) supporting and participating in bio-
20 logical threat detection systems; and

21 “(B) addressing flexibility at the jurisdic-
22 tional level allowing for adoption of technology
23 based on need and assessment of the efficacy
24 and local utility of technology by the jurisdic-
25 tion;

1 “(4) guidelines for a coordinated public health
2 response addressing all aspect of a response, includ-
3 ing clinical and epidemiological guidelines for uti-
4 lizing information produced by biological threat de-
5 tection systems and responding to intentionally in-
6 troduced, accidentally released, and naturally occur-
7 ring infectious diseases; and

8 “(5) a coordinated remediation plan with Fed-
9 eral departments and agencies and State and local
10 public health agencies to facilitate rapid, safe, and
11 coordinated restoration of facilities and localities
12 after a contaminating biological event.”.

13 **SEC. 405. STRENGTHENING MOSQUITO ABATEMENT FOR**
14 **SAFETY AND HEALTH.**

15 (a) REAUTHORIZATION OF MOSQUITO ABATEMENT
16 FOR SAFETY AND HEALTH PROGRAM.—Section 317S of
17 the Public Health Service Act (42 U.S.C. 247b–21) is
18 amended—

19 (1) in subsection (a)(1)(B)—

20 (A) by inserting “including programs to
21 address emerging infectious mosquito-borne dis-
22 eases,” after “subdivisions for control pro-
23 grams,”; and

24 (B) by inserting “or improving existing
25 control programs” before the period at the end;

1 (2) in subsection (b)—

2 (A) in paragraph (1), by inserting “, in-
3 cluding improvement,” after “operation”;

4 (B) in paragraph (2)—

5 (i) in subparagraph (A)—

6 (I) in clause (ii), by striking “or”
7 at the end;

8 (II) in clause (iii), by striking the
9 semicolon at the end and inserting “,
10 including an emerging infectious mos-
11 quito-borne disease that presents a se-
12 rious public health threat; or”; and

13 (III) by adding at the end the
14 following:

15 “(iv) a public health emergency due to
16 the incidence or prevalence of a mosquito-
17 borne disease that presents a serious pub-
18 lic health threat;”; and

19 (ii) by amending subparagraph (D) to
20 read as follows:

21 “(D)(i) is located in a State that has re-
22 ceived a grant under subsection (a); or

23 “(ii) demonstrates to the Secretary that
24 the control program for which a grant is sought
25 is consistent with existing State mosquito con-

1 trol plans or policies, and other applicable State
2 preparedness plans.”;

3 (C) in paragraph (4)(C), by striking “that
4 extraordinary” and all that follows through the
5 period at the end and inserting the following:
6 “that—

7 “(i) extraordinary economic conditions
8 in the political subdivision or consortium of
9 political subdivisions involved justify the
10 waiver; or

11 “(ii) the geographical area covered by
12 a political subdivision or consortium for a
13 grant under paragraph (1) has an extreme
14 mosquito control need due to—

15 “(I) the size or density of the po-
16 tentially impacted human population;

17 “(II) the size or density of a
18 mosquito population that requires
19 heightened control; or

20 “(III) the severity of the mos-
21 quito-borne disease, such that ex-
22 pected serious adverse health out-
23 comes for the human population jus-
24 tify the waiver.”; and

1 (D) by amending paragraph (6) to read as
2 follows:

3 “(6) NUMBER OF GRANTS.—A political subdivi-
4 sion or a consortium of political subdivisions may
5 not receive more than one grant under paragraph
6 (1).”; and

7 (3) in subsection (d), by striking “Amounts ap-
8 propriated under subsection (f)” and inserting
9 “Amounts appropriated to carry out this section”.

10 (b) EPIDEMIOLOGY-LABORATORY CAPACITY
11 GRANTS.—Section 2821 of the Public Health Service Act
12 (42 U.S.C. 300hh–31) is amended—

13 (1) in subsection (a)(1), by inserting “, includ-
14 ing mosquito and other vector-borne diseases,” after
15 “infectious diseases”; and

16 (2) by amending subsection (b) to read as fol-
17 lows:

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$40,000,000 for each of fiscal years 2019 through 2023.”.

21 (c) GAO STUDY.—

22 (1) STUDY.—The Comptroller General of the
23 United States shall conduct a study on the state of
24 surveillance and control of mosquito-borne infectious
25 diseases in the United States, including Indian

1 Country (as defined in section 1151 of title 18,
2 United States Code) and territories, including the
3 state of preparedness for conducting such surveil-
4 lance and control. The study shall include—

5 (A) a description of the infrastructure and
6 programs for mosquito control in the United
7 States (including Indian Country (as so de-
8 fined) and such territories), including—

9 (i) how such infrastructure and pro-
10 grams are organized and implemented at
11 the Federal, State and local levels, includ-
12 ing with respect to departments and agen-
13 cies of the States, and local organizations
14 (including special districts) involved in
15 such control programs;

16 (ii) the role of the private sector in
17 such activities;

18 (iii) how the authority for mosquito
19 control impacts such activities; and

20 (iv) the funding sources for such in-
21 frastructure and programs, including Fed-
22 eral, State, and local funding sources;

23 (B) how mosquito-borne and other vector-
24 borne disease surveillance and control is inte-
25 grated into Federal, State, and local prepared-

1 ness plans and actions, including how zoonotic
2 surveillance is integrated into infectious disease
3 surveillance to support real-time situational sur-
4 veillance and awareness;

5 (C) Federal, State, and local laboratory ca-
6 pacity for emerging vector-borne diseases, in-
7 cluding mosquito-borne and other zoonotic dis-
8 eases; and

9 (D) any regulatory challenges for devel-
10 oping and utilizing vector-control technologies
11 and platforms as part of mosquito control strat-
12 egies.

13 (2) CONSULTATIONS.—In conducting the study
14 under paragraph (1), the Comptroller General of the
15 United States shall consult with—

16 (A) State and local public health officials
17 involved in mosquito and other vector-borne dis-
18 ease surveillance and control efforts;

19 (B) researchers and manufacturers of mos-
20 quito control products;

21 (C) stakeholders involved in mosquito
22 abatement activities;

23 (D) infectious disease experts; and

24 (E) entomologists involved in mosquito-
25 borne disease surveillance and control efforts.

1 (3) REPORT.—Not later than 18 months after
2 the date of enactment of this Act, the Comptroller
3 General of the United States shall submit to the
4 Committee on Health, Education, Labor, and Pen-
5 sions of the Senate and the Committee on Energy
6 and Commerce of the House of Representatives a re-
7 port containing—

8 (A) the results of the study conducted
9 under paragraph (1); and

10 (B) any relevant recommendations of the
11 Comptroller General for preparedness and re-
12 sponse efforts with respect to Zika virus and
13 other mosquito-borne diseases.

14 **SEC. 406. ADDITIONAL STRATEGIES FOR COMBATING ANTI-**
15 **BIOTIC RESISTANCE.**

16 Part B of title III of the Public Health Service Act
17 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
18 tion 319E the following:

19 **“SEC. 319E-1. ADVISORY COUNCIL ON COMBATING ANTI-**
20 **BIOTIC-RESISTANT BACTERIA.**

21 “(a) DEFINITIONS.—In this section:

22 “(1) ACTION PLAN.—The term ‘Action Plan’
23 means the Action Plan described in section
24 319E(a)(1).

1 “(2) ADVISORY COUNCIL.—The term ‘Advisory
2 Council’ means the Advisory Council on Combating
3 Antibiotic-Resistant Bacteria established by Execu-
4 tive Order 13676 of September 18, 2014 (79 Fed.
5 Reg. 56931; relating to combating antibiotic-resist-
6 ant bacteria).

7 “(3) NATIONAL STRATEGY.—The term ‘Na-
8 tional Strategy’ means the National Strategy for
9 Combating Antibiotic-Resistant Bacteria issued by
10 the White House in September 2014, and any subse-
11 quent update to such strategy or a successor strat-
12 egy.

13 “(b) ADVISORY COUNCIL.—The Advisory Council
14 shall provide advice, information, and recommendations to
15 the Secretary regarding programs and policies intended to
16 support and evaluate the implementation of Executive
17 Order 13676 of September 18, 2014 (79 Fed. Reg. 56931;
18 relating to combating antibiotic-resistant bacteria), includ-
19 ing the National Strategy, and the Action Plan.

20 “(c) MEETINGS AND DUTIES.—

21 “(1) MEETINGS.—The Advisory Council shall
22 meet as the Chair determines appropriate but not
23 less than twice per year, and, to the extent prac-
24 ticable, in conjunction with meetings of the task
25 force described in section 319E.

1 “(2) RECOMMENDATIONS.—The Advisory Coun-
2 cil shall make recommendations to the Secretary, in
3 consultation with the Secretary of Agriculture and
4 the Secretary of Defense, regarding programs and
5 policies intended to—

6 “(A) preserve the effectiveness of anti-
7 biotics by optimizing their use;

8 “(B) advance research to develop improved
9 methods for combating antibiotic resistance and
10 conducting antimicrobial stewardship, as de-
11 fined in section 319E(h)(3);

12 “(C) strengthen surveillance of antibiotic-
13 resistant bacterial infections;

14 “(D) prevent the transmission of anti-
15 biotic-resistant bacterial infections;

16 “(E) advance the development of rapid
17 point-of-care and agricultural diagnostics;

18 “(F) further research on new treatments
19 for bacterial infections;

20 “(G) develop alternatives to antibiotics for
21 animal health purposes;

22 “(H) maximize the dissemination of up-to-
23 date information on the appropriate and proper
24 use of antibiotics to the general public and
25 human and animal health care providers; and

1 “(I) improve international coordination of
2 efforts to combat antibiotic resistance.

3 “(3) COORDINATION.—The Advisory Council
4 shall, to the greatest extent practicable, coordinate
5 activities carried out by the Council with the Trans-
6 atlantic Taskforce on Antimicrobial Resistance.”.

7 **SEC. 407. ADDITIONAL PURPOSES FOR GRANTS FOR CER-**
8 **TAIN TRAUMA CENTERS.**

9 Section 1241(a)(2) of the Public Health Service Act
10 (42 U.S.C. 300d–41(a)(2)) is amended to read as follows:

11 “(2) to further the core missions of such trau-
12 ma centers, including by addressing costs associated
13 with patient stabilization and transfer, trauma edu-
14 cation and outreach, coordination with local and re-
15 gional trauma systems, essential personnel and other
16 fixed costs, expenses associated with employee and
17 non-employee physician services, trauma staff re-
18 cruitment and retention, ensuring surge capacity,
19 trauma-related emotional and mental health services,
20 and other investments needed to implement and
21 maintain Regional Health Care Emergency Pre-
22 paredness and Response Systems.”.