

# **H.R. 6378, Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018**

*Introduced by Reps. Susan Brooks (IN-05), Anna Eshoo (CA-18), Greg Walden (OR-02), and Frank Pallone (NJ-06)*

## **TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES**

### **Sec. 101. Coordination of preparedness for and response to all-hazards public health emergencies.**

Amends the duties and functions for the Assistant Secretary for Preparedness and Response (ASPR) to include carrying out drill and operational exercises related to pandemic influenza and the emerging infection disease program. Under current law, ASPR is required to develop a coordinated 5-year budget plan with respect to chemical, biological, radiological, and nuclear agents. This section amends current law to also require that budget to include research and development activities related to the BARDA pandemic influenza and the emerging infectious disease programs established in Sec. 302. This section also requires the ASPR to coordinate with the federal intelligence community to maintain a current assessment of national security threats and inform preparedness and response capabilities based on the range of the threats that have the potential to result in a public health emergency.

**Sec. 102. Public health emergency medical countermeasures enterprise.** Codifies the Public Health Emergency Medical Countermeasure Enterprise (PHEMCE). It places the ASPR as the Chair and outlines the members and functions of the PHEMCE.

**Sec. 103. National Health Security Strategy.** Clarifies that the National Health Security Strategy should describe potential public health threats facing our nation and identify the processes to prepare to respond to such threats, consistent with other specified plans. The Strategy must include a description of the current public health workforce and its capabilities to improve medical surge capacity; considerations for zoonotic disease and disease outbreaks related to food and agriculture; and global health security and environmental hazards as they relate to domestic public health preparedness and response capabilities.

**Sec. 104. Improving emergency preparedness and response considerations for children.** Codifies and continues the work of the Children's Preparedness Unit at the Centers for Disease Control and Prevention (CDC) to ensure the needs of children are taken into consideration when preparing for and responding to public health emergencies.

**Sec. 105. Reauthorizing the National Advisory Committee on Children and Disasters.** Reauthorizes the National Advisory Committee on Children and Disasters —due to sunset September 30, 2018—to sunset on that date in 2023.

**Sec. 106. National Disaster Medical System.** Provides for direct hire authority, which sunsets on September 30, 2021, in order to give the Secretary of Health and Human Services (HHS) more flexibility in hiring for the National Disaster Medical System (NDMS). It also includes greater flexibility in pre-positioning response teams in advance of a public health emergency or potential public health emergency. This section makes deployed NDMS personnel or their families eligible for Public Safety Officers Benefits (PSOB) for line-of-duty death or serious disability and reauthorizes the NDMS through 2023 at \$57,400,000 per year. Finally this section requires a joint review of the NDMA and an assessment of medical surge capacity relating to the availability of public health workforce for both a widespread and multiple public health emergencies at one time.

**Sec. 107. Volunteer Medical Reserve Corps.** Eliminates the provision in current law requiring the HHS Secretary to appoint a Director to oversee the Volunteer Medical Reserve Corps and reauthorizes the Corps through 2023 and authorizes funding at \$6,000,000 per year.

**Sec. 108. Continuing the role of the Department of Veterans Affairs.** Requires the VA to ensure that VA medical centers are ready to protect patients and staff from a public health emergency, participate in NDMS, develop and maintain a centralized system for tracking the current location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the Department health care system in order to permit the ready identification and utilization of such pharmaceuticals, supplies, and equipment for response to a public health emergency. This section authorizes \$126,800,000 per year through fiscal year 2023 to carry out these provisions.

**Sec. 109. Authorizing the National Advisory Committee on Seniors and Disasters.** Establishes a National Advisory Committee on Children and Disasters to provide advice a regarding State emergency preparedness and response activities for seniors and provide input with respect to the medical and public health needs of seniors related to all-hazards emergencies.

**Sec. 110. National Advisory Committee on Individuals with Disabilities in All- Hazards Emergencies.** Establishes a National Advisory Committee on Individuals with Disabilities to provide advice a regarding State emergency preparedness and response activities for disabled individuals and provide input with respect to the medical and public health needs of the disabled community related to all-hazards emergencies.

**Sec. 111. Consideration for at-risk individuals.** Updates and aligns the term “at-risk individual” across the PAHPA framework to improve considerations, ensure consistency in considerations, and provide clarity throughout the framework.

**Sec. 112. Public health surveillance.** Incorporates public health surveillance into the National Health Security Strategy and requires that the surveillance capacity include emerging threats to pregnant and postpartum women and infants, including through monitoring birth defects, developmental disabilities, and other short-term and long-term adverse outcomes.

**Sec. 113. GAO study and report on disaster medical assistance teams.** Requires the Government Accountability Office (GAO) to assess the current mission readiness of ASPR’s disaster medical assistance teams (DMAT) to ensure sustained effective emergency response to current and emerging threats – natural and manmade.

**Sec. 114. Military and civilian partnership for trauma readiness grant program.** Establishes a grant program for military-civilian partnerships in trauma care that will allow both sectors to benefit from the others’ expertise and experience. The grants will help develop integrated, permanent joint civilian and military trauma system training platforms, in order to create and sustain an expert trauma workforce between periods of active combat.

**Sec. 115. Improvement of loan repayment program for prevention activities.** Reinstates loan repayment authority for the Centers of Disease Control and Prevention (CDC) to improve postdoctoral programs that train public health responders and leaders, such as the Epidemic Intelligence Service (EIS). These public health leaders are needed to mount successful responses to bioterror attacks, infectious diseases outbreaks and other public health emergencies.

**Sec. 116. Report on adequate national blood supply.** Requires the HHS Secretary to submit to Congress a report containing recommendations related to maintaining an adequate national blood supply, including challenges associated with continuous recruitment of blood donors, ensuring adequacy of blood supply in the case of public health emergencies, and implementation of safety measures and innovation.

## **TITLE II—OPTIMIZING STATE AND LOCAL ALL-HAZARDS PREPAREDNESS AND RESPONSE**

**Sec. 201. Public health emergencies.** Improves the existing Public Health Emergency Fund (PHEF) by identifying key authorities for which PHEF dollars may be used in the context of immediate support for the response activities for a public health emergency or prior to a potential public health emergency. This section requires the HHS Secretary as well as GAO to conduct a review of the PHEF, including policies that may be needed to improve the PHEF and the resources available in such fund and the ability to use such resources during a public health emergency. This section also extends the authorization for the temporary reassignment of personnel during a public health emergency through 2023.

**Sec. 202. Improving State and local public health security.** Reauthorizes the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement through 2023 at \$670,000,000 per year. This section also requires states to prioritize nursing homes in All-Hazards Public Health Emergency Preparedness and Response Plans, and to include in those plans information on how utilities plan to ensure that nursing homes return to functioning as soon as practicable following a disaster.

**Sec. 203. Strengthening the hospital preparedness program.** Changes the title of “Hospital Preparedness Program” to the “Healthcare Preparedness and Response Program” and in order to better

support preparedness efforts and capabilities at the local level, this section amends current law to add coalitions, state hospital associations, and health systems as eligible entities for partnership awards, allows grantees to use funds for healthcare surge capacity response activities, and expands the withholding period for failure to reach benchmarks from one year to two years to allow time to repurpose funds.

**Sec. 204. Improving benchmarks and standards for preparedness and response.** Requires an evaluation of existing performance measures, benchmarks and standards for the Public Health Emergency Preparedness cooperative agreement program and the Healthcare Preparedness and Response Program. The evaluation is to be submitted to the congressional committees of jurisdiction together with the National Health Security Strategy.

**Sec. 205. Authorization of appropriations for revitalizing the Centers for Disease Control and Prevention.** Reauthorizes the biosurveillance and other preparedness capabilities of the CDC at \$161,800,000 per year through 2023.

**Sec. 206. Authorization of appropriations for Emergency System for Advanced Registration of Volunteer Health Professionals.** Extends the authorization of Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) at \$5,000,000 per year through 2023.

**Sec. 207. Regional health care emergency preparedness and response systems.** Requires the ASPR to develop guidelines to inform regional systems of hospitals, health care facilities, and public health facilities of varying levels of capabilities to treat patients affected by chemical, biological, radiological, or nuclear (CBRN) threats, including emerging infectious diseases, and improve medical surge capabilities and capacity. This section also permits the ASPR to establish a demonstration program to use the guidelines to improve medical surge capacity, build and integrate regional medical response capabilities, improve specialty care expertise for all-hazards response, and coordinate medical preparedness and response across State, local, tribal, territorial, and regional jurisdictions. Finally, this section requires the GAO to report within two years on the progress made towards the implementation of the guidelines by health care facilities and hospitals and requires subsequent recommendations to address challenges faced during implementation.

**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.** Requires the HHS Secretary to enter into an arrangement with the National Academy of Medicine to evaluate the preparedness of hospitals, long-term care facilities, dialysis centers, and other medical facilities nationwide for public health emergencies, including natural disasters.

**Sec. 209. Limitation on liability for volunteer health care professionals.** Protects a health care professional from liability for harm caused by any act or omission if: (1) the professional is serving as a volunteer in response to a disaster and (2) the act or omission occurs during the period of the disaster, in

the professional's capacity as a volunteer, and in a good faith belief that the individual being treated is in need of health care services.

## **TITLE III—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT**

**Sec. 301. Strategic national stockpile and security countermeasure procurement.** cCodifies ASPR's role in coordinating the operation of the Strategic National Stockpile (SNS) with the CDC and authorizes funding for the SNS at \$610,000,000 per year through fiscal year 2023. It authorizes \$7,100,000,000 in funding for the Bioshield Special Reserve Fund for fiscal years 2019 through 2028 and allows for funds to be provided by advance appropriations at a rate of not less than \$710,000,000 per year. This section also requires the Secretaries of HHS and Department of Homeland Security (DHS) to notify the Health, Education, Labor and Pensions Committee of the Senate, the Security and Government Affairs Committee of the Senate, and the Committee on Energy and Commerce and the Committee on Homeland Security of the House of Representatives of the material threat list on an annual basis, and promptly notify Congress each time there is a change to the threats on the list.

**Sec. 302. Biomedical advanced research and development authority.** Provides authorities for the Director of the Biomedical Advanced Research and Development Authority (BARDA) to develop strategic initiatives for threats that pose a significant level of risk to national security, including antimicrobial resistant pathogens. This section grants BARDA other transactional authority (that is, authority to engage in transactions other than a contract, grant, or cooperative agreement with respect to projects) similar to the Department of Defense and authorizes \$536,700,000 in funding per year for BARDA through fiscal year 2023. In addition, this section establishes a Pandemic Influenza Program at BARDA to support research and development activities to enhance a rapid response to pandemic influenza at \$250,000,000 in funding per year through fiscal year 2023. Finally, this section establishes an Emerging Infectious Disease Program at BARDA to support research and development activities with respect to an emerging infectious disease at \$250,000,000 per year through fiscal year 2023.

**Sec. 303. Report on the development of vaccines to prevent future epidemics.** requires the HHS Secretary to submit to Congress a report detailing the activities carried out by the Department to support the development of vaccines to prevent future epidemics, including work carried out through domestic and global public-private partnerships and other collaborations intended to spur the development of such vaccines.

## **TITLE IV—MISCELLANEOUS PROVISIONS**

**Sec. 401. Cybersecurity.** Amends a provision in current law to require that the next version of the National Health Security Strategy address cybersecurity threats. Designates the ASPR as the lead role in HHS for ensuring the ability of the health care sector to provide continuity of care during a cybersecurity incident.

**Sec. 402. Miscellaneous FDA amendments.** Makes technical corrections and provides that when publishing information about qualified drug development tools—such as biomarkers and animal models—as required by law, the Food and Drug Administration (FDA) shall not disclose information that would compromise national security.

**Sec. 403. Formal strategy relating to children separated from parents and guardians as a result of zero tolerance policy.** Requires the ASPR to submit to the House Energy and Commerce Committee a formal strategy to reunify children who, as a result of the “zero tolerance” policy, were separated from their parent or guardian and placed into a facility funded by HHS, and to address deficiencies identified by the previous work of the Committee, which began in 2014, regarding the oversight of, and care for, unaccompanied alien children in the custody of the Department.

**Sec. 404. Biological threat detection.** Codifies the joint HHS-Department of Homeland Security biosurveillance program known as Biowatch. It allows for the exchange of information and technology between agencies and authorizes the two departments to make recommendations regarding research, development, and procurement biological threat detection systems. Finally this section requires the development of guidelines for biological threat detection systems at the local level.

**Sec. 405. Strengthening Mosquito Abatement for Safety and Health.** Authorizes grants for mosquito control programs and reauthorizes CDC’s Epidemiology-Laboratory Capacity Grants at \$40,000,000 per year through fiscal year 2023.

**Sec. 406. Additional strategies for combating antibiotic resistance.** Codifies the Advisory Council on Combating Antibiotic-Resistant Bacteria that was established by established by Executive Order 13676 of September 18, 2014, which will provide advice, information, and recommendations to the HHS Secretary regarding programs and policies intended to combat antibiotic-resistant bacteria.

**Sec. 407. Additional purposes for grants for certain trauma centers.** Updates previously authorized trauma center federal grant programs and furthers the core missions of trauma centers by permitting funding to be used to support essential personnel, costs associated with patient stabilization and transfer, coordination with local and regional trauma systems, surge capacity, and trauma education and outreach.