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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

JULY 16, 2018

Mrs. BROOKS of Indiana (for herself, Ms. ESHOO, Mr. WALDEN, and Mr. PALLONE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Veterans' Affairs, and Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the ''Pandemic and All-Haz-
3 ards Preparedness and Advancing Innovation Act of
4 2018''.

5 **SEC. 2. TABLE OF CONTENTS.**

6 The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

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.
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.
Sec. 106. National Disaster Medical System.
Sec. 107. Volunteer Medical Reserve Corps.
Sec. 108. Continuing the role of the Department of Veterans Affairs.
Sec. 109. Authorizing the National Advisory Committee on Seniors and Disasters.
Sec. 110. National Advisory Committee on Individuals with Disabilities in All-Hazards Emergencies.
Sec. 111. Consideration for at-risk individuals.
Sec. 112. Public health surveillance.
Sec. 113. GAO study and report on disaster medical assistance teams.
Sec. 114. Military and civilian partnership for trauma readiness grant program.
Sec. 115. Improvement of loan repayment program for prevention activities.
Sec. 116. Report on adequate national blood supply.

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

Sec. 201. Public health emergencies.
Sec. 202. Improving State and local public health security.
Sec. 203. Strengthening the hospital preparedness program.
Sec. 204. Improving benchmarks and standards for preparedness and response.
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.

Sec. 209. Limitation on liability for volunteer health care professionals.

TITLE III—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

Sec. 301. Strategic national stockpile and security countermeasure procurement.
Sec. 302. Biomedical advanced research and development authority.
Sec. 303. Report on the development of vaccines to prevent future epidemics.

TITLE IV—MISCELLANEOUS PROVISIONS

Sec. 401. Cybersecurity.
Sec. 402. Miscellaneous FDA amendments.
Sec. 403. Formal strategy relating to children separated from parents and guardians as a result of zero tolerance policy.
Sec. 404. Biological threat detection.
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.

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.

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

(1) in subsection (b)—

(A) in paragraph (4)—

(i) in subparagraph (G)—

(I) by inserting ‘‘the pandemic influenza and emerging infectious disease program established under section 319L(d), or’’ before ‘‘all-hazards

1 medical and public health prepared-
2 ness and response''; and
3 (II) by adding at the end (after
4 and below clause (ii)) the following:
5 ''Such drills and operations exercises shall be
6 comprehensive, synchronized, and mutually sup-
7 portive.''; and
8 (ii) by adding at the end the following
9 new subparagraph:
10 ''(I) THREAT AWARENESS.—Coordinate
11 with the Director of the Centers for Disease
12 Control and Prevention, the Director of Na-
13 tional Intelligence, the Secretary of Homeland
14 Security, the Assistant to the President for Na-
15 tional Security Affairs, the Secretary of De-
16 fense, and other relevant Federal officials, such
17 as the Secretary of Agriculture, to maintain a
18 current assessment of national security threats
19 and inform preparedness and response capabili-
20 ties based on the range of the threats that have
21 the potential to result in a public health emer-
22 gency.'';
23 (B) in paragraph (5), by adding at the end
24 the following: ''Such logistical support shall in-
25 clude working with other relevant Federal,

1 State, local, tribal, and territorial public health
2 officials and private sector entities to identify
3 the critical infrastructure assets, systems, and
4 networks needed for the proper functioning of
5 the health care and public health sectors that
6 need to be maintained through any emergency
7 or disaster, including entities capable of assist-
8 ing with, responding to, and mitigating the ef-
9 fect of a public health emergency, including a
10 public health emergency declared by the Sec-
11 retary pursuant to section 319, or an emer-
12 gency or major disaster declared by the Presi-
13 dent pursuant to the Robert T. Stafford Dis-
14 aster Relief and Emergency Assistance Act or
15 the National Emergencies Act, including by es-
16 tablishing methods to exchange critical informa-
17 tion and deliver products consumed or used to
18 preserve, protect, or sustain life, health, or safe-
19 ty, and sharing of specialized expertise.'';
20 (C) in paragraph (7)—
21 (i) in the matter preceding subpara-
22 graph (A)—
23 (I) by inserting ''the research
24 and development activities of the pan-
25 demic influenza and emerging infec-

1 tious disease program established
2 under section 319L(d) with respect to
3 qualified pandemic or epidemic prod-
4 ucts (as defined in section 319F–3),
5 and'' before ''the medical counter-
6 measure priorities described in sub-
7 section (d)''; and
8 (II) by striking ''Develop, and
9 update not later than March 1 of each
10 year'' and inserting ''Develop, by not
11 later than September 30, 2019, and
12 update no later than every two years
13 after the initial development,''; and
14 (ii) in each of subparagraphs (D) and
15 (E), by striking ''not later than March 15
16 of each year'' and inserting in each such
17 place ''not later than 14 days after each
18 biennial development date''; and
19 (D) by adding at the end the following new
20 paragraph:
21 ''(8) REPORTING.—The Assistant Secretary for
22 Preparedness and Response shall, beginning on the
23 date of the enactment of this paragraph, submit to
24 the Committee on Energy and Commerce of the
25 House of Representatives weekly reports on the sta-

1 tus and welfare of the children who, as a result of
2 the 'zero tolerance' policy, were separated from their
3 parent or guardian and are awaiting reunification
4 with their parent or guardian, as well as the number
5 of such children in facilities funded by the Depart-
6 ment of Health and Human Services.'';

7 (2) in subsection (c), in the matter preceding
8 paragraph (1), by striking ''shall'' and inserting
9 ''shall, utilizing experience related to public health
10 emergency preparedness and response, biodefense,
11 medical countermeasures, and other relevant topics'';
12 and

13 (3) in subsection (d)—

14 (A) in paragraph (1), by striking ''Not
15 later than 180 days after the date of enactment
16 of this subsection, and every year thereafter''
17 and inserting ''Not later than September 30,
18 2019, and every second year thereafter'';

19 (B) in paragraph (2)(C), by inserting after
20 ''products'' the following: '', and ancillary med-
21 ical supplies to assist with the utilization of
22 such products,''; and

23 (C) in paragraph (2)(J)(v), by striking
24 ''the one-year period for which the report is

1 submitted'' and inserting ''the two-year period
2 for which the report is submitted''.
3 (b) COUNTERMEASURES BUDGET PLAN.—Section
4 2811(b)(7) of the Public Health Service Act (42 U.S.C.
5 300hh–10(b)(7)) is amended—
6 (1) by striking subparagraph (A) and inserting
7 the following:
8 ''(A) include consideration of the entire
9 medical countermeasures enterprise, includ-
10 ing—
11 ''(i) basic research and advanced re-
12 search and development;
13 ''(ii) approval, clearance, licensure,
14 and authorized uses of products;
15 ''(iii) procurement, stockpiling, main-
16 tenance, and potential replenishment (in-
17 cluding manufacturing capabilities) of all
18 products in the Strategic National Stock-
19 pile; and
20 ''(iv) the availability of technologies
21 that may assist in the advanced research
22 and development of countermeasures and
23 opportunities to use such technologies to
24 accelerate and navigate challenges unique

1 to countermeasure research and develop-
2 ment;'';
3 (2) by redesignating subparagraphs (D) and
4 (E) as subparagraphs (E) and (F), respectively; and
5 (3) by inserting after subparagraph (C) the fol-
6 lowing:
7 ''(D) identify the full range of anticipated
8 medical countermeasure needs related to re-
9 search and development, procurement, and
10 stockpiling, including the potential need for in-
11 dications, dosing, and administration tech-
12 nologies, and other countermeasure needs as
13 applicable and appropriate;''.

14 **SEC. 102. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
15 **TERMEASURES ENTERPRISE.**

16 Subtitle B of title XXVIII of the Public Health Serv-
17 ice Act (42 U.S.C. 300hh–10 et seq.) is amended—
18 (1) by redesignating section 2811A as 2811B;
19 and
20 (2) by inserting after section 2811 the fol-
21 lowing:

22 **''SEC. 2811A. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
23 **TERMEASURES ENTERPRISE.**

24 ''(a) IN GENERAL.—The Secretary shall establish
25 and the Assistant Secretary for Preparedness and Re-

1 sponse may convene an interagency panel of advisors to
2 be known as the Public Health Emergency Medical Coun-
3 termeasures Enterprise (in this section referred to as the
4 'PHEMCE').

5 "(b) MEMBERS.—

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

11 "(2) VOTING MEMBERS.—For purposes of para-
12 graph (1), the voting members described in this
13 paragraph are following members:

14 "(A) The Director of the Biomedical Ad-
15 vanced Research and Development Authority
16 (or the Director's designee).

17 "(B) The Director of the Centers for Dis-
18 ease Control and Prevention (or the Director's
19 designee).

20 "(C) The Director of the National Insti-
21 tutes of Health (or the Director's designee).

22 "(D) The Commissioner of Food and
23 Drugs (or the Commissioner's designee).

24 "(E) The Secretary of Defense (or the Sec-
25 retary's designee).

1 "(F) The Secretary of Homeland Security
2 (or the Secretary's designee).
3 "(G) The Secretary of Agriculture (or the
4 Secretary's designee).
5 "(H) The Secretary of Veterans Affairs (or
6 the Secretary's designee).
7 "(I) Representatives of any other Federal
8 agencies, as the Assistant Secretary for Pre-
9 paredness and Response determines appro-
10 priate.
11 "(3) NON-VOTING MEMBERS.—For purposes of
12 paragraph (1), the non-voting members described in
13 this paragraph are the following members:
14 "(A) The Secretary of State (or the Sec-
15 retary's designee).
16 "(B) The Director of National Intelligence
17 (or the Director's designee).
18 "(C) The Director of the Central Intel-
19 ligence Agency (or the Director's designee).
20 "(c) FUNCTIONS.—The PHEMCE shall—
21 "(1) advise the Assistant Secretary for Pre-
22 paredness and Response regarding research, develop-
23 ment, and procurement of security countermeasures
24 (as defined in section 319F–2(c)) based on the
25 health security needs of the United States; and

1 "(2) assist the Assistant Secretary for Pre-
2 paredness and Response in the identification of gaps
3 in public health preparedness and response related
4 to such security countermeasures and challenges to
5 addressing such needs (including any regulatory
6 challenges).".

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

8 Section 2802 of the Public Health Service Act (42
9 U.S.C. 300hh–1) is amended—
10 (1) in subsection (a)—
11 (A) in paragraph (1)—
12 (i) by striking "2014" and inserting
13 "2018"; and
14 (ii) by striking the second sentence
15 and inserting the following: "Such Na-
16 tional Health Security Strategy shall de-
17 scribe potential emergency health security
18 threats and identify the process for achiev-
19 ing the preparedness goals described in
20 subsection (b) to be prepared to identify
21 and respond to such threats and shall be
22 consistent with the national preparedness
23 goal (as described in section 504(a)(19) of
24 the Homeland Security Act of 2002), the
25 National Incident Management System (as

1 defined in section 501(7) of such Act), and
2 the National Response Plan developed pur-
3 suant to section 504 of such Act, or any
4 successor plan.'';
5 (B) in paragraph (2), by inserting before
6 the period at the end of the second sentence the
7 following: '', and an analysis of any changes to
8 the evidence-based benchmarks and objective
9 standards under sections 319C–1 and 319C–2'';
10 and
11 (C) in paragraph (3)—
12 (i) by striking ''2009'' and inserting
13 ''2022'';
14 (ii) by inserting ''(including gaps in
15 the environmental health and animal
16 health workforces, as applicable), describ-
17 ing the status of such workforce'' after
18 ''gaps in such workforce'';
19 (iii) by striking ''and identifying strat-
20 egies'' and inserting ''identifying strate-
21 gies''; and
22 (iv) by inserting before the period at
23 the end '', and identifying current capabili-
24 ties to meet the requirements of section
25 2803''; and

1 (2) in subsection (b)—
2 (A) in paragraph (2)—
3 (i) in subparagraph (A), by striking
4 ‘‘and investigation’’ and inserting ‘‘inves-
5 tigation, and related information tech-
6 nology activities’’;
7 (ii) in subparagraph (B), by striking
8 ‘‘and decontamination’’ and inserting ‘‘de-
9 contamination, relevant health care serv-
10 ices and supplies, and transportation and
11 disposal of medical waste’’; and
12 (iii) by adding at the end the fol-
13 lowing:
14 ‘‘(E) Response to environmental hazards.’’;
15 (B) in paragraph (3)—
16 (i) in the matter preceding subpara-
17 graph (A), by striking ‘‘including mental
18 health’’ and inserting ‘‘including phar-
19 macies, mental health facilities,’’;
20 (ii) in subparagraph (F), by inserting
21 ‘‘or exposures to agents that could cause a
22 public health emergency’’ before the pe-
23 riod; and
24 (iii) by amending subparagraph (G) to
25 read as follows:

1 "(G) Optimizing a coordinated and flexible
2 approach to the emergency response and med-
3 ical surge capacity of hospitals, other health
4 care facilities, critical care, trauma care (which
5 may include trauma centers), and emergency
6 medical systems, which may include the imple-
7 mentation of guidelines for regional health care
8 emergency preparedness and response systems
9 under section 319C–3.";
10 (C) in paragraph (5), by inserting "and
11 other applicable compacts" after "Compact";
12 and
13 (D) by adding at the end the following:
14 "(9) ZOONOTIC DISEASE, FOOD, AND AGRI-
15 CULTURE.—Improving coordination among Federal,
16 State, local, tribal, and territorial entities (including
17 through consultation with the Secretary of Agri-
18 culture) to prevent, detect, and respond to outbreaks
19 of plant or animal disease (including zoonotic dis-
20 ease) that could compromise national security result-
21 ing from a deliberate attack, a naturally occurring
22 threat, the intentional adulteration of food, or other
23 public health threats, taking into account inter-
24 actions between animal health, human health, and
25 animals' and humans' shared environment as di-

rectly related to public health emergency preparedness and response capabilities, as applicable.

"(10) GLOBAL HEALTH SECURITY.—Assessing current or potential health security threats from abroad to inform domestic public health preparedness and response capabilities.".

SEC. 104. IMPROVING EMERGENCY PREPAREDNESS AND RESPONSE CONSIDERATIONS FOR CHILDREN.

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

"SEC. 319D–1. CHILDREN'S PREPAREDNESS UNIT.

"(a) ENHANCING EMERGENCY PREPAREDNESS FOR CHILDREN.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this subsection as the 'Director'), shall maintain an internal team of experts, to be known as the Children's Preparedness Unit (referred to in this subsection as the 'Unit'), to work collaboratively to provide guidance on the considerations for, and the specific needs of, children before, during, and after public health emergencies. The Unit shall inform the Director regarding emergency preparedness and response efforts pertaining to children at the Centers for Disease Control and Prevention.

1 ''(b) EXPERTISE.—The team described in subsection
2 (a) shall include one or more pediatricians, which may be
3 a developmental-behavioral pediatrician, and may also in-
4 clude behavioral scientists, child psychologists, epidemiolo-
5 gists, biostatisticians, health communications staff, and
6 individuals with other areas of expertise, as the Secretary
7 determines appropriate.

8 ''(c) DUTIES.—The team described in subsection (a)
9 may—

10 ''(1) assist State, local, tribal, and territorial
11 emergency planning and response activities related
12 to children, which may include developing, identi-
13 fying, and sharing best practices;

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

23 ''(3) improve the utilization of methods to in-
24 corporate the needs of children in planning for and

responding to a public health emergency, including public awareness of such methods;

"(4) coordinate with, and improve, public-private partnerships, such as health care coalitions pursuant to sections 319C–2 and 319C–3, to address gaps and inefficiencies in emergency preparedness and response efforts for children;

"(5) provide expertise and input during the development of guidance and clinical recommendations to address the needs of children when preparing for, and responding to, public health emergencies, including pursuant to section 319C–3; and

"(6) carry out other duties related to preparedness and response activities for children, as the Secretary determines appropriate.".

SEC. 105. REAUTHORIZING THE NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS.

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

(1) in subsection (b)(2), by inserting ", mental and behavioral," after "medical";

(2) in subsection (d)—

(A) in paragraph (1), by striking "15" and inserting "25"; and

1 (B) by striking paragraph (2) and insert-
2 ing the following:
3 "(2) REQUIRED NON-FEDERAL MEMBERS.—The
4 Secretary, in consultation with such other heads of
5 Federal agencies as may be appropriate, shall ap-
6 point to the Advisory Committee under paragraph
7 (1) at least 13 individuals to perform the duties de-
8 scribed in subsections (b) and (c), including—
9 "(A) at least 2 non-Federal professionals
10 with expertise in pediatric medical disaster
11 planning, preparedness, response, or recovery;
12 "(B) at least 2 representatives from State,
13 local, tribal, or territorial agencies with exper-
14 tise in pediatric disaster planning, prepared-
15 ness, response, or recovery;
16 "(C) at least 4 members representing
17 health care professionals, which may include
18 members with expertise in pediatric emergency
19 medicine; pediatric trauma, critical care, or sur-
20 gery; the treatment of pediatric patients af-
21 fected by chemical, biological, radiological, or
22 nuclear agents and emerging infectious dis-
23 eases; pediatric mental or behavioral health re-
24 lated to children affected by a public health
25 emergency; or pediatric primary care; and

1 "(D) other members as the Secretary de-
2 termines appropriate, of whom—
3 "(i) at least one such member shall
4 represent a children's hospital;
5 "(ii) at least one such member shall
6 be an individual with expertise in schools
7 or child care settings;
8 "(iii) at least one such member shall
9 be an individual with expertise in children
10 and youth with special health care needs;
11 and
12 "(iv) at least one such member shall
13 be an individual with expertise in the needs
14 of parents or family caregivers, including
15 the parents or caregivers of children with
16 disabilities.
17 "(3) FEDERAL MEMBERS.—The Advisory Com-
18 mittee under paragraph (1) shall include the fol-
19 lowing Federal members or their designees:
20 "(A) The Assistant Secretary for Pre-
21 paredness and Response.
22 "(B) The Director of the Biomedical Ad-
23 vanced Research and Development Authority.
24 "(C) The Director of the Centers for Dis-
25 ease Control and Prevention.

1 "(D) The Commissioner of Food and
2 Drugs.
3 "(E) The Director of the National Insti-
4 tutes of Health.
5 "(F) The Assistant Secretary of the Ad-
6 ministration for Children and Families.
7 "(G) The Administrator of the Health Re-
8 sources and Services Administration.
9 "(H) The Administrator of the Federal
10 Emergency Management Agency.
11 "(I) The Administrator of the Administra-
12 tion for Community Living.
13 "(J) The Secretary of Education.
14 "(K) Representatives from such Federal
15 agencies (such as the Substance Abuse and
16 Mental Health Services Administration and the
17 Department of Homeland Security) as the Sec-
18 retary determines appropriate to fulfill the du-
19 ties of the Advisory Committee under sub-
20 sections (b) and (c).
21 "(4) TERM OF APPOINTMENT.—Each member
22 of the Advisory Committee appointed under para-
23 graph (2) shall serve for a term of 3 years, except
24 that the Secretary may adjust the terms of the Advi-
25 sory Committee appointees serving on the date of

1 enactment of the Pandemic and All-Hazards Pre-
2 paredness and Advancing Innovation Act of 2018, or
3 appointees who are initially appointed after such
4 date of enactment, in order to provide for a stag-
5 gered term of appointment for all members.

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

11 (3) in subsection (e), by adding at the end "At
12 least one meeting per year shall be an in-person
13 meeting.";

14 (4) by redesignating subsection (f) as sub-
15 section (g);

16 (5) by inserting after subsection (e) the fol-
17 lowing:

18 "(f) COORDINATION.—The Secretary shall coordinate
19 activities authorized under this section and section 2811C,
20 in accordance with section 2811C(d)."; and

21 (6) in subsection (g), as so redesignated, by
22 striking "2018" and inserting "2023".

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

2 (a) PURPOSE OF SYSTEM.—Clause (ii) of section
3 2812(a)(3)(A) of the Public Health Service Act (42 U.S.C.
4 300hh–11(a)(3)(A)) is amended to read as follows:

5 ''(ii) be present at locations, and for
6 limited periods of time, specified by the
7 Secretary on the basis that the Secretary
8 has determined that a location is at risk of
9 a public health emergency during the time
10 specified, or there is a significant potential
11 for a public health emergency.''.

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

16 ''(2) JOINT REVIEW AND MEDICAL SURGE CA-
17 PACITY STRATEGIC PLAN.—

18 ''(A) REVIEW.—Not later than 180 days
19 after the date of enactment of the Pandemic
20 and All-Hazards Preparedness and Advancing
21 Innovation Act of 2018, the Secretary, in co-
22 ordination with the Secretary of Homeland Se-
23 curity, the Secretary of Defense, and the Sec-
24 retary of Veterans Affairs, shall conduct a joint
25 review of the National Disaster Medical System.
26 Such review shall include—

1 “(i) an evaluation of medical surge ca-
2 pacity, as described in section 2803(a);
3 “(ii) an assessment of the available
4 workforce of the intermittent disaster-re-
5 sponse personnel described in subsection
6 (c);
7 “(iii) the capacity of the workforce de-
8 scribed in clause (ii) to respond to all haz-
9 ards, including capacity to simultaneously
10 respond to multiple public health emer-
11 gencies and to respond to a nationwide
12 public health emergency;
13 “(iv) the effectiveness of efforts to re-
14 cruit, retain, and train such workforce; and
15 “(v) gaps that may exist in such
16 workforce and recommendations for ad-
17 dressing such gaps.
18 “(B) UPDATES.—As part of the National
19 Health Security Strategy under section 2802,
20 the Secretary shall update the findings from the
21 review under subparagraph (A) and provide rec-
22 ommendations to modify the policies of the Na-
23 tional Disaster Medical System as necessary.”.
24 (c) DIRECT HIRE AUTHORITY.—Section 2812(c)(1)
25 of the Public Health Service Act (42 U.S.C. 300hh–

11(c)(1)) is amended by inserting "(or, for the period beginning on the date of the enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2018 and ending on September 30, 2021, without regard to those provisions of title 5, United States Code, governing appointments in the competitive service)" after "in accordance with applicable civil service laws and regulations".

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

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

"(4) NOTIFICATION.—Not later than 30 days after the date on which the Secretary determines the number of intermittent disaster-response personnel of the National Disaster Medical System is insufficient to address a public health emergency or potential public health emergency, the Secretary shall sub-

1 mit to the congressional committees of jurisdiction a
2 notification detailing—

3 "(A) the impact such shortage could have
4 on meeting public health needs and emergency
5 medical personnel needs during a public health
6 emergency; and

7 "(B) any identified measures to address
8 such shortage.".

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

12 (1) in subparagraph (C), by striking "or" at
13 the end;

14 (2) in subparagraph (D), by striking the period
15 at the end and inserting "; or"; and

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

17 "(E) an individual appointed to assist the
18 National Disaster Medical System pursuant to
19 section 2812(c)(1) of the Public Health Service
20 Act.".

21 (f) AUTHORIZATION OF APPROPRIATIONS.—Section
22 2812(g) of the Public Health Service Act (42 U.S.C.
23 300hh–11(g)) is amended by striking "$52,700,000 for
24 each of fiscal years 2014 through 2018" and inserting

"$57,400,000 for each of fiscal years 2019 through 2023".

SEC. 107. VOLUNTEER MEDICAL RESERVE CORPS.

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

(1) in subsection (a), by amending the second sentence to read as follows: "The Secretary may appoint a Director to head the Corps and oversee the activities of the Corps chapters that exist at the State, local, and tribal levels."; and

(2) in subsection (i), by striking "$11,200,000 for each of fiscal years 2014 through 2018" and inserting "$6,000,000 for each of fiscal years 2019 through 2023".

SEC. 108. CONTINUING THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS.

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

SEC. 109. AUTHORIZING THE NATIONAL ADVISORY COMMITTEE ON SENIORS AND DISASTERS.

Subtitle B of title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.), as amended by section

1 102, is further amended by inserting after section 2811B
2 the following:

3 **"SEC. 2811C. NATIONAL ADVISORY COMMITTEE ON SEN-**
4 **IORS AND DISASTERS.**

5 "(a) ESTABLISHMENT.—The Secretary, in consulta-
6 tion with the Secretary of Homeland Security and the Sec-
7 retary of Veterans Affairs, shall establish an advisory com-
8 mittee to be known as the National Advisory Committee
9 on Seniors and Disasters (referred to in this section as
10 the 'Advisory Committee').

11 "(b) DUTIES.—

12 "(1) IN GENERAL.—The Advisory Committee
13 shall—

14 "(A) provide advice and consultation with
15 respect to the activities carried out pursuant to
16 section 2814, as applicable and appropriate;

17 "(B) evaluate and provide input with re-
18 spect to the medical and public health needs of
19 seniors related to the preparation for, response
20 to, and recovery from all-hazards emergencies;
21 and

22 "(C) provide advice and consultation with
23 respect to State emergency preparedness and
24 response activities and seniors, including related

1 drills and exercises pursuant to the prepared-
2 ness goals under section 2802(b).
3 "(2) ADDITIONAL DUTIES.—The Advisory Com-
4 mittee may provide advice and recommendations to
5 the Secretary with respect to seniors and the med-
6 ical and public health grants and cooperative agree-
7 ments as applicable to preparedness and response
8 activities under this title and title III.
9 "(3) MEMBERSHIP.—
10 "(A) IN GENERAL.—The Secretary, in con-
11 sultation with such other heads of agencies as
12 appropriate, shall appoint not more than 15
13 members to the Advisory Committee. In ap-
14 pointing such members, the Secretary shall en-
15 sure that the total membership of the Advisory
16 Committee is an odd number.
17 "(B) REQUIRED MEMBERS.—The members
18 appointed under paragraph (1) shall include—
19 "(i) the Assistant Secretary for Pre-
20 paredness and Response;
21 "(ii) the Director of the Biomedical
22 Advanced Research and Development Au-
23 thority;
24 "(iii) the Director of the Centers for
25 Disease Control and Prevention;

1 "(iv) the Commissioner of Food and
2 Drugs;
3 "(v) the Director of the National In-
4 stitutes of Health;
5 "(vi) the Administrator of the Centers
6 for Medicare & Medicaid Services;
7 "(vii) the Administrator of the Ad-
8 ministration for Community Living;
9 "(viii) the Administrator of the Fed-
10 eral Emergency Management Agency;
11 "(ix) the Under Secretary for Health
12 of the Department of Veterans Affairs;
13 "(x) at least 2 non-Federal health
14 care professionals with expertise in medical
15 disaster planning, preparedness, response,
16 or recovery;
17 "(xi) at least 2 representatives of
18 State, local, territorial, or tribal agencies
19 with expertise in disaster planning, pre-
20 paredness, response, or recovery; and
21 "(xii) representatives of such other
22 Federal agencies (such as the Department
23 of Energy and the Department of Home-
24 land Security) as the Secretary determines

1 necessary to fulfill the duties of the Advi-
2 sory Committee.
3 ''(c) MEETINGS.—The Advisory Committee shall
4 meet not less frequently than biannually.
5 ''(d) ADVISORY COMMITTEE COORDINATION.—
6 ''(1) IN GENERAL.—The Secretary shall coordi-
7 nate activities authorized under this section and sec-
8 tion 2811B, and make efforts to reduce unnecessary
9 or duplication of meetings, recommendations, and
10 reporting under such sections. Members of the advi-
11 sory committees under this section and section
12 2811B, or their designees, shall meet periodically,
13 and not less than annually, to—
14 ''(A) review the recommendations devel-
15 oped by such committees to coordinate, as ap-
16 propriate, the implementation of recommenda-
17 tions, in order to reduce gaps, overlap, and du-
18 plication of effort in Federal programs or by
19 Federal grantees; and
20 ''(B) align preparedness and response pro-
21 grams or activities to address the dual or over-
22 lapping needs of children and seniors and any
23 challenges in preparing for and responding to
24 such needs.

1 "(2) NOTIFICATION.—The Secretary shall no-
2 tify the congressional committees of jurisdiction
3 upon the convening of each meeting under para-
4 graph (1), and provide minutes from such meeting
5 not later than 90 days after the meeting.

6 "(e) SUNSET.—The Advisory Committee shall termi-
7 nate on September 30, 2023.".

8 **SEC. 110. NATIONAL ADVISORY COMMITTEE ON INDIVID-**
9 **UALS WITH DISABILITIES IN ALL-HAZARDS**
10 **EMERGENCIES.**

11 Subtitle B of title XXVIII of the Public Health Serv-
12 ice Act (42 U.S.C. 300hh et seq.), as amended by sections
13 102 and 109, is further amended by inserting after section
14 2811C the following:

15 **"SEC. 2811D. NATIONAL ADVISORY COMMITTEE ON INDI-**
16 **VIDUALS WITH DISABILITIES IN ALL-HAZ-**
17 **ARDS EMERGENCIES.**

18 "(a) ESTABLISHMENT.—Not later than 90 days after
19 the date of this section, the Secretary shall establish a na-
20 tional advisory committee to be known as the National Ad-
21 visory Committee on Individuals with Disabilities in All-
22 Hazards Emergencies (referred to in this section as the
23 'Advisory Committee').

24 "(b) DUTIES.—The Advisory Committee shall—

1 "(1) provide advice and consultation with re-
2 spect to activities carried out pursuant to section
3 2814, as applicable and appropriate;
4 "(2) evaluate and provide input with respect to
5 the public health, accessibility, and medical needs of
6 individuals with disabilities as they relate to prepa-
7 ration for, response to, and recovery from all-haz-
8 ards emergencies; and
9 "(3) provide advice and consultation with re-
10 spect to State emergency preparedness and response
11 activities, including related drills and exercises pur-
12 suant to the preparedness goals under section
13 2802(b).
14 "(c) REPORT.—Not later than February 1, 2020, the
15 Advisory Committee shall submit to the Secretary, the
16 Committee on Energy and Commerce of the House of
17 Representatives, the Committee on Homeland Security of
18 the House of Representatives, the Committee on Veterans'
19 Affairs of the House of Representatives, the Committee
20 on Health, Education, Labor, and Pensions of the Senate,
21 the Committee on Veterans' Affairs of the Senate, and the
22 Committee on Homeland Security and Governmental Af-
23 fairs of the Senate a report that evaluates the extent to
24 which individuals with disabilities are thoroughly included

1 in disaster preparedness planning and disaster recovery.
2 Such report shall—

3 ‘‘(1) include recommendations that offer spe-
4 cific improvements that could be made across local,
5 State, tribal, territorial, and Federal efforts to im-
6 prove outcomes in areas that include—

7 ‘‘(A) preparedness;

8 ‘‘(B) planning;

9 ‘‘(C) exercises and drills;

10 ‘‘(D) alerts, warning, and notifications;

11 ‘‘(E) evacuation;

12 ‘‘(F) sheltering;

13 ‘‘(G) health maintenance;

14 ‘‘(H) accessing emergency programs and
15 services;

16 ‘‘(I) medical care (including mental health
17 care);

18 ‘‘(J) temporary housing;

19 ‘‘(K) mitigation; and

20 ‘‘(L) community resilience; and

21 ‘‘(2) assess the strength of existing policies to
22 incorporate such individuals as well as the efficacy
23 of implementation.

24 ‘‘(d) COMPOSITION.—

1 "(1) IN GENERAL.—The Secretary, in consulta-
2 tion with such other heads of agencies and depart-
3 ments as may be appropriate, shall appoint not to
4 exceed 25 members to the Advisory Committee.
5 "(2) REQUIRED MEMBERS.—In carrying out
6 paragraph (1), the Secretary shall appoint to the
7 Advisory Committee such individuals as may be ap-
8 propriate to perform the duties described in sub-
9 sections (b), which shall include—
10 "(A) the Assistant Secretary for Prepared-
11 ness and Response (or their designee);
12 "(B) the Director of the Administration
13 for Community Living (or their designee);
14 "(C) the Director of the Biomedical Ad-
15 vanced Research and Development Authority
16 (or their designee);
17 "(D) the Director of the Centers for Dis-
18 ease Control and Prevention (or their designee);
19 "(E) the Commissioner of Food and Drugs
20 (or their designee);
21 "(F) the Director of the National Insti-
22 tutes of Health (or their designee);
23 "(G) the Administrator of the Federal
24 Emergency Management Agency (or their des-
25 ignee);

1 "(H) the Director of Office of Disability
2 Integration and Coordination (or their des-
3 ignee);
4 "(I) the Officer for Civil Rights and Civil
5 Liberties of the Department of Homeland Secu-
6 rity (or their designee);
7 "(J) the Chair of the National Council on
8 Disability (or their designee);
9 "(K) the Chair of the United States Access
10 Board (or their designee);
11 "(L) the Director of the Disability Rights
12 Section of the Department of Justice (or their
13 designee);
14 "(M) the Secretary of the Department of
15 Education (or their designee);
16 "(N) the Secretary of the Department of
17 Transportation (or their designee);
18 "(O) the Secretary of the Department of
19 Housing and Urban Development (or their des-
20 ignee);
21 "(P) a representative from the Department
22 of Veterans Affairs Health Administration's Of-
23 fice of Emergency Management;
24 "(Q) the Director of the Bureau of Prisons
25 (or their designee);

1 "(R) at least four representatives who are
2 individuals with disabilities that have sub-
3 stantive expertise in disability inclusive emer-
4 gency management policy and operations;
5 "(S) at least two non-Federal health care
6 professionals with expertise in disability accessi-
7 bility before, during, and after disasters, med-
8 ical and mass care disaster planning, prepared-
9 ness, response, or recovery; and
10 "(T) at least two representatives from
11 State, local, territorial, or tribal agencies with
12 expertise in disability-inclusive disaster plan-
13 ning, preparedness, response, or recovery.
14 "(e) MEETINGS.—The Advisory Committee shall
15 meet not less than biannually.
16 "(f) DISABILITY DEFINED.—For purposes of this
17 section, the term 'disability' has the meaning given such
18 term in section 3 of the Americans with Disabilities Act
19 of 1990.
20 "(g) TERMINATION OF COMMITTEE.—
21 "(1) IN GENERAL.—The Advisory Committee
22 shall terminate on September 30, 2023.
23 "(2) RECOMMENDATION.—Not later than
24 March 30, 2023, the Secretary shall submit to Con-

1 gress a recommendation on whether the Advisory
2 Committee should be extended.''.

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

4 (a) AT-RISK INDIVIDUALS IN THE NATIONAL
5 HEALTH SECURITY STRATEGY.—Section 2802(b)(4)(B)
6 (42 U.S.C. 300hh–1(b)(4)(B)) is amended by striking
7 ''this section and sections 319C–1, 319F, and 319L'' and
8 inserting ''this Act''.

9 (b) COUNTERMEASURE CONSIDERATIONS.—Section
10 319L(c)(6) (42 U.S.C. 247d–7e(c)(6)) is amended—

11 (1) by striking ''elderly'' and inserting ''senior
12 citizens''; and

13 (2) by inserting ''with relevant characteristics
14 that warrant consideration during the process of re-
15 searching and developing such countermeasures and
16 products'' before the period at the end.

17 **SEC. 112. PUBLIC HEALTH SURVEILLANCE.**

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

22 ''(11) PUBLIC HEALTH SURVEILLANCE.—
23 Strengthening the ability of State, tribal, territorial,
24 and local health departments to adapt and expand
25 existing public health surveillance infrastructure to

1 develop a robust national surveillance capacity to
2 capture data on the impact of emerging public
3 health threats. Such capacity shall include emerging
4 threats to pregnant and postpartum women and in-
5 fants, including through monitoring birth defects,
6 developmental disabilities, and other short-term and
7 long-term adverse outcomes.''.

8 (b) ASSURANCE OF CONFIDENTIALITY.—Section
9 308(d) of the Public Health Service Act (42 U.S.C.
10 242m(d)) is amended—

11 (1) by striking ''or 307'' and inserting ''307, or
12 2802(b)(11)''; and

13 (2) by striking ''or 306'' and inserting ''306, or
14 2802(b)(11)''.

15 **SEC. 113. GAO STUDY AND REPORT ON DISASTER MEDICAL**
16 **ASSISTANCE TEAMS.**

17 (a) STUDY AND REPORT.—

18 (1) STUDY.—The Comptroller General of the
19 United States shall conduct a study on the mission
20 readiness of disaster medical assistance teams with
21 respect to current and emerging natural and man-
22 made threats.

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

1 (A) whether the mission readiness of such
2 teams, and the needs relating to such readiness,
3 have changed over time;
4 (B) the standards the Assistant Secretary
5 for Preparedness and Response of the Depart-
6 ment of Health and Human Services uses to de-
7 termine—
8 (i) the training needs of such teams;
9 and
10 (ii) whether such teams are mission
11 ready;
12 (C) how to improve the determinations de-
13 scribed in subparagraph (B);
14 (D) the extent to which the provision of
15 additional resources (including personnel, train-
16 ing, and equipment) has addressed mission
17 readiness concerns; and
18 (E) the extent to which the Assistant Sec-
19 retary has developed plans to address mission
20 readiness issues.
21 (3) REPORT.—Not later than one year after the
22 date of enactment of this Act, the Comptroller Gen-
23 eral shall submit to the Committee on Energy and
24 Commerce of the House of Representatives and the

Committee on Health, Education, Labor and Pensions of the Senate a report containing—

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

(B) related recommendations.

(b) DISASTER MEDICAL ASSISTANCE TEAM DEFINED.—In this section, the term ''disaster medical assistance team'' means a disaster medical assistance team operating pursuant to the National Disaster Medical System established under section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11).

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

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

''PART I—MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM

''SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

''(a) MILITARY TRAUMA TEAM PLACEMENT PROGRAM.—

''(1) IN GENERAL.—The Secretary shall award grants to not more than 20 eligible high-acuity trauma centers to enable military trauma teams to pro-

1 vide, on a full-time basis, trauma care and related
2 acute care at such trauma centers.
3 ''(2) LIMITATIONS.—In the case of a grant
4 awarded under paragraph (1) to an eligible high-
5 acuity trauma center, such grant—
6 ''(A) shall be for a period of at least 3
7 years and not more than 5 years (and may be
8 renewed at the end of such period); and
9 ''(B) shall be in an amount that does not
10 exceed $1,000,000 per year.
11 ''(3) AVAILABILITY OF FUNDS AFTER PER-
12 FORMANCE PERIOD.—Notwithstanding section 1552
13 of title 31, United States Code, or any other provi-
14 sion of law, funds available to the Secretary for obli-
15 gation for a grant under this subsection shall remain
16 available for expenditure for 100 days after the last
17 day of the performance period of such grant.
18 ''(b) MILITARY TRAUMA CARE PROVIDER PLACE-
19 MENT PROGRAM.—
20 ''(1) IN GENERAL.—The Secretary shall award
21 grants to eligible trauma centers to enable military
22 trauma care providers to provide trauma care and
23 related acute care at such trauma centers.

1 "(2) LIMITATIONS.—In the case of a grant
2 awarded under paragraph (1) to an eligible trauma
3 center, such grant—
4 "(A) shall be for a period of at least 1 year
5 and not more than 3 years (and may be re-
6 newed at the end of such period); and
7 "(B) shall be in an amount that does not
8 exceed, in a year—
9 "(i) $100,000 for each military trau-
10 ma care provider that is a physician at
11 such eligible trauma center; and
12 "(ii) $50,000 for each other military
13 trauma care provider at such eligible trau-
14 ma center.
15 "(c) GRANT REQUIREMENTS.—
16 "(1) DEPLOYMENT.—As a condition of receipt
17 of a grant under this section, a grant recipient shall
18 agree to allow military trauma care providers pro-
19 viding care pursuant to such grant to be deployed by
20 the Secretary of Defense for military operations, for
21 training, or for response to a mass casualty incident.
22 "(2) USE OF FUNDS.—Grants awarded under
23 this section to an eligible trauma center may be used
24 to train and incorporate military trauma care pro-
25 viders into such trauma center, including expendi-

1 tures for malpractice insurance, office space, infor-
2 mation technology, specialty education and super-
3 vision, trauma programs, research, and State license
4 fees for such military trauma care providers.

5 ''(d) RULE OF CONSTRUCTION.—Nothing in this sec-
6 tion shall be construed to affect the extent to which State
7 licensing requirements for health care professionals are
8 preempted by other Federal law from applying to military
9 trauma care providers.

10 ''(e) REPORTING REQUIREMENTS.—

11 ''(1) REPORT TO THE SECRETARY AND THE
12 SECRETARY OF DEFENSE.—Each eligible trauma
13 center or eligible high-acuity trauma center awarded
14 a grant under subsection (a) or (b) for a year shall
15 submit to the Secretary and the Secretary of De-
16 fense a report for such year that includes informa-
17 tion on—

18 ''(A) the number and types of trauma
19 cases managed by military trauma teams or
20 military trauma care providers pursuant to such
21 grant during such year;

22 ''(B) the financial impact of such grant on
23 the trauma center;

1 "(C) the educational impact on resident
2 trainees in centers where military trauma teams
3 are assigned;
4 "(D) any research conducted during such
5 year supported by such grant; and
6 "(E) any other information required by the
7 Secretaries for the purpose of evaluating the ef-
8 fect of such grant.
9 "(2) REPORT TO CONGRESS.—Not less than
10 once every 2 years, the Secretary, in consultation
11 with the Secretary of Defense, shall submit a report
12 to Congress that includes information on the effect
13 of placing military trauma care providers in trauma
14 centers awarded grants under this section on—
15 "(A) maintaining readiness of military
16 trauma care providers for battlefield injuries;
17 "(B) providing health care to civilian trau-
18 ma patients in both urban and rural settings;
19 "(C) the capability to respond to surges in
20 trauma cases, including as a result of a large
21 scale event; and
22 "(D) the financial State of the trauma cen-
23 ters.
24 "(f) DEFINITIONS.—For purposes of this part:

1 "(1) ELIGIBLE TRAUMA CENTER.—The term
2 'eligible trauma center' means a Level I, II, or III
3 trauma center that satisfies each of the following:
4 "(A) Such trauma center has an agree-
5 ment with the Secretary of Defense to enable
6 military trauma care providers to provide trau-
7 ma care and related acute care at such trauma
8 center.
9 "(B) Such trauma center utilizes a risk-ad-
10 justed benchmarking system to measure per-
11 formance and outcomes, such as the Trauma
12 Quality Improvement Program of the American
13 College of Surgeons.
14 "(C) Such trauma center demonstrates a
15 need for integrated military trauma care pro-
16 viders to maintain or improve the trauma clin-
17 ical capability of such trauma center.
18 "(2) ELIGIBLE HIGH-ACUITY TRAUMA CEN-
19 TER.—The term 'eligible high-acuity trauma center'
20 means a Level I trauma center that satisfies each of
21 the following:
22 "(A) Such trauma center has an agree-
23 ment with the Secretary of Defense to enable
24 military trauma teams to provide trauma care
25 and related acute care at such trauma center.

1 "(B) At least 20 percent of patients of
2 such trauma center in the most recent 3-month
3 period for which data is available are treated
4 for a major trauma at such trauma center.
5 "(C) Such trauma center utilizes a risk-ad-
6 justed benchmarking system to measure per-
7 formance and outcomes, such as the Trauma
8 Quality Improvement Program of the American
9 College of Surgeons.
10 "(D) Such trauma center is an academic
11 training center—
12 "(i) affiliated with a medical school;
13 "(ii) that maintains residency pro-
14 grams and fellowships in critical trauma
15 specialties and subspecialties, and provides
16 education and supervision of military trau-
17 ma team members according to those spe-
18 cialties and subspecialties; and
19 "(iii) that undertakes research in the
20 prevention and treatment of traumatic in-
21 jury.
22 "(E) Such trauma center serves as a dis-
23 aster response leader for its community, such
24 as by participating in a partnership for State

1 and regional hospital preparedness established
2 under section 319C–2.
3 ''(3) MAJOR TRAUMA.—The term 'major trau-
4 ma' means an injury that is greater than or equal
5 to 15 on the injury severity score.
6 ''(4) MILITARY TRAUMA TEAM.—The term
7 'military trauma team' means a complete military
8 trauma team consisting of military trauma care pro-
9 viders.
10 ''(5) MILITARY TRAUMA CARE PROVIDER.—The
11 term 'military trauma care provider' means a mem-
12 ber of the Armed Forces who furnishes emergency,
13 critical care, and other trauma acute care, including
14 a physician, military surgeon, physician assistant,
15 nurse, respiratory therapist, flight paramedic, com-
16 bat medic, or enlisted medical technician.
17 ''(g) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section,
19 $15,000,000 for each of fiscal years 2019 through 2023,
20 of which—
21 ''(1) $10,000,000 shall be for carrying out sub-
22 section (a); and
23 ''(2) $5,000,000 shall be for carrying out sub-
24 section (b).''.

SEC. 115. IMPROVEMENT OF LOAN REPAYMENT PROGRAM FOR PREVENTION ACTIVITIES.

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

(1) in subsection (a)(1)—

(A) by inserting after ''conduct prevention activities'' the following: '', including rapid response to major health threats,''; and

(B) by striking ''$35,000'' and inserting ''$50,000'';

(2) in subsection (a)(2)(B), by striking ''3 years'' and inserting ''2 years''; and

(3) in subsection (c), by striking ''$500,000'' and all that follows through the period at the end and inserting ''$1,000,000 for each of the fiscal years 2019 through 2023.''.

SEC. 116. REPORT ON ADEQUATE NATIONAL BLOOD SUPPLY.

Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall 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.

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

(1) in subsection (b)—

(A) in paragraph (1)—

(i) in the first sentence, by inserting before the period the following: ‘‘, or if the Secretary determines there is the significant potential for a public health emergency, to allow the Secretary to rapidly respond to the immediate needs resulting from such public health emergency or potential public health emergency''; and

(ii) by inserting after the first sentence the following: ‘‘The Secretary shall plan for the expedited distribution of amounts in the Fund to appropriate agencies and entities.'';

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

1 (C) by inserting after paragraph (1) the
2 following:
3 ''(2) USES.—The Secretary may use amounts
4 in the Fund established under paragraph (1)—
5 ''(A) to facilitate coordination between and
6 among Federal, State, local, tribal, and terri-
7 torial entities and public and private health
8 care entities that the Secretary determines may
9 be affected by a public health emergency or po-
10 tential public health emergency referred to in
11 paragraph (1) (including communication of
12 such entities with relevant international enti-
13 ties, as applicable);
14 ''(B) to make grants, provide for awards,
15 enter into contracts, and conduct supportive in-
16 vestigations pertaining to such a public health
17 emergency or potential public health emergency,
18 including further supporting programs under
19 sections 319C–1 and 319C–2;
20 ''(C) to facilitate and accelerate, as appli-
21 cable, advanced research and development of se-
22 curity countermeasures (as defined in section
23 319F–2), qualified countermeasures (as defined
24 in section 319F–1), or qualified pandemic or
25 epidemic products (as defined in section 319F–

1 3), that are applicable to such a public health
2 emergency or potential public health emergency;
3 "(D) to strengthen biosurveillance capabili-
4 ties and laboratory capacity to identify, collect,
5 and analyze information regarding such a pub-
6 lic health emergency or potential public health
7 emergency, including the systems under section
8 319D;
9 "(E) to support initial emergency oper-
10 ations and assets related to preparation and de-
11 ployment of intermittent disaster-response per-
12 sonnel under section 2812, and the Medical Re-
13 serve Corps under section 2813; and
14 "(F) to carry out other activities, as the
15 Secretary determines applicable and appro-
16 priate."; and
17 (D) by inserting after paragraph (3), as so
18 redesignated, the following:
19 "(4) REVIEW.—Not later than 2 years after the
20 date of enactment of the Pandemic and All-Hazards
21 Preparedness Reauthorization Act of 2018, the Sec-
22 retary, in coordination with the Assistant Secretary
23 for Preparedness and Response, shall conduct a re-
24 view of the Fund under this subsection, and provide
25 recommendations to the Committee on Health, Edu-

1 cation, Labor, and Pensions and the Committee on
2 Appropriations of the Senate and the Committee on
3 Energy and Commerce and the Committee on Ap-
4 propriations of the House of Representatives on poli-
5 cies to improve such Fund for the uses described in
6 paragraph (2).

7 ''(5) GAO REVIEW AND REPORT.—The Comp-
8 troller General of the United States shall conduct a
9 review of the Fund under this subsection, including
10 the uses and the resources available in the Fund.
11 Not later than 4 years after the date of enactment
12 of the Pandemic and All-Hazards Preparedness Re-
13 authorization Act of 2018, the Comptroller General
14 shall submit to the Committee on Energy and Com-
15 merce of the House of Representatives and the Com-
16 mittee on Health, Education, Labor, and Pensions
17 of the Senate a report on such review, including rec-
18 ommendations related to such review.''; and

19 (2) in subsection (c), by striking ''section.'' and
20 inserting ''section or funds otherwise provided for
21 emergency response.''.

22 (b) TEMPORARY REASSIGNMENT OF FEDERALLY
23 FUNDED PERSONNEL.—Section 319(e)(8) of the Public
24 Health Service Act (42 U.S.C. 247d(e)(8)) is amended by
25 striking ''2018'' and inserting ''2023''.

1 **SEC. 202. IMPROVING STATE AND LOCAL PUBLIC HEALTH**
2 **SECURITY.**
3 (a) IN GENERAL.—Section 319C–1 of the Public
4 Health Service Act (42 U.S.C. 247d–3a) is amended—
5 (1) in subsection (a), by inserting '', acting
6 through the Director of the Centers for Disease
7 Control and Prevention,'' after ''the Secretary'';
8 (2) in subsection (b)(2)(A)—
9 (A) in clause (viii), by striking at the end
10 ''and'';
11 (B) in clause (ix), by adding at the end
12 ''and''; and
13 (C) by inserting after clause (ix) the fol-
14 lowing new clause:
15 ''(x) a description of—
16 ''(I) the measures the entity will
17 have in place to prioritize nursing fa-
18 cilities and skilled nursing facilities
19 with respect to public health emer-
20 gency preparedness in the same man-
21 ner as such plan will prioritize hos-
22 pitals, while ensuring that, in
23 prioritizing nursing facilities, skilled
24 nursing facilities, and hospitals, the
25 entity will retain the discretion to
26 prioritize among such facilities; and

1 "(II) the plans that each electric
2 utility company within the entity's ju-
3 risdiction has in place to ensure that
4 each such company will remain func-
5 tioning or return to functioning as
6 soon as practicable during power out-
7 ages caused by natural or manmade
8 disasters;";
9 (3) in subsection (e), by striking ", and local
10 emergency plans." and inserting ", local emergency
11 plans, and any regional health care emergency pre-
12 paredness and response system established pursuant
13 to the applicable guidelines under section 319C–3.";
14 and
15 (4) in subsection (h)(1)(A), by striking
16 "$641,900,000 for fiscal year 2014 for awards pur-
17 suant to paragraph (3) (subject to the authority of
18 the Secretary to make awards pursuant to para-
19 graphs (4) and (5)), and $641,900,000 for each of
20 fiscal years 2015 through 2018" and inserting
21 "$670,000,000 for each of fiscal years 2019 through
22 2023".
23 (b) EFFECTIVE DATE.—The amendments made by
24 subsection (a) shall take effect on the date of enactment

1 of this Act and apply with respect to cooperative agree-
2 ments awarded on or after such date of enactment.

3 **SEC. 203. STRENGTHENING THE HOSPITAL PREPAREDNESS**
4 **PROGRAM.**

5 Section 319C–2 of the Public Health Service Act (42
6 U.S.C. 247d–3b) is amended—
7 (1) by amending the section heading to read as
8 follows: ''**STATE AND REGIONAL HEALTH CARE**
9 **PREPAREDNESS AND RESPONSE TO IMPROVE**
10 **SURGE CAPACITY**'';
11 (2) in subsection (a), by striking ''hospital pre-
12 paredness for'' and inserting ''health care prepared-
13 ness for and response to'';
14 (3) in subsection (b)(1)(A)—
15 (A) in the matter preceding clause (i)—
16 (i) by striking ''partnership'' and in-
17 serting ''coalition''; and
18 (ii) by striking ''consisting of'' and in-
19 serting ''that includes'';
20 (B) in clause (ii), by striking ''and'' at the
21 end;
22 (C) in clause (iii)(III), by striking ''and''
23 at the end; and
24 (D) by adding at the end the following:

1 "(iv) an emergency medical service or-
2 ganization; and
3 "(v) an emergency management orga-
4 nization; and";
5 (4) in subsection (c), by inserting after "pre-
6 paredness" the following: "and response";
7 (5) in subsection (d)—
8 (A) in paragraph (1)(A)—
9 (i) in clause (i), by striking "; and"
10 and inserting a semicolon;
11 (ii) by redesignating clause (ii) as
12 clause (iii); and
13 (iii) by inserting after clause (i) the
14 following:
15 "(ii) among one or more facilities in a
16 regional health care emergency system
17 under section 319C–3; and";
18 (B) in paragraph (1)(B), by striking
19 "partnership" each place it appears and insert-
20 ing "coalition"; and
21 (C) in paragraph (2)(C), by striking "med-
22 ical preparedness" and inserting "preparedness
23 and response";
24 (6) in subsection (f), by striking "partnership"
25 and inserting "coalition";

1 (7) in subsection (g)(2)—
2 (A) by striking ''Partnerships'' and insert-
3 ing ''Coalitions'';
4 (B) by striking ''partnerships'' and insert-
5 ing ''coalitions''; and
6 (C) by inserting after ''preparedness'' the
7 following: ''and response'';
8 (8) in subsection (i)—
9 (A) in paragraph (1)—
10 (i) by striking ''The requirements''
11 and inserting ''Except as provided in para-
12 graph (2), the requirements'';
13 (ii) by striking ''An entity'' and in-
14 serting ''A coalition'';
15 (iii) by striking ''such partnership''
16 and inserting ''such coalition''; and
17 (iv) by adding at the end the fol-
18 lowing: ''In submitting reports pursuant to
19 this paragraph, an entity shall include in-
20 formation on the progress (if any) that the
21 entity has made towards the implementa-
22 tion of section 319C–3.'';
23 (B) by redesignating paragraph (2) as
24 paragraph (3); and

1 (C) by inserting after paragraph (1) the
2 following:
3 "(2) EXCEPTION RELATING TO APPLICATION OF
4 CERTAIN REQUIREMENTS.—Beginning with fiscal
5 year 2019, and in each succeeding fiscal year, with
6 respect to entities receiving awards under this sec-
7 tion—
8 "(A) paragraph (5)(A) of section 319C–
9 1(g) shall be applied—
10 "(i) by substituting 'for the imme-
11 diately preceding fiscal year' with the fol-
12 lowing: 'for either of the two immediately
13 preceding fiscal years'; and
14 "(ii) by substituting '2019' for '2008';
15 and
16 "(B) paragraph (6)(A) of section 319C–
17 1(g) shall be applied by substituting—
18 "(i) clause (i) of such paragraph with
19 the following: 'For each of the first two fis-
20 cal years immediately following a fiscal
21 year in which an entity experienced a fail-
22 ure described in subparagraph (A) or (B)
23 of paragraph (5) by the entity, an amount
24 equal to 10 percent of the amount the enti-

1 ty was eligible to receive for each such fis-
2 cal year.';

3 "(ii) clause (ii) of such paragraph
4 with the following: 'For each of the first
5 two fiscal years immediately following two
6 consecutive fiscal years in which an entity
7 experienced such a failure, an amount
8 equal to 15 percent of the amount the enti-
9 ty was eligible to receive for each of such
10 first two fiscal years, disregarding any
11 withholding of funds that would have been
12 made in each such year by virtue of clause
13 (i). The amount determined pursuant to
14 the previous sentence shall be in lieu of
15 any amount that would have been withheld
16 for each such year by virtue of clause (i).';

17 "(iii) clause (iii) of such paragraph
18 with the following: 'For each of the first
19 two fiscal years immediately following
20 three consecutive fiscal years in which an
21 entity experienced such a failure, an
22 amount equal to 20 percent of the amount
23 the entity was eligible to receive for each
24 of such first two fiscal years, disregarding
25 any withholding of funds that would have

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

1 **SEC. 204. IMPROVING BENCHMARKS AND STANDARDS FOR**
2 **PREPAREDNESS AND RESPONSE.**

3 (a) EVALUATING MEASURABLE EVIDENCE-BASED
4 BENCHMARKS AND OBJECTIVE STANDARDS.—Section
5 319C–1 (42 U.S.C. 247d–3a) is amended by inserting
6 after subsection (j) the following:

7 ''(k) EVALUATION.—

8 ''(1) IN GENERAL.—Not later than 2 years
9 after the date of enactment of the Pandemic and
10 All-Hazards Preparedness and Advancing Innovation
11 Act of 2018 and every 2 years thereafter, the Sec-
12 retary shall conduct an evaluation of the evidence-
13 based benchmarks and objective standards required
14 under subsection (g). Such evaluation shall be sub-
15 mitted to the congressional committees of jurisdic-
16 tion together with the National Health Security
17 Strategy under section 2802, at such time as such
18 strategy is submitted.

19 ''(2) CONTENT.—The evaluation under this
20 paragraph shall include—

21 ''(A) a review of evidence-based bench-
22 marks and objective standards, and associated
23 metrics and targets;

24 ''(B) a discussion of changes to any evi-
25 dence-based benchmarks and objective stand-
26 ards, and the effect of such changes on the abil-

1 ity to track whether entities are meeting or
2 making progress toward the goals under this
3 section and, to the extent practicable, the appli-
4 cable goals of the National Health Security
5 Strategy under section 2802;

6 ''(C) a description of amounts received by
7 eligible entities, as described in subsection (b)
8 and section 319C–2(b), and amounts received
9 by subrecipients and the effect of such funding
10 on meeting evidence-based benchmarks and ob-
11 jective standards; and

12 ''(D) recommendations, as applicable and
13 appropriate, to improve evidence-based bench-
14 marks and objective standards to more accu-
15 rately assess the ability of entities receiving
16 awards under this section to better achieve the
17 goals under this section and section 2802.''.

18 (b) EVALUATING THE PARTNERSHIP FOR STATE AND
19 REGIONAL HOSPITAL PREPAREDNESS.—Section 319C–
20 2(i)(1) (42 U.S.C. 247–3b(i)(1)), as amended by section
21 203, is further amended by striking ''section 319C–1(g),
22 (i), and (j)'' and inserting ''section 319C–1(g), (i), (j), and
23 (k)''.

1 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS FOR REVI-**
2 **TALIZING THE CENTERS FOR DISEASE CON-**
3 **TROL AND PREVENTION.**

4 Section 319D(f) of the Public Health Service Act (42
5 U.S.C. 247d–4(f)) is amended by striking ''$138,300,000
6 for each of fiscal years 2014 through 2018'' and inserting
7 ''$161,800,000 for each of fiscal years 2019 through
8 2023''.

9 **SEC. 206. AUTHORIZATION OF APPROPRIATIONS FOR**
10 **EMERGENCY SYSTEM FOR ADVANCED REG-**
11 **ISTRATION OF VOLUNTEER HEALTH PROFES-**
12 **SIONALS.**

13 Section 319I(k) of the Public Health Service Act (42
14 U.S.C. 247d–7b(k)) is amended by striking ''fiscal years
15 2014 through 2018'' and inserting ''fiscal years 2019
16 through 2023''.

17 **SEC. 207. REGIONAL HEALTH CARE EMERGENCY PRE-**
18 **PAREDNESS AND RESPONSE SYSTEMS.**

19 Part B of title III of the Public Health Service Act
20 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
21 tion 319C–2 the following new section:

22 **''SEC. 319C–3. GUIDELINES FOR REGIONAL HEALTH CARE**
23 **EMERGENCY PREPAREDNESS AND RESPONSE**
24 **SYSTEMS.**

25 ''(a) PURPOSE.—It is the purpose of this section to
26 identify and provide guidelines for regional systems of hos-

1 pitals, health care facilities, and other public and private
2 sector entities, with varying levels of capability to treat
3 patients and increase medical surge capacity during, in ad-
4 vance of, and immediately following a public health emer-
5 gency, including threats posed by one or more chemical,
6 biological, radiological, and nuclear agents, including
7 emerging infectious diseases.

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

21 ''(1) identify and develop a set of guidelines re-
22 lating to practices and protocols for all-hazards pub-
23 lic health emergency preparedness and response for
24 hospitals and health care facilities to provide appro-
25 priate patient care during, in advance of, or imme-

1 diately following, a public health emergency, result-
2 ing from one or more chemical, biological, radio-
3 logical, or nuclear agents, including emerging infec-
4 tious diseases (which may include existing practices,
5 such as trauma care and medical surge capacity and
6 capabilities), with respect to—
7 ‘‘(A) a regional approach to identifying
8 hospitals and health care facilities based on
9 varying capabilities and capacity to treat pa-
10 tients affected by such emergency, including—
11 ‘‘(i) the manner in which the system
12 will coordinate with and integrate the
13 health care coalitions and entities de-
14 scribed in section 319C–2(b); and
15 ‘‘(ii) informing and educating appro-
16 priate first responders and health care sup-
17 ply chain partners of the regional emer-
18 gency preparedness and response capabili-
19 ties and medical surge capacity of such
20 hospitals and health care facilities in the
21 community;
22 ‘‘(B) physical and technological infrastruc-
23 ture, laboratory capacity, staffing, blood supply,
24 and other supply chain needs, taking into ac-

1 count resiliency, geographic considerations, and
2 rural considerations;
3 “(C) protocols or best practices for the
4 safety and personal protection of workers who
5 handle human remains and health care workers
6 (including with respect to protective equipment
7 and supplies, waste management processes, and
8 decontamination), sharing of specialized experi-
9 ence among the health care workforce, behav-
10 ioral health, psychological resilience, and train-
11 ing of the workforce, as applicable;
12 “(D) in a manner that allows for disease
13 containment (within the meaning of section
14 2802(b)(2)(B)), coordinated medical triage,
15 treatment, and transportation of patients, based
16 on patient medical need (including patients in
17 rural areas), to the appropriate hospitals or
18 health care facilities within the regional system
19 or, as applicable and appropriate, between sys-
20 tems in different States or regions; and
21 “(E) the needs of children and other at-
22 risk individuals;
23 “(2) make such guidelines available on the pub-
24 lic website of the Department of Health and Human

1 Services in a manner that does not compromise na-
2 tional security; and
3 "(3) update such guidelines as appropriate, in-
4 cluding based on input received pursuant to sub-
5 sections (c) and (f), to address new and emerging
6 public health threats.
7 "(c) CONSIDERATIONS.—In identifying, developing,
8 and updating guidelines under subsection (b), the Assist-
9 ant Secretary for Preparedness and Response shall—
10 "(1) include input from hospitals and health
11 care facilities (including health care coalitions under
12 section 319C–2), State, local, tribal, and territorial
13 public health departments, and health care or sub-
14 ject matter experts (including experts with relevant
15 expertise in chemical, biological, radiological, or nu-
16 clear threats, and emerging infectious disease), as
17 the Assistant Secretary determines appropriate, to
18 meet the goals under section 2802(b)(3);
19 "(2) consult and engage with appropriate
20 health care providers and professionals, including
21 physicians, nurses, first responders, health care fa-
22 cilities (including hospitals, primary care clinics,
23 community health centers, mental health facilities,
24 ambulatory care facilities, and dental health facili-
25 ties), pharmacies, emergency medical providers,

1 trauma care providers, environmental health agen-
2 cies, public health laboratories, poison control cen-
3 ters, blood banks, and other experts that the Assist-
4 ant Secretary determines appropriate, to meet the
5 goals under section 2802(b)(3);
6 "(3) consider feedback related to financial im-
7 plications for hospitals, health care facilities, public
8 health agencies, laboratories, blood banks, and other
9 entities engaged in regional preparedness planning
10 to implement and follow such guidelines, as applica-
11 ble; and
12 "(4) consider financial requirements and poten-
13 tial incentives for entities to prepare for, and re-
14 spond to, public health emergencies as part of the
15 regional health care emergency preparedness and re-
16 sponse system.
17 "(d) TECHNICAL ASSISTANCE.—The Assistant Sec-
18 retary for Preparedness and Response, in consultation
19 with the Director of the Centers for Disease Control and
20 Prevention and the Assistant Secretary of Labor for Occu-
21 pational Safety and Health, may provide technical assist-
22 ance and consultation towards meeting the guidelines de-
23 scribed in subsection (b).

1 “(e) DEMONSTRATION PROJECT FOR REGIONAL
2 HEALTH CARE PREPAREDNESS AND RESPONSE SYS-
3 TEMS.—

4 “(1) IN GENERAL.—The Assistant Secretary for
5 Preparedness and Response may establish a dem-
6 onstration project pursuant to the development and
7 implementation of guidelines under subsection (b) to
8 award grants to improve medical surge capacity for
9 all hazards, build and integrate regional medical re-
10 sponse capabilities, improve specialty care expertise
11 for all-hazards response, and coordinate medical pre-
12 paredness and response across State, local, tribal,
13 territorial, and regional jurisdictions.

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

16 “(f) GAO REPORT TO CONGRESS.—

17 “(1) REPORT.—Not later than 3 years after the
18 date of enactment of this section, the Comptroller
19 General of the United States (referred to in this
20 subsection as the ‘Comptroller General’) shall submit
21 to the Committee on Health, Education, Labor, and
22 Pensions and the Committee on Finance of the Sen-
23 ate and the Committee on Energy and Commerce
24 and the Committee on Ways and Means of the
25 House of Representatives a report on the extent to

1 which hospitals and health care facilities have imple-
2 mented the recommended guidelines under sub-
3 section (b), including an analysis and evaluation of
4 any challenges hospitals or health care facilities ex-
5 perienced in implementing such guidelines.

6 ''(2) CONTENT.—The Comptroller General shall
7 include in the report under paragraph (1)—

8 ''(A) data on the preparedness and re-
9 sponse capabilities that have been informed by
10 the guidelines under subsection (b) to improve
11 regional emergency health care preparedness
12 and response capability, including hospital and
13 health care facility capacity and medical surge
14 capabilities to prepare for, and respond to, pub-
15 lic health emergencies; and

16 ''(B) recommendations to reduce gaps in
17 incentives for regional health partners, includ-
18 ing hospitals and health care facilities, to im-
19 prove capacity and medical surge capabilities to
20 prepare for, and respond to, public health emer-
21 gencies, consistent with subsection (a), which
22 may include consideration of facilities partici-
23 pating in programs under section 319C–2, pro-
24 grams under the Centers for Medicare & Med-
25 icaid Services (including innovative health care

1 delivery and payment models), and input from
2 private sector financial institutions.
3 "(3) CONSULTATION.—In carrying out para-
4 graphs (1) and (2), the Comptroller General shall
5 consult with the heads of appropriate Federal agen-
6 cies, including—
7 "(A) the Assistant Secretary for Prepared-
8 ness and Response;
9 "(B) the Director of the Centers for Dis-
10 ease Control and Prevention;
11 "(C) the Administrator of the Centers for
12 Medicare & Medicaid Services;
13 "(D) the Assistant Secretary for Mental
14 Health and Substance Use;
15 "(E) the Assistant Secretary of Labor for
16 Occupational Safety and Health;
17 "(F) the Secretary of Veterans Affairs;
18 and
19 "(G) the heads of such other Federal agen-
20 cies as the Secretary determines appropriate.".

1 **SEC. 208. NATIONAL ACADEMY OF MEDICINE EVALUATION**
2 **AND REPORT ON THE PREPAREDNESS OF**
3 **HOSPITALS, LONG-TERM CARE FACILITIES,**
4 **DIALYSIS CENTERS, AND OTHER MEDICAL**
5 **FACILITIES FOR PUBLIC HEALTH EMER-**
6 **GENCIES.**

7 (a) EVALUATION.—

8 (1) IN GENERAL.—Not later than 60 days after
9 the date of enactment of this Act, the Secretary of
10 Health and Human Services shall enter into an ar-
11 rangement with the National Academy of Medicine
12 or, if the National Academy declines to enter into
13 such an arrangement, another appropriate entity
14 under which the National Academy (or other appro-
15 priate entity) agrees to evaluate the preparedness of
16 hospitals, long-term care facilities, dialysis centers,
17 and other medical facilities nationwide for public
18 health emergencies, including natural disasters.

19 (2) SPECIFIC MATTERS EVALUATED.—The ar-
20 rangement under paragraph (1) shall require the
21 National Academy of Medicine (or other appropriate
22 entity)—

23 (A) to catalogue, review, and evaluate the
24 efficacy of current rules and regulations for
25 hospitals, long-term care facilities, dialysis cen-

1 ters, and medical facilities regarding emergency
2 preparedness planning;
3 (B) to identify and prioritize options to im-
4 plement policies for hospitals, long-term care
5 facilities, dialysis centers, and other medical fa-
6 cilities nationwide that address future threats;
7 (C) to review all Federal grant programs
8 that affect the preparedness of hospitals, long-
9 term care facilities, dialysis centers, or other
10 medical facilities for public health emergencies
11 and provide recommendations for improving
12 such preparedness by—
13 (i) improving such existing Federal
14 grant programs; or
15 (ii) creating new Federal grant pro-
16 grams;
17 (D) to review, identify, and recommend
18 best practices for improving emergency pre-
19 paredness at hospitals, long-term care facilities,
20 dialysis centers, and other medical facilities;
21 (E) to identify and recommend best
22 sources and guidelines for alterative or emer-
23 gency power systems, including renewable
24 sources, battery storage, and generators; and

1 (F) to identify and recommend best prac-
2 tices and guidelines for emergency preparedness
3 planning related to access to clean water at hos-
4 pitals, long-term care facilities, dialysis centers,
5 and other medical facilities.

6 (b) REPORT.—

7 (1) IN GENERAL.—The arrangement under sub-
8 section (a)(1) shall require the National Academy of
9 Medicine (or other appropriate entity) to submit to
10 the Secretary of Health and Human Services and
11 the Congress, not later than 18 months after the
12 date of enactment of this Act, a report on the re-
13 sults of the evaluation conducted pursuant to this
14 section.

15 (2) CONTENTS.—The report under paragraph
16 (1) shall—

17 (A) describe the findings and conclusions
18 of the evaluation conducted pursuant to this
19 section; and

20 (B) include a strategy for improving the
21 preparedness of hospitals, long-term care facili-
22 ties, dialysis centers, and other medical facili-
23 ties nationwide for public health emergencies,
24 including natural disasters.

1 **SEC. 209. LIMITATION ON LIABILITY FOR VOLUNTEER**
2 **HEALTH CARE PROFESSIONALS.**

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

6 **"SEC. 224A. LIMITATION ON LIABILITY FOR VOLUNTEER**
7 **HEALTH CARE PROFESSIONALS.**

8 "(a) LIMITATION ON LIABILITY.—Except as provided
9 in subsection (b), a health care professional serving, for
10 purposes of responding to a disaster, as a volunteer shall
11 not be liable under Federal or State law for any harm
12 caused by an act or omission of the professional in the
13 provision of health care services if the act or omission oc-
14 curs—

15 "(1) during the period of the disaster;

16 "(2) in the State or States for which the dis-
17 aster is declared;

18 "(3) while the health care professional is acting
19 in the professional's capacity as a volunteer;

20 "(4) in the course of providing health care serv-
21 ices that are within the scope of the license, registra-
22 tion, or certification of the volunteer, as defined by
23 the State of licensure, registration, or certification;
24 and

25 "(5) while the health care professional is acting
26 in a good faith belief that the individual being pro-

1 vided such health care services is in need of such
2 health care services.

3 ''(b) EXCEPTIONS.—Subsection (a) does not apply
4 with respect to harm caused by an act or omission of a
5 health care professional in the provision of health care
6 services as described in such subsection if—

7 ''(1) the harm was caused by an act or omission
8 constituting willful or criminal misconduct, gross
9 negligence, reckless misconduct, or a conscious fla-
10 grant indifference to the rights or safety of the indi-
11 vidual harmed by the health care professional; or

12 ''(2) the health care professional provided such
13 health care services under the influence (as deter-
14 mined pursuant to applicable State law) of alcohol
15 or an intoxicating drug.

16 ''(c) PREEMPTION.—No State or political subdivision
17 of a State may establish or continue in effect any laws
18 relating to the liability for acts or omissions relating to
19 the provision of health care services by health care profes-
20 sionals serving, for purposes of responding to a disaster,
21 as volunteers that are inconsistent with this section, unless
22 such laws provide greater protection from such liability.

23 ''(d) RELATIONSHIP TO VOLUNTEER PROTECTION
24 ACT OF 1997.—The protections from liability under this

1 section are in addition to the protections from liability
2 under the Volunteer Protection Act of 1997.
3 "(e) DEFINITIONS.—In this section:
4 "(1) The term 'disaster' means—
5 "(A) a national emergency declared by the
6 President under the National Emergencies Act;
7 "(B) an emergency or major disaster de-
8 clared by the President under the Robert T.
9 Stafford Disaster Relief and Emergency Assist-
10 ance Act; or
11 "(C) a public health emergency that is de-
12 termined by the Secretary under section 319 of
13 this Act with respect to one or more States
14 specified in such determination—
15 "(i) during only the initial period cov-
16 ered by such determination; and
17 "(ii) excluding any period covered by
18 a renewal of such determination.
19 "(2) The term 'harm' includes physical, non-
20 physical, economic, and noneconomic losses.
21 "(3) The term 'health care professional' means
22 an individual who is licensed, registered, or certified
23 under Federal or State law to provide health care
24 services.

1 ‘‘(4) The term ‘health care services’ means any
2 services provided by a health care professional, or by
3 any individual working under the supervision of a
4 health care professional, that relate to—
5 ‘‘(A) the diagnosis, prevention, or treat-
6 ment of any human disease or impairment; or
7 ‘‘(B) the assessment or care of the health
8 of a human being.
9 ‘‘(5) The term ‘State’ includes each of the sev-
10 eral States, the District of Columbia, the Common-
11 wealth of Puerto Rico, the Virgin Islands, Guam,
12 American Samoa, the Northern Mariana Islands,
13 and any other territory or possession of the United
14 States.
15 ‘‘(6)(A) The term ‘volunteer’ means a health
16 care professional who, in providing health care serv-
17 ices in response to a disaster, does not receive—
18 ‘‘(i) compensation; or
19 ‘‘(ii) any other thing of value in lieu of
20 compensation, in excess of $500 per year.
21 ‘‘(B) For purposes of subparagraph (A), the
22 term ‘compensation’—
23 ‘‘(i) includes payment under any insurance
24 policy or health plan, or under any Federal
25 health care program (as defined in section

1128B(f) of the Social Security Act) or State health benefits program; and

"(ii) excludes—

"(I) reasonable reimbursement or allowance for expenses actually incurred;

"(II) receipt of paid leave; and

"(III) receipt of items to be used exclusively for providing the health care services referred to in subparagraph (A).".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to claims for relief for which the act or omission giving rise to the claim occurred on or after the date that is 90 days after the date of the enactment of this Act.

(c) SENSE OF CONGRESS.—It is the sense of the Congress that—

(1) health care professionals should be encouraged, to register with the Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP), and States should employ online registration with the promptest processing possible of such registrations to foster the rapid deployment and utilization of volunteer health care professionals following a disaster;

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

(3) the appropriate licensing entities should verify the licenses of volunteer health care professionals serving disaster victims as soon as is reasonably practical following a disaster.

TITLE III—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

SEC. 301. STRATEGIC NATIONAL STOCKPILE AND SECURITY COUNTERMEASURE PROCUREMENT.

(a) IN GENERAL.—

(1) COORDINATION WITH THE ASPR.—Subsection (a)(1) of section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended by inserting "the Assistant Secretary for Preparedness and Response and" before "the Director of the Centers for Disease Control and Prevention".

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

1 (A) in paragraph (2)—
2 (i) by redesignating subparagraphs
3 (C) through (F) as subparagraphs (D)
4 through (G), respectively; and
5 (ii) by inserting after subparagraph
6 (B) the following new subparagraph:
7 "(C) the Strategic National Stockpile pur-
8 suant to section 319F–2;"; and
9 (B) in paragraph (3)—
10 (i) in subparagraph (A), by adding
11 "and" at the end;
12 (ii) by striking subparagraph (B); and
13 (iii) by redesignating subparagraph
14 (C) as subparagraph (B).
15 (b) CONGRESSIONAL NOTIFICATION OF MATERIAL
16 THREAT DETERMINATION.—Section 319F–2(c)(2)(C) (42
17 U.S.C. 247d–6b(c)(2)(C)) is amended by striking "The
18 Secretary and the Homeland Security Secretary shall
19 promptly notify the appropriate committees of Congress"
20 and inserting "The Secretary and the Secretary of Home-
21 land Security shall send to Congress, on an annual basis,
22 all current material threat determinations and shall
23 promptly notify the Committee on Health, Education,
24 Labor, and Pensions and the Committee on Homeland Se-
25 curity and Government Affairs of the Senate and the Com-

1 mittee on Energy and Commerce and the Committee on
2 Homeland Security of the House of Representatives''.
3 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
4 319F–2(f)(1) of the Public Health Service Act (42 U.S.C.
5 247d–6b(f)(1)) is amended by striking ''$533,800,000 for
6 each of fiscal years 2014 through 2018'' and inserting
7 ''$610,000,000 for each of fiscal years 2019 through
8 2023, to remain available until expended''.
9 (d) BIOSHIELD SPECIAL RESERVE FUND.—Para-
10 graph (1) of section 319F–2(g) of the Public Health Serv-
11 ice Act (42 U.S.C. 247d–6b(g)) is amended to read as fol-
12 lows:
13 ''(1) AUTHORIZATION OF APPROPRIATIONS.—In
14 addition to amounts appropriated to the special re-
15 serve fund prior to the date of the enactment of this
16 subsection, there is authorized to be appropriated,
17 for the procurement of security countermeasures
18 under subsection (c) and for carrying out section
19 319L (relating to the Biomedical Advanced Research
20 and Development Authority), $7,100,000,000 for the
21 fiscal years 2019 through 2028. Funds authorized
22 by the preceding sentence for fiscal years 2020
23 through 2027 may be provided by advance appro-
24 priation, to be obligated at a rate of not less than
25 $710,000,000 per year. Amounts appropriated pur-

1 suant to this paragraph are authorized to remain
2 available until expended.''.

3 **SEC. 302. BIOMEDICAL ADVANCED RESEARCH AND DEVEL-**
4 **OPMENT AUTHORITY.**

5 (a) PREPARING FOR PANDEMIC INFLUENZA, ANTI-
6 MICROBIAL RESISTANCE, AND OTHER SIGNIFICANT
7 THREATS.—Section 319L(c)(4) of the Public Health Serv-
8 ice Act (247d–7e(c)(4)) is amended by adding at the end
9 the following:

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

1 and procurement of, countermeasures and prod-
2 ucts, as applicable, to address areas including—
3 "(i) chemical, biological, radiological,
4 or nuclear threats, including emerging in-
5 fectious diseases, for which insufficient ap-
6 proved, licensed, or authorized counter-
7 measures exist, or for which such threat,
8 or the result of an exposure to such threat,
9 may become resistant to countermeasures
10 or existing countermeasures may be ren-
11 dered ineffective;
12 "(ii) threats that consistently exist or
13 continually circulate and have significant
14 potential to become a pandemic, such as
15 pandemic influenza, which may include the
16 advanced research and development, manu-
17 facturing, and appropriate stockpiling of
18 qualified pandemic or epidemic products,
19 and products, technologies, or processes to
20 support the advanced research and devel-
21 opment of such countermeasures (including
22 multiuse platform technologies for
23 diagnostics, vaccines, and therapeutics;
24 virus seeds; clinical trial lots; novel virus

1 strains; and antigen and adjuvant material); and
3 "(iii) threats that may result primarily or secondarily from a chemical, biological, radiological, or nuclear agent, or emerging infectious disease, and which may present increased treatment complications such as the occurrence of resistance to available countermeasures or potential countermeasures, including antimicrobial resistant pathogens.".
12 (b) TRANSACTION AUTHORITIES.—Section 319L(c)(5)(A) of the Public Health Service Act (42 U.S.C. 247d–7e(c)(5)(A)) is amended—
15 (1) by amending clause (i) to read as follows:
16 "(i) IN GENERAL.—The Secretary shall have the authority to engage in transactions other than a contract, grant, or cooperative agreement with respect to projects under this section."; and
21 (2) in clause (ii)—
22 (A) by amending subclause (I) to read as follows:
24 "(I) To the maximum extent practicable, competitive procedures

1 shall be used when entering into
2 agreements to carry out projects
3 under this section.''; and
4 (B) in subclause (II), by striking
5 ''$20,000,000'' and inserting ''$100,000,000''.
6 (c) PANDEMIC INFLUENZA PROGRAM.—Section 319L
7 of the Public Health Service Act (42 U.S.C. 247d–7e) is
8 amended—
9 (1) by redesignating subsections (d) through (f)
10 as subsections (f) through (h), respectively; and
11 (2) by inserting after subsection (c) the fol-
12 lowing new subsections:
13 ''(d) PANDEMIC INFLUENZA PROGRAM.—The Sec-
14 retary, acting through the Director of BARDA, shall es-
15 tablish and implement a program that—
16 ''(1) supports research and development activi-
17 ties for qualified pandemic or epidemic products (as
18 defined in section 319F–3(i)), including by devel-
19 oping innovative technologies to enhance rapid re-
20 sponse to threats relating to pandemic influenza;
21 ''(2) ensures readiness to respond to pandemic
22 influenza threats by supporting the development and
23 manufacturing of influenza virus seeds, clinical trial
24 lots, and stockpiles of novel influenza strains; and

1 "(3) sustains and replenishes pandemic stock-
2 piles of bulk antigen and adjuvant material, includ-
3 ing annually testing the potency and shelf-life poten-
4 tial of all existing pandemic stockpiles held by the
5 Department of Health and Human Services.

6 "(e) EMERGING INFECTIOUS DISEASE PROGRAM.—
7 The Secretary, acting through the Director of BARDA,
8 shall establish and implement a program that supports re-
9 search and development, and manufacturing infrastruc-
10 ture, activities with respect to an emerging infectious dis-
11 ease.".

12 (d) FUNDING.—Subsection (f) of section 319L of the
13 Public Health Service Act (42 U.S.C. 247d–7e), as redes-
14 ignated by subsection (b)(1), is amended—

15 (1) in paragraph (2)—

16 (A) by inserting "(other than subsections
17 (d) and (e))" after "purposes of this section";
18 and

19 (B) by striking "$415,000,000 for each of
20 fiscal years 2014 through 2018" and inserting
21 "$536,700,000 for each of fiscal years 2019
22 through 2023"; and

23 (2) by adding at the end the following new
24 paragraphs:

1 "(3) FUNDING FOR PANDEMIC INFLUENZA PRO-
2 GRAM.—
3 "(A) IN GENERAL.—To carry out the pur-
4 poses of subsection (d), there is authorized to
5 be appropriated $250,000,000 for each of fiscal
6 years 2019 through 2023, to remain available
7 until expended.
8 "(B) SUPPLEMENT NOT SUPPLANT.—Any
9 funds provided to the Secretary under this
10 paragraph shall be used to supplement and not
11 supplant any other Federal funds provided to
12 carry out the purposes of subsection (d).
13 "(4) FUNDING FOR EMERGING INFECTIOUS DIS-
14 EASE PROGRAM.—
15 "(A) IN GENERAL.—To carry out the pur-
16 poses of subsection (e), there is authorized to
17 be appropriated $250,000,000 for each of fiscal
18 years 2019 through 2023, to remain available
19 until expended.
20 "(B) SUPPLEMENT NOT SUPPLANT.—Any
21 funds provided to the Secretary under this
22 paragraph shall be used to supplement and not
23 supplant any other Federal funds provided to
24 carry out the purposes of subsection (e).".

1 **SEC. 303. REPORT ON THE DEVELOPMENT OF VACCINES TO**
2 **PREVENT FUTURE EPIDEMICS.**

3 Not later than one year after the date of the enact-
4 ment of this Act, the Secretary of Health and Human
5 Services shall submit to Congress a report detailing the
6 activities carried out by the Department of Health and
7 Human Services to support the development of vaccines
8 to prevent future epidemics, including work carried out
9 through domestic and global public-private partnerships
10 and other collaborations intended to spur the development
11 of such vaccines. Such report shall include information re-
12 lated to the provision of any funding or technical assist-
13 ance to such entities.

14 TITLE IV—MISCELLANEOUS 15 PROVISIONS

16 **SEC. 401. CYBERSECURITY.**

17 (a) NATIONAL HEALTH SECURITY STRATEGY.—Sec-
18 tion 2802(a) of the Public Health Service Act (42 U.S.C.
19 300h–1(a)) is amended by adding at the end the following:

20 "(4) CYBERSECURITY THREATS.—In the next
21 version of the National Health Security Strategy
22 prepared after the date of the enactment of this
23 paragraph, the National Health Security Strategy
24 shall include a national strategy focused on address-
25 ing cybersecurity threats to the public health and
26 health care system, including—

1 "(A) defining the functions, capabilities,
2 and gaps in such system; and
3 "(B) identifying strategies to strengthen
4 the preparedness and response of such system
5 to cybersecurity threats and incidents, including
6 with respect to continuity of care and risk miti-
7 gation to prevent harm to human health in case
8 of a cybersecurity incident.".
9 (b) COORDINATION OF PREPAREDNESS FOR AND RE-
10 SPONSE TO ALL-HAZARDS PUBLIC HEALTH EMER-
11 GENCIES.—Section 2811(c) of the Public Health Service
12 Act (42 U.S.C. 300hh–10), as amended by sections 101
13 and 301, is further amended—
14 (1) by redesignating paragraph (4) as para-
15 graph (5); and
16 (2) by inserting after paragraph (3) the fol-
17 lowing:
18 "(4) have lead responsibility within the Depart-
19 ment of Health and Human Services for ensuring
20 the ability of the health care sector to provide con-
21 tinuity of care during a cybersecurity incident; and".
22 **SEC. 402. MISCELLANEOUS FDA AMENDMENTS.**
23 (a) DRUG DEVELOPMENT TOOLS.—Section 507(c) of
24 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
25 357) is amended—

1 (1) by redesignating paragraph (3) as para-
2 graph (4); and
3 (2) by inserting after paragraph (2) the fol-
4 lowing:
5 ''(3) NATIONAL SECURITY LIMITATION.—In
6 making information publicly available pursuant to
7 paragraph (1), the Secretary—
8 ''(A) shall not disclose information that
9 would compromise national security; and
10 ''(B) may make available summaries in
11 lieu of data and evidence contained in qualifica-
12 tion submissions.''.
13 (b) EMERGENCY USE INSTRUCTIONS.—Subpara-
14 graph (A) of section 564A(e)(2) of the Federal Food,
15 Drug, and Cosmetic Act (21 U.S.C. 360bbb–3a(e)(2)) is
16 amended by striking ''subsection (a)(1)(C)(i)'' and insert-
17 ing ''subsection (a)(1)(C)''.
18 (c) PRODUCTS HELD FOR EMERGENCY USE.—Sec-
19 tion 564B(2) of the Federal Food, Drug, and Cosmetic
20 Act (21 U.S.C. 360bbb–3b) is amended—
21 (1) in subparagraph (B), by inserting a comma
22 after ''505''; and
23 (2) in subparagraph (C), by inserting ''or sec-
24 tion 564A'' before the period at the end.

SEC. 403. FORMAL STRATEGY RELATING TO CHILDREN SEPARATED FROM PARENTS AND GUARDIANS AS A RESULT OF ZERO TOLERANCE POLICY.

Not later than 14 days after the date of the enactment of this Act, the Assistant Secretary for Preparedness and Response shall submit to the Committee on Energy and Commerce of the House of Representatives a formal strategy—

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

(2) 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.

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

''SEC. 319D–2. BIOLOGICAL THREAT DETECTION.

''(a) EXCHANGE OF INFORMATION.—

1 "(1) IN GENERAL.—The Secretary of Health
2 and Human Services, in coordination with the Sec-
3 retary of Defense and the Secretary of Homeland
4 Security, shall—
5 "(A) facilitate the identification by Federal
6 departments and agencies of technological,
7 operational, and programmatic successes and
8 failures of domestic detection programs for in-
9 tentionally introduced, accidentally released,
10 and naturally occurring infectious diseases;
11 "(B) facilitate the exchange of information
12 described in subparagraph (A) among Federal
13 departments and agencies that utilize biological
14 threat detection technology; and
15 "(C) make recommendations on research,
16 development, and procurement to Federal de-
17 partments and agencies to replace and enhance
18 biological threat detection systems in use, in-
19 cluding recommendation for the transfer of bio-
20 logical threat detection technology among Fed-
21 eral departments and agencies.
22 "(2) CONSIDERATIONS.—In carrying out para-
23 graph (1), the Secretary of Health and Human
24 Services shall take into consideration the capabilities
25 of the system with respect to each of the following:

1 "(A) Rapidly detecting, identifying, charac-
2 terizing, and confirming the presence of biologi-
3 cal threat agents.

4 "(B) Recovering live biological agents from
5 collection devices.

6 "(C) Determining the geographical dis-
7 tribution of biological agents.

8 "(D) Determining the extent of environ-
9 mental contamination and persistence of bio-
10 logical agents.

11 "(E) Providing advanced molecular
12 diagnostics to State, local, tribal, and territorial
13 public health and other laboratories that sup-
14 port biological threat detection activities.

15 "(b) COLLABORATION.—The Secretary of Health and
16 Human Services, in consultation with Secretary of De-
17 fense, the Secretary of Homeland Security, the Director
18 of the Centers for Disease Control and Prevention, and
19 the heads of other Federal departments and agencies that
20 utilize biological threat detection technology, shall collabo-
21 rate with State, local, tribal, and territorial public health
22 laboratories and other users of current and future biologi-
23 cal threat detection systems to develop—

24 "(1) biological threat detection requirements,
25 including—

1 "(A) technical, quality, and biosafety
2 standards, including the review of validation
3 data prior to and throughout deployment of a
4 biological threat detection system; and
5 "(B) requirements for—
6 "(i) the assessment of quality stand-
7 ards and the development and deployment
8 of biological threat detection systems; and
9 "(ii) metrics for, collaborative assess-
10 ment of, and deployment of biosafety
11 standards;
12 "(2) a standardized integration strategy for—
13 "(A) the level to which biological threat de-
14 tection processes and systems are defined and
15 executed;
16 "(B) the locations at which such processes
17 and systems are performed; and
18 "(C) the extent to which data is shared
19 among State, local, tribal, and territorial public
20 health laboratories and Federal departments
21 and agencies;
22 "(3) State, local, tribal, and territorial labora-
23 tory training requirements for—
24 "(A) supporting and participating in bio-
25 logical threat detection systems; and

1 "(B) addressing flexibility at the jurisdic-
2 tional level allowing for adoption of technology
3 based on need and assessment of the efficacy
4 and local utility of technology by the jurisdic-
5 tion;
6 "(4) guidelines for a coordinated public health
7 response addressing all aspect of a response, includ-
8 ing clinical and epidemiological guidelines for uti-
9 lizing information produced by biological threat de-
10 tection systems and responding to intentionally in-
11 troduced, accidentally released, and naturally occur-
12 ring infectious diseases; and
13 "(5) a coordinated remediation plan with Fed-
14 eral departments and agencies and State and local
15 public health agencies to facilitate rapid, safe, and
16 coordinated restoration of facilities and localities
17 after a contaminating biological event.".

18 **SEC. 405. STRENGTHENING MOSQUITO ABATEMENT FOR**
19 **SAFETY AND HEALTH.**

20 (a) REAUTHORIZATION OF MOSQUITO ABATEMENT
21 FOR SAFETY AND HEALTH PROGRAM.—Section 317S of
22 the Public Health Service Act (42 U.S.C. 247b–21) is
23 amended—
24 (1) in subsection (a)(1)(B)—

1 (A) by inserting "including programs to
2 address emerging infectious mosquito-borne dis-
3 eases," after "subdivisions for control pro-
4 grams,"; and
5 (B) by inserting "or improving existing
6 control programs" before the period at the end;
7 (2) in subsection (b)—
8 (A) in paragraph (1), by inserting ", in-
9 cluding improvement," after "operation";
10 (B) in paragraph (2)—
11 (i) in subparagraph (A)—
12 (I) in clause (ii), by striking "or"
13 at the end;
14 (II) in clause (iii), by striking the
15 semicolon at the end and inserting ",
16 including an emerging infectious mos-
17 quito-borne disease that presents a se-
18 rious public health threat; or"; and
19 (III) by adding at the end the
20 following:
21 "(iv) a public health emergency due to
22 the incidence or prevalence of a mosquito-
23 borne disease that presents a serious pub-
24 lic health threat;"; and

1 (ii) by amending subparagraph (D) to
2 read as follows:
3 ''(D)(i) is located in a State that has re-
4 ceived a grant under subsection (a); or
5 ''(ii) demonstrates to the Secretary that
6 the control program for which a grant is sought
7 is consistent with existing State mosquito con-
8 trol plans or policies, and other applicable State
9 preparedness plans.'';
10 (C) in paragraph (4)(C), by striking ''that
11 extraordinary'' and all that follows through the
12 period at the end and inserting the following:
13 ''that—
14 ''(i) extraordinary economic conditions
15 in the political subdivision or consortium of
16 political subdivisions involved justify the
17 waiver; or
18 ''(ii) the geographical area covered by
19 a political subdivision or consortium for a
20 grant under paragraph (1) has an extreme
21 mosquito control need due to—
22 ''(I) the size or density of the po-
23 tentially impacted human population;

1 "(II) the size or density of a
2 mosquito population that requires
3 heightened control; or
4 "(III) the severity of the mos-
5 quito-borne disease, such that ex-
6 pected serious adverse health out-
7 comes for the human population jus-
8 tify the waiver."; and
9 (D) by amending paragraph (6) to read as
10 follows:
11 "(6) NUMBER OF GRANTS.—A political subdivi-
12 sion or a consortium of political subdivisions may
13 not receive more than one grant under paragraph
14 (1)."; and
15 (3) in subsection (d), by striking "Amounts ap-
16 propriated under subsection (f)" and inserting
17 "Amounts appropriated to carry out this section".
18 (b) EPIDEMIOLOGY-LABORATORY CAPACITY
19 GRANTS.—Section 2821 of the Public Health Service Act
20 (42 U.S.C. 300hh–31) is amended—
21 (1) in subsection (a)(1), by inserting ", includ-
22 ing mosquito and other vector-borne diseases," after
23 "infectious diseases"; and
24 (2) by amending subsection (b) to read as fol-
25 lows:

1 ‘‘(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 $40,000,000 for each of fiscal years 2019 through 2023.’’.
4 (c) GAO STUDY.—
5 (1) STUDY.—The Comptroller General of the
6 United States shall conduct a study on the state of
7 surveillance and control of mosquito-borne infectious
8 diseases in the United States, including Indian
9 Country (as defined in section 1151 of title 18,
10 United States Code) and territories, including the
11 state of preparedness for conducting such surveil-
12 lance and control. The study shall include—
13 (A) a description of the infrastructure and
14 programs for mosquito control in the United
15 States (including Indian Country (as so de-
16 fined) and such territories), including—
17 (i) how such infrastructure and pro-
18 grams are organized and implemented at
19 the Federal, State and local levels, includ-
20 ing with respect to departments and agen-
21 cies of the States, and local organizations
22 (including special districts) involved in
23 such control programs;
24 (ii) the role of the private sector in
25 such activities;

1 (iii) how the authority for mosquito
2 control impacts such activities; and
3 (iv) the funding sources for such in-
4 frastructure and programs, including Fed-
5 eral, State, and local funding sources;
6 (B) how mosquito-borne and other vector-
7 borne disease surveillance and control is inte-
8 grated into Federal, State, and local prepared-
9 ness plans and actions, including how zoonotic
10 surveillance is integrated into infectious disease
11 surveillance to support real-time situational sur-
12 veillance and awareness;
13 (C) Federal, State, and local laboratory ca-
14 pacity for emerging vector-borne diseases, in-
15 cluding mosquito-borne and other zoonotic dis-
16 eases; and
17 (D) any regulatory challenges for devel-
18 oping and utilizing vector-control technologies
19 and platforms as part of mosquito control strat-
20 egies.
21 (2) CONSULTATIONS.—In conducting the study
22 under paragraph (1), the Comptroller General of the
23 United States shall consult with—

1 (A) State and local public health officials
2 involved in mosquito and other vector-borne dis-
3 ease surveillance and control efforts;
4 (B) researchers and manufacturers of mos-
5 quito control products;
6 (C) stakeholders involved in mosquito
7 abatement activities;
8 (D) infectious disease experts; and
9 (E) entomologists involved in mosquito-
10 borne disease surveillance and control efforts.
11 (3) REPORT.—Not later than 18 months after
12 the date of enactment of this Act, the Comptroller
13 General of the United States shall submit to the
14 Committee on Health, Education, Labor, and Pen-
15 sions of the Senate and the Committee on Energy
16 and Commerce of the House of Representatives a re-
17 port containing—
18 (A) the results of the study conducted
19 under paragraph (1); and
20 (B) any relevant recommendations of the
21 Comptroller General for preparedness and re-
22 sponse efforts with respect to Zika virus and
23 other mosquito-borne diseases.

1 **SEC. 406. ADDITIONAL STRATEGIES FOR COMBATING ANTI-**
2 **BIOTIC RESISTANCE.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
5 tion 319E the following:

6 **"SEC. 319E–1. ADVISORY COUNCIL ON COMBATING ANTI-**
7 **BIOTIC-RESISTANT BACTERIA.**

8 "(a) DEFINITIONS.—In this section:
9 "(1) ACTION PLAN.—The term 'Action Plan'
10 means the Action Plan described in section
11 319E(a)(1).
12 "(2) ADVISORY COUNCIL.—The term 'Advisory
13 Council' means the Advisory Council on Combating
14 Antibiotic-Resistant Bacteria established by Execu-
15 tive Order 13676 of September 18, 2014 (79 Fed.
16 Reg. 56931; relating to combating antibiotic-resist-
17 ant bacteria).
18 "(3) NATIONAL STRATEGY.—The term 'Na-
19 tional Strategy' means the National Strategy for
20 Combating Antibiotic-Resistant Bacteria issued by
21 the White House in September 2014, and any subse-
22 quent update to such strategy or a successor strat-
23 egy.
24 "(b) ADVISORY COUNCIL.—The Advisory Council
25 shall provide advice, information, and recommendations to
26 the Secretary regarding programs and policies intended to

1 support and evaluate the implementation of Executive
2 Order 13676 of September 18, 2014 (79 Fed. Reg. 56931;
3 relating to combating antibiotic-resistant bacteria), includ-
4 ing the National Strategy, and the Action Plan.

5 "(c) MEETINGS AND DUTIES.—

6 "(1) MEETINGS.—The Advisory Council shall
7 meet as the Chair determines appropriate but not
8 less than twice per year, and, to the extent prac-
9 ticable, in conjunction with meetings of the task
10 force described in section 319E.

11 "(2) RECOMMENDATIONS.—The Advisory Coun-
12 cil shall make recommendations to the Secretary, in
13 consultation with the Secretary of Agriculture and
14 the Secretary of Defense, regarding programs and
15 policies intended to—

16 "(A) preserve the effectiveness of anti-
17 biotics by optimizing their use;

18 "(B) advance research to develop improved
19 methods for combating antibiotic resistance and
20 conducting antimicrobial stewardship, as de-
21 fined in section 319E(h)(3);

22 "(C) strengthen surveillance of antibiotic-
23 resistant bacterial infections;

24 "(D) prevent the transmission of anti-
25 biotic-resistant bacterial infections;

1 "(E) advance the development of rapid
2 point-of-care and agricultural diagnostics;
3 "(F) further research on new treatments
4 for bacterial infections;
5 "(G) develop alternatives to antibiotics for
6 animal health purposes;
7 "(H) maximize the dissemination of up-to-
8 date information on the appropriate and proper
9 use of antibiotics to the general public and
10 human and animal health care providers; and
11 "(I) improve international coordination of
12 efforts to combat antibiotic resistance.
13 "(3) COORDINATION.—The Advisory Council
14 shall, to the greatest extent practicable, coordinate
15 activities carried out by the Council with the Trans-
16 atlantic Taskforce on Antimicrobial Resistence.".

17 **SEC. 407. ADDITIONAL PURPOSES FOR GRANTS FOR CER-**
18 **TAIN TRAUMA CENTERS.**

19 Section 1241(a)(2) of the Public Health Service Act
20 (42 U.S.C. 300d–41(a)(2)) is amended to read as follows:
21 "(2) to further the core missions of such trau-
22 ma centers, including by addressing costs associated
23 with patient stabilization and transfer, trauma edu-
24 cation and outreach, coordination with local and re-
25 gional trauma systems, essential personnel and other

1 fixed costs, expenses associated with employee and
2 non-employee physician services, trauma staff re-
3 cruitment and retention, ensuring surge capacity,
4 trauma-related emotional and mental health services,
5 and other investments needed to implement and
6 maintain Regional Health Care Emergency Pre-
7 paredness and Response Systems.''.

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