

109TH CONGRESS
2^D SESSION

S. 3678

To amend the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 18, 2006

Mr. BURR (for himself, Mr. KENNEDY, Mr. ENZI, Mr. HARKIN, Mr. GREGG, Mr. FRIST, and Ms. MIKULSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Pandemic and All-Hazards Preparedness Act”.

6 (b) **TABLE OF CONTENTS.**—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—NATIONAL PREPAREDNESS AND RESPONSE,
LEADERSHIP, ORGANIZATION, AND PLANNING

- Sec. 101. Public health and medical preparedness and response functions of the Secretary of Health and Human Services.
 Sec. 102. Assistant Secretary for Preparedness and Response.
 Sec. 103. National Health Security Strategy.

TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS

- Sec. 201. Improving State and local public health security.
 Sec. 202. Using information technology to improve situational awareness in public health emergencies.
 Sec. 203. Public health workforce enhancements.
 Sec. 204. Vaccine tracking and distribution.
 Sec. 205. National Science Advisory Board for Biosecurity.

TITLE III—ALL-HAZARDS MEDICAL SURGE CAPACITY

- Sec. 301. National Disaster Medical System.
 Sec. 302. Enhancing medical surge capacity.
 Sec. 303. Encouraging health professional volunteers.
 Sec. 304. Core education and training.
 Sec. 305. Partnerships for state and regional hospital preparedness to improve surge capacity.
 Sec. 306. Enhancing the role of the Department of Veterans Affairs.

1 **TITLE I—NATIONAL PREPARED-**
 2 **NESS AND RESPONSE, LEAD-**
 3 **ERSHIP, ORGANIZATION, AND**
 4 **PLANNING**

5 **SEC. 101. PUBLIC HEALTH AND MEDICAL PREPAREDNESS**
 6 **AND RESPONSE FUNCTIONS OF THE SEC-**
 7 **RETARY OF HEALTH AND HUMAN SERVICES.**

8 Title XXVIII of the Public Health Service Act (42
 9 U.S.C. 300hh–11 et seq.) is amended—

10 (1) by striking the title heading and inserting
 11 the following:

1 **“TITLE XXVIII—NATIONAL ALL-**
2 **HAZARDS PREPAREDNESS**
3 **FOR PUBLIC HEALTH EMER-**
4 **GENCIES”;**

5 (2) by amending subtitle A to read as follows:

6 **“Subtitle A—National All-Hazards**
7 **Preparedness and Response**
8 **Planning, Coordinating, and Re-**
9 **porting**

10 **“SEC. 2801. PUBLIC HEALTH AND MEDICAL PREPAREDNESS**
11 **AND RESPONSE FUNCTIONS.**

12 “(a) IN GENERAL.—The Secretary of Health and
13 Human Services shall lead all Federal public health and
14 medical response to public health emergencies and inci-
15 dents covered by the National Response Plan developed
16 pursuant to section 502(6) of the Homeland Security Act
17 of 2002, or any successor plan.

18 “(b) INTERAGENCY AGREEMENT.—The Secretary, in
19 collaboration with the Secretary of Veterans Affairs, the
20 Secretary of Transportation, the Secretary of Defense, the
21 Secretary of Homeland Security, and the head of any
22 other relevant Federal agency, shall establish an inter-
23 agency agreement, consistent with the National Response
24 Plan or any successor plan, under which agreement the
25 Secretary of Health and Human Services shall assume

1 operational control of emergency public health and medical
2 response assets, as necessary, in the event of a public
3 health emergency.”.

4 **SEC. 102. ASSISTANT SECRETARY FOR PREPAREDNESS AND**
5 **RESPONSE.**

6 (a) ASSISTANT SECRETARY FOR PREPAREDNESS AND
7 RESPONSE.—Subtitle B of title XXVIII of the Public
8 Health Service Act (42 U.S.C. 300hh–11 et seq.) is
9 amended—

10 (1) in the subtitle heading, by inserting “All-
11 Hazards” before “Emergency Preparedness”;

12 (2) by redesignating section 2811 as section
13 2812;

14 (3) by inserting after the subtitle heading the
15 following new section:

16 **“SEC. 2811. COORDINATION OF PREPAREDNESS FOR AND**
17 **RESPONSE TO ALL-HAZARDS PUBLIC HEALTH**
18 **EMERGENCIES.**

19 “(a) IN GENERAL.—There is established within the
20 Department of Health and Human Services the position
21 of the Assistant Secretary for Preparedness and Response.
22 The President, with the advice and consent of the Senate,
23 shall appoint an individual to serve in such position. Such
24 Assistant Secretary shall report to the Secretary.

1 “(b) DUTIES.—Subject to the authority of the Sec-
2 retary, the Assistant Secretary for Preparedness and Re-
3 sponse shall carry out the following functions:

4 “(1) LEADERSHIP.—Serve as the principal ad-
5 visor to the Secretary on all matters related to Fed-
6 eral public health and medical preparedness and re-
7 sponse for public health emergencies.

8 “(2) PERSONNEL.—Register, credential, orga-
9 nize, train, equip, and have the authority to deploy
10 Federal public health and medical personnel under
11 the authority of the Secretary, including the Na-
12 tional Disaster Medical System, and coordinate such
13 personnel with the Medical Reserve Corps and the
14 Emergency System for Advance Registration of Vol-
15 unteer Health Professionals.

16 “(3) COUNTERMEASURES.—

17 “(A) OVERSIGHT.—Oversee advanced re-
18 search, development, and procurement of quali-
19 fied countermeasures (as defined in section
20 319F-1) and qualified pandemic or epidemic
21 products (as defined in section 319F-3).

22 “(B) STRATEGIC NATIONAL STOCKPILE.—
23 Maintain the Strategic National Stockpile in ac-
24 cordance with section 319F-2, including con-
25 ducting an annual review (taking into account

1 at-risk individuals) of the contents of the stock-
2 pile, including non-pharmaceutical supplies, and
3 make necessary additions or modifications to
4 the contents based on such review.

5 “(4) COORDINATION.—

6 “(A) FEDERAL INTEGRATION.—Coordinate
7 with relevant Federal officials to ensure inte-
8 gration of Federal preparedness and response
9 activities for public health emergencies.

10 “(B) STATE, LOCAL, AND TRIBAL INTE-
11 GRATION.—Coordinate with State, local, and
12 tribal public health officials, the Emergency
13 Management Assistance Compact, health care
14 systems, and emergency medical service systems
15 to ensure effective integration of Federal public
16 health and medical assets during a public
17 health emergency.

18 “(C) EMERGENCY MEDICAL SERVICES.—
19 Promote improved emergency medical services
20 medical direction, system integration, research,
21 and uniformity of data collection, treatment
22 protocols, and policies with regard to public
23 health emergencies.

24 “(5) LOGISTICS.—In coordination with the Sec-
25 retary of Veterans Affairs, the Secretary of Home-

1 land Security, the General Services Administration,
2 and other public and private entities, provide
3 logistical support for medical and public health as-
4 pects of Federal responses to public health emer-
5 gencies.

6 “(6) LEADERSHIP.—Provide leadership in
7 international programs, initiatives, and policies that
8 deal with public health and medical emergency pre-
9 paredness and response.

10 “(c) FUNCTIONS.—The Assistant Secretary for Pre-
11 paredness and Response shall—

12 “(1) have authority over and responsibility for
13 the functions, personnel, assets, and liabilities of the
14 following—

15 “(A) the National Disaster Medical System
16 (in accordance with section 301 of the Pan-
17 demic and All-Hazards Preparedness Act);

18 “(B) the Hospital Preparedness Coopera-
19 tive Agreement Program pursuant to section
20 319C–2; and

21 “(C) the Public Health Preparedness Co-
22 operative Agreement Program pursuant to sec-
23 tion 319C–1;

1 “(2) exercise the responsibilities and authorities
2 of the Secretary with respect to the coordination
3 of—

4 “(A) the Medical Reserve Corps pursuant
5 to section 2813 as added by the Pandemic and
6 All-Hazards Preparedness Act;

7 “(B) the Emergency System for Advance
8 Registration of Volunteer Health Professionals
9 pursuant to section 319I;

10 “(C) the Strategic National Stockpile; and

11 “(D) the Cities Readiness Initiative; and

12 “(3) assume other duties as determined appro-
13 priate by the Secretary.”; and

14 (4) by striking “Assistant Secretary for Public
15 Health Emergency Preparedness” each place it ap-
16 pears and inserting “Assistant Secretary for Pre-
17 paredness and Response”.

18 (b) TRANSFER OF FUNCTIONS; REFERENCES.—

19 (1) TRANSFER OF FUNCTIONS.—There shall be
20 transferred to the Office of the Assistant Secretary
21 for Preparedness and Response the functions, per-
22 sonnel, assets, and liabilities of the Assistant Sec-
23 retary for Public Health Emergency Preparedness as
24 in effect on the day before the date of enactment of
25 this Act.

1 (2) REFERENCES.—Any reference in any Fed-
2 eral law, Executive order, rule, regulation, or delega-
3 tion of authority, or any document of or pertaining
4 to the Assistant Secretary for Public Health Emer-
5 gency Preparedness as in effect the day before the
6 date of enactment of this Act, shall be deemed to be
7 a reference to the Assistant Secretary for Prepared-
8 ness and Response.

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

10 Title XXVIII of the Public Health Service Act
11 (300hh–11 et seq.), as amended by section 101, is amend-
12 ed by inserting after section 2801 the following:

13 **“SEC. 2802. NATIONAL HEALTH SECURITY STRATEGY.**

14 “(a) IN GENERAL.—

15 “(1) PREPAREDNESS AND RESPONSE REGARD-
16 ING PUBLIC HEALTH EMERGENCIES.—Beginning in
17 2009 and every 4 years thereafter, the Secretary
18 shall prepare and submit to the relevant Committees
19 of Congress a coordinated strategy and any revisions
20 thereof, and an accompanying implementation plan
21 for public health emergency preparedness and re-
22 sponse. The strategy shall identify the process for
23 achieving the preparedness goals described in sub-
24 section (b) and shall be consistent with the National
25 Preparedness Goal, the National Incident Manage-

1 ment System, and the National Response Plan devel-
2 oped pursuant to section 502(6) of the Homeland
3 Security Act of 2002, or any successor plan.

4 “(2) EVALUATION OF PROGRESS.—The Na-
5 tional Health Security Strategy shall include an
6 evaluation of the progress made by Federal, State,
7 local, and tribal entities, based on the evidence-based
8 benchmarks and objective standards that measure
9 levels of preparedness established pursuant to sec-
10 tion 319C–1(g). Such evaluation shall include aggre-
11 gate and State-specific breakdowns of obligated
12 funding spent by major category (as defined by the
13 Secretary) for activities funded through awards pur-
14 suant to sections 319C–1 and 319C–2.

15 “(3) PUBLIC HEALTH WORKFORCE.—In 2009,
16 the National Health Security Strategy shall include
17 a national strategy for establishing an effective and
18 prepared public health workforce, including defining
19 the functions, capabilities, and gaps in such work-
20 force, and identifying strategies to recruit, retain,
21 and protect such workforce from workplace expo-
22 sures during public health emergencies.

23 “(b) PREPAREDNESS GOALS.—The strategy under
24 subsection (a) shall include provisions in furtherance of
25 the following:

1 “(1) INTEGRATION.—Integrating public health
2 and public and private medical capabilities with
3 other first responder systems, including through—

4 “(A) the periodic evaluation of Federal,
5 State, local, and tribal preparedness and re-
6 sponse capabilities through drills and exercises;
7 and

8 “(B) integrating public and private sector
9 public health and medical donations and volun-
10 teers.

11 “(2) PUBLIC HEALTH.—Developing and sus-
12 taining Federal, State, local, and tribal essential
13 public health security capabilities, including the fol-
14 lowing:

15 “(A) Disease situational awareness domes-
16 tically and abroad, including detection, identi-
17 fication, and investigation.

18 “(B) Disease containment including capa-
19 bilities for isolation, quarantine, social
20 distancing, and decontamination.

21 “(C) Risk communication and public pre-
22 paredness.

23 “(D) Rapid distribution and administra-
24 tion of medical countermeasures.

1 “(3) MEDICAL.—Increasing the preparedness,
2 response capabilities, and surge capacity of hos-
3 pitals, other health care facilities (including mental
4 health facilities), and trauma care and emergency
5 medical service systems with respect to public health
6 emergencies, which shall include developing plans for
7 the following:

8 “(A) Strengthening public health emer-
9 gency medical management and treatment ca-
10 pabilities.

11 “(B) Medical evacuation and fatality man-
12 agement.

13 “(C) Rapid distribution and administration
14 of medical countermeasures.

15 “(D) Effective utilization of any available
16 public and private mobile medical assets and in-
17 tegration of other Federal assets.

18 “(E) Protecting health care workers and
19 health care first responders from workplace ex-
20 posures during a public health emergency.

21 “(4) AT-RISK INDIVIDUALS.—

22 “(A) Taking into account the public health
23 and medical needs of at-risk individuals in the
24 event of a public health emergency.

1 “(B) For purpose of this title and section
 2 319, the term ‘at-risk individuals’ means chil-
 3 dren, pregnant women, senior citizens and other
 4 individuals who have special needs in the event
 5 of a public health emergency, as determined by
 6 the Secretary.

7 “(5) COORDINATION.—Minimizing duplication
 8 of, and ensuring coordination between Federal,
 9 State, local, and tribal planning, preparedness, and
 10 response activities (including the State Emergency
 11 Management Assistance Compact). Such planning
 12 shall be consistent with the National Response Plan,
 13 or any successor plan, and National Incident Man-
 14 agement System and the National Preparedness
 15 Goal.

16 “(6) CONTINUITY OF OPERATIONS.—Maintain-
 17 ing vital public health and medical services to allow
 18 for optimal Federal, State, local, and tribal oper-
 19 ations in the event of a public health emergency.”.

20 **TITLE II—PUBLIC HEALTH**
 21 **SECURITY PREPAREDNESS**

22 **SEC. 201. IMPROVING STATE AND LOCAL PUBLIC HEALTH**
 23 **SECURITY.**

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

1 (1) by amending the heading to read as follows:

2 “**IMPROVING STATE AND LOCAL PUBLIC**
3 **HEALTH SECURITY.**”;

4 (2) by striking subsections (a) through (i) and
5 inserting the following:

6 “(a) **IN GENERAL.**—To enhance the security of the
7 United States with respect to public health emergencies,
8 the Secretary shall award cooperative agreements to eligi-
9 ble entities to enable such entities to conduct the activities
10 described in subsection (d).

11 “(b) **ELIGIBLE ENTITIES.**—To be eligible to receive
12 an award under subsection (a), an entity shall—

13 “(1)(A) be a State;

14 “(B) be a political subdivision determined by
15 the Secretary to be eligible for an award under this
16 section (based on criteria described in subsection
17 (h)(4); or

18 “(C) be a consortium of entities described in
19 subparagraph (A); and

20 “(2) prepare and submit to the Secretary an
21 application at such time, and in such manner, and
22 containing such information as the Secretary may
23 require, including—

1 “(A) an All-Hazards Public Health Emer-
2 gency Preparedness and Response Plan which
3 shall include—

4 “(i) a description of the activities such
5 entity will carry out under the agreement
6 to meet the goals identified under section
7 2802;

8 “(ii) a pandemic influenza plan con-
9 sistent with the requirements of para-
10 graphs (2) and (5) of subsection (g);

11 “(iii) preparedness and response strat-
12 egies and capabilities that take into ac-
13 count the medical and public health needs
14 of at-risk individuals in the event of a pub-
15 lic health emergency;

16 “(iv) a description of the mechanism
17 the entity will implement to utilize the
18 Emergency Management Assistance Com-
19 pact or other mutual aid agreements for
20 medical and public health mutual aid; and

21 “(v) a description of how the entity
22 will include the State Area Agency on
23 Aging in public health emergency pre-
24 paredness;

1 “(B) an assurance that the entity will re-
2 port to the Secretary on an annual basis (or
3 more frequently as determined by the Sec-
4 retary) on the evidence-based benchmarks and
5 objective standards established by the Secretary
6 to evaluate the preparedness and response capa-
7 bilities of such entity;

8 “(C) an assurance that the entity will con-
9 duct, on at least an annual basis, an exercise or
10 drill that meets any criteria established by the
11 Secretary to test the preparedness and response
12 capabilities of such entity, and that the entity
13 will report back to the Secretary within the ap-
14 plication of the following year on the strengths
15 and weaknesses identified through such exercise
16 or drill, and corrective actions taken to address
17 material weaknesses;

18 “(D) an assurance that the entity will pro-
19 vide to the Secretary the data described under
20 section 319D(d)(3) as determined feasible by
21 the Secretary;

22 “(E) an assurance that the entity will con-
23 duct activities to inform and educate the hos-
24 pitals within the jurisdiction of such entity on

1 the role of such hospitals in the plan required
2 under subparagraph (A);

3 “(F) an assurance that the entity, with re-
4 spect to the plan described under subparagraph
5 (A), has developed and will implement an ac-
6 countability system to ensure that such entity
7 make satisfactory annual improvement and de-
8 scribe such system in the plan under subpara-
9 graph (A);

10 “(G) a description of the means by which
11 to obtain public comment and input on the plan
12 described in subparagraph (A) and on the im-
13 plementation of such plan, that shall include an
14 advisory committee or other similar mechanism
15 for obtaining comment from the public and
16 from other State, local, and tribal stakeholders;
17 and

18 “(H) as relevant, a description of the proc-
19 ess used by the entity to consult with local de-
20 partments of public health to reach consensus,
21 approval, or concurrence on the relative dis-
22 tribution of amounts received under this sec-
23 tion.

24 “(c) LIMITATION.—Beginning in fiscal year 2009,
25 the Secretary may not award a cooperative agreement to

1 a State unless such State is a participant in the Emer-
2 gency System for Advance Registration of Volunteer
3 Health Professionals described in section 319I.

4 “(d) USE OF FUNDS.—

5 “(1) IN GENERAL.—An award under subsection
6 (a) shall be expended for activities to achieve the
7 preparedness goals described under paragraphs (1),
8 (2), (4), (5), and (6) of section 2802(b).

9 “(2) EFFECT OF SECTION.—Nothing in this
10 subsection may be construed as establishing new
11 regulatory authority or as modifying any existing
12 regulatory authority.

13 “(e) COORDINATION WITH LOCAL RESPONSE CAPA-
14 BILITIES.—An entity shall, to the extent practicable, en-
15 sure that activities carried out under an award under sub-
16 section (a) are coordinated with activities of relevant Met-
17 ropolitan Medical Response Systems, local public health
18 departments, the Cities Readiness Initiative, and local
19 emergency plans.

20 “(f) CONSULTATION WITH HOMELAND SECURITY.—
21 In making awards under subsection (a), the Secretary
22 shall consult with the Secretary of Homeland Security
23 to—

24 “(1) ensure maximum coordination of public
25 health and medical preparedness and response ac-

1 activities with the Metropolitan Medical Response Sys-
2 tem, and other relevant activities;

3 “(2) minimize duplicative funding of programs
4 and activities;

5 “(3) analyze activities, including exercises and
6 drills, conducted under this section to develop rec-
7 ommendations and guidance on best practices for
8 such activities, and

9 “(4) disseminate such recommendations and
10 guidance, including through expanding existing les-
11 sons learned information system to create a single
12 Internet-based point of access for sharing and dis-
13 tributing medical and public health best practices
14 and lessons learned from drills, exercises, disasters,
15 and other emergencies.

16 “(g) ACHIEVEMENT OF MEASURABLE EVIDENCE-
17 BASED BENCHMARKS AND OBJECTIVE STANDARDS.—

18 “(1) IN GENERAL.—Not later than 180 days
19 after the date of enactment of the Pandemic and
20 All-Hazards Preparedness Act, the Secretary shall
21 develop or where appropriate adopt, and require the
22 application of measurable evidence-based bench-
23 marks and objective standards that measure levels of
24 preparedness with respect to the activities described
25 in this section and with respect to activities de-

1 scribed in section 319C–2. In developing such bench-
2 marks and standards, the Secretary shall consult
3 with and seek comments from State, local, and tribal
4 officials and private entities, as appropriate. Where
5 appropriate, the Secretary shall incorporate existing
6 objective standards. Such benchmarks and standards
7 shall, at a minimum, require entities to—

8 “(A) demonstrate progress toward achiev-
9 ing the preparedness goals described in section
10 2802 in a reasonable timeframe determined by
11 the Secretary;

12 “(B) annually report grant expenditures to
13 the Secretary (in a form prescribed by the Sec-
14 retary) who shall ensure that such information
15 is included on the Federal Internet-based point
16 of access developed under subsection (f); and

17 “(C) at least annually, test and exercise
18 the public health and medical emergency pre-
19 paredness and response capabilities of the
20 grantee, based on criteria established by the
21 Secretary.

22 “(2) CRITERIA FOR PANDEMIC INFLUENZA
23 PLANS.—

24 “(A) IN GENERAL.—Not later than 180
25 days after the date of enactment of the Pan-

1 demic and All-Hazards Preparedness Act, the
2 Secretary shall develop and disseminate to the
3 chief executive officer of each State criteria for
4 an effective State plan for responding to pan-
5 demic influenza.

6 “(B) RULE OF CONSTRUCTION.—Nothing
7 in this section shall be construed to require the
8 duplication of Federal efforts with respect to
9 the development of criteria or standards, with-
10 out regard to whether such efforts were carried
11 out prior to or after the date of enactment of
12 this section.

13 “(3) TECHNICAL ASSISTANCE.—The Secretary
14 shall, as determined appropriate by the Secretary,
15 provide to a State, upon request, technical assistance
16 in meeting the requirements of this section, includ-
17 ing the provision of advice by experts in the develop-
18 ment of high-quality assessments, the setting of
19 State objectives and assessment methods, the devel-
20 opment of measures of satisfactory annual improve-
21 ment that are valid and reliable, and other relevant
22 areas.

23 “(4) NOTIFICATION OF FAILURES.—The Sec-
24 retary shall develop and implement a process to no-
25 tify entities that are determined by the Secretary to

1 have failed to meet the requirements of paragraph
 2 (1) or (2). Such process shall provide such entities
 3 with the opportunity to correct such noncompliance.
 4 An entity that fails to correct such noncompliance
 5 shall be subject to paragraph (5).

6 “(5) WITHHOLDING OF AMOUNTS FROM ENTI-
 7 TIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUB-
 8 MIT INFLUENZA PLAN.—Beginning with fiscal year
 9 2009, and in each succeeding fiscal year, the Sec-
 10 retary shall—

11 “(A) withhold from each entity that has
 12 failed substantially to meet the benchmarks and
 13 performance measures described in paragraph
 14 (1) for a previous fiscal year (beginning with
 15 fiscal year 2008), pursuant to the process devel-
 16 oped under paragraph (4), the amount de-
 17 scribed in paragraph (6); and

18 “(B) withhold from each entity that has
 19 failed to submit to the Secretary a plan for re-
 20 sponding to pandemic influenza that meets the
 21 criteria developed under paragraph (2), the
 22 amount described in paragraph (6).

23 “(6) AMOUNTS DESCRIBED.—

24 “(A) IN GENERAL.—The amounts de-
 25 scribed in this paragraph are the following

1 amounts that are payable to an entity for ac-
2 tivities described in section 319C-1 or 319C-2:

3 “(i) For the fiscal year immediately
4 following a fiscal year in which an entity
5 experienced a failure described in subpara-
6 graph (A) or (B) of paragraph (5) by the
7 entity, an amount equal to 10 percent of
8 the amount the entity was eligible to re-
9 ceive for such fiscal year.

10 “(ii) For the fiscal year immediately
11 following two consecutive fiscal years in
12 which an entity experienced such a failure,
13 an amount equal to 15 percent of the
14 amount the entity was eligible to receive
15 for such fiscal year, taking into account
16 the withholding of funds for the imme-
17 diately preceding fiscal year under clause
18 (i).

19 “(iii) For the fiscal year immediately
20 following three consecutive fiscal years in
21 which an entity experienced such a failure,
22 an amount equal to 20 percent of the
23 amount the entity was eligible to receive
24 for such fiscal year, taking into account
25 the withholding of funds for the imme-

1 diately preceding fiscal years under clauses
2 (i) and (ii).

3 “(iv) For the fiscal year immediately
4 following four consecutive fiscal years in
5 which an entity experienced such a failure,
6 an amount equal to 25 percent of the
7 amount the entity was eligible to receive
8 for such a fiscal year, taking into account
9 the withholding of funds for the imme-
10 diately preceding fiscal years under clauses
11 (i), (ii), and (iii).

12 “(B) SEPARATE ACCOUNTING.—Each fail-
13 ure described in subparagraph (A) or (B) of
14 paragraph (5) shall be treated as a separate
15 failure for purposes of calculating amounts
16 withheld under subparagraph (A).

17 “(7) REALLOCATION OF AMOUNTS WITH-
18 HELD.—

19 “(A) IN GENERAL.—The Secretary shall
20 make amounts withheld under paragraph (6)
21 available for making awards under section
22 319C–2 to entities described in subsection
23 (b)(1) of such section.

24 “(B) PREFERENCE IN REALLOCATION.—In
25 making awards under section 319C–2 with

1 amounts described in subparagraph (A), the
2 Secretary shall give preference to eligible enti-
3 ties (as described in section 319C–2(b)(1)) that
4 are located in whole or in part in States from
5 which amounts have been withheld under para-
6 graph (6).

7 “(8) WAIVER OR REDUCE WITHHOLDING.—The
8 Secretary may waive or reduce the withholding de-
9 scribed in paragraph (6), for a single entity or for
10 all entities in a fiscal year, if the Secretary deter-
11 mines that mitigating conditions exist that justify
12 the waiver or reduction.”;

13 (3) by redesignating subsection (j) as sub-
14 section (h);

15 (4) in subsection (h), as so redesignated—

16 (A) by striking paragraphs (1) through
17 (3)(A) and inserting the following:

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—

19 “(A) IN GENERAL.—For the purpose of
20 carrying out this section, there is authorized to
21 be appropriated \$824,000,000 fiscal year 2007
22 for awards pursuant to paragraph (3) (subject
23 to the authority of the Secretary to make
24 awards pursuant to paragraphs (4) and (5)),

1 and such sums as may be necessary for each of
2 fiscal years 2008 through 2011.

3 “(B) COORDINATION.—There are author-
4 ized to be appropriated, \$10,000,000 for fiscal
5 year 2007 to carry out subsection (f)(3).

6 “(C) REQUIREMENT FOR STATE MATCHING
7 FUNDS.—Beginning in fiscal year 2009, in the
8 case of any State or consortium of two or more
9 States, the Secretary may not award a coopera-
10 tive agreement under this section unless the
11 State or consortium of States agree that, with
12 respect to the amount of the cooperative agree-
13 ment awarded by the Secretary, the State or
14 consortium of States will make available (di-
15 rectly or through donations from public or pri-
16 vate entities) non-Federal contributions in an
17 amount equal to—

18 “(i) for the first fiscal year of the co-
19 operative agreement, not less than 5 per-
20 cent of such costs (\$1 for each \$20 of Fed-
21 eral funds provided in the cooperative
22 agreement); and

23 “(ii) for any second fiscal year of the
24 cooperative agreement, and for any subse-
25 quent fiscal year of such cooperative agree-

1 ment, not less than 10 percent of such
2 costs (\$1 for each \$10 of Federal funds
3 provided in the cooperative agreement).

4 “(D) DETERMINATION OF AMOUNT OF
5 NON-FEDERAL CONTRIBUTIONS.—As deter-
6 mined by the Secretary, non-Federal contribu-
7 tions required in subparagraph (C) may be pro-
8 vided directly or through donations from public
9 or private entities and may be in cash or in
10 kind, fairly evaluated, including plant, equip-
11 ment or services. Amounts provided by the Fed-
12 eral government, or services assisted or sub-
13 sidized to any significant extent by the Federal
14 government, may not be included in deter-
15 mining the amount of such non-Federal con-
16 tributions.

17 “(2) MAINTAINING STATE FUNDING.—

18 “(A) IN GENERAL.—An entity that re-
19 ceives an award under this section shall main-
20 tain expenditures for public health security at a
21 level that is not less than the average level of
22 such expenditures maintained by the entity for
23 the preceding 2 year period.

24 “(B) RULE OF CONSTRUCTION.—Nothing
25 in this section shall be construed to prohibit the

1 use of awards under this section to pay salary
2 and related expenses of public health and other
3 professionals employed by State, local, or tribal
4 public health agencies who are carrying out ac-
5 tivities supported by such awards (regardless of
6 whether the primary assignment of such per-
7 sonnel is to carry out such activities).

8 “(3) DETERMINATION OF AMOUNT.—

9 “(A) IN GENERAL.—The Secretary shall
10 award cooperative agreements under subsection
11 (a) to each State or consortium of 2 or more
12 States that submits to the Secretary an applica-
13 tion that meets the criteria of the Secretary for
14 the receipt of such an award and that meets
15 other implementation conditions established by
16 the Secretary for such awards.”;

17 (B) in paragraph (4)(A)—

18 (i) by striking “2003” and inserting
19 “2007”; and

20 (ii) by striking “(A)(i)(I)”;

21 (C) in paragraph (4)(D), by striking
22 “2002” and inserting “2006”;

23 (D) in paragraph (5), by striking “2003”
24 and inserting “2007”; and

1 (E) by striking paragraph (6) and insert-
2 ing the following:

3 “(6) FUNDING OF LOCAL ENTITIES.—The Sec-
4 retary shall, in making awards under this section,
5 ensure that with respect to the cooperative agree-
6 ment awarded, the entity make available appropriate
7 portions of such award to political subdivisions and
8 local departments of public health through a process
9 involving the consensus, approval or concurrence
10 with such local entities.”; and

11 (5) by adding at the end the following:

12 “(i) ADMINISTRATIVE AND FISCAL RESPONSI-
13 BILITY.—

14 “(1) ANNUAL REPORTING REQUIREMENTS.—
15 Each entity shall prepare and submit to the Sec-
16 retary annual reports on its activities under this sec-
17 tion and section 319C-2. Each such report shall be
18 prepared by, or in consultation with, the health de-
19 partment. In order to properly evaluate and compare
20 the performance of different entities assisted under
21 this section and section 319C-2 and to assure the
22 proper expenditure of funds under this section and
23 section 319C-2, such reports shall be in such stand-
24 ardized form and contain such information as the

1 Secretary determines (after consultation with the
2 States) to be necessary to—

3 “(A) secure an accurate description of
4 those activities;

5 “(B) secure a complete record of the pur-
6 poses for which funds were spent, and of the re-
7 cipients of such funds;

8 “(C) describe the extent to which the enti-
9 ty has met the goals and objectives it set forth
10 under this section or section 319C-2; and

11 “(D) determine the extent to which funds
12 were expended consistent with the entity’s ap-
13 plication transmitted under this section or sec-
14 tion 319C-2.

15 “(2) AUDITS; IMPLEMENTATION.—

16 “(A) IN GENERAL.—Each entity receiving
17 funds under this section or section 319C-2
18 shall, not less often than once every 2 years,
19 audit its expenditures from amounts received
20 under this section or section 319C-2. Such au-
21 dits shall be conducted by an entity independent
22 of the agency administering a program funded
23 under this section or section 319C-2 in accord-
24 ance with the Comptroller General’s standards
25 for auditing governmental organizations, pro-

1 grams, activities, and functions and generally
2 accepted auditing standards. Within 30 days
3 following the completion of each audit report,
4 the entity shall submit a copy of that audit re-
5 port to the Secretary.

6 “(B) REPAYMENT.—Each entity shall
7 repay to the United States amounts found by
8 the Secretary, after notice and opportunity for
9 a hearing to the entity, not to have been ex-
10 pended in accordance with this section or sec-
11 tion 319C–2 and, if such repayment is not
12 made, the Secretary may offset such amounts
13 against the amount of any allotment to which
14 the entity is or may become entitled under this
15 section or section 319C–2 or may otherwise re-
16 cover such amounts.

17 “(C) WITHHOLDING OF PAYMENT.—The
18 Secretary may, after notice and opportunity for
19 a hearing, withhold payment of funds to any
20 entity which is not using its allotment under
21 this section or section 319C–2 in accordance
22 with such section. The Secretary may withhold
23 such funds until the Secretary finds that the
24 reason for the withholding has been removed

1 and there is reasonable assurance that it will
2 not recur.

3 “(3) MAXIMUM CARRYOVER AMOUNT.—

4 “(A) IN GENERAL.—For each fiscal year,
5 the Secretary, in consultation with the States
6 and political subdivisions, shall determine the
7 maximum percentage amount of an award
8 under this section that an entity may carryover
9 to the succeeding fiscal year.

10 “(B) AMOUNT EXCEEDED.—For each fis-
11 cal year, if the percentage amount of an award
12 under this section unexpended by an entity ex-
13 ceeds the maximum percentage permitted by
14 the Secretary under subparagraph (A), the enti-
15 ty shall return to the Secretary the portion of
16 the unexpended amount that exceeds the max-
17 imum amount permitted to be carried over by
18 the Secretary.

19 “(C) ACTION BY SECRETARY.—The Sec-
20 retary shall make amounts returned to the Sec-
21 retary under subparagraph (B) available for
22 awards under section 319C–2(b)(1). In making
23 awards under section 319C–2(b)(1) with
24 amounts collected under this paragraph the
25 Secretary shall give preference to entities that

1 are located in whole or in part in States from
 2 which amounts have been returned under sub-
 3 paragraph (B).

4 “(D) WAIVER.—An entity may apply to
 5 the Secretary for a waiver of the maximum per-
 6 centage amount under subparagraph (A). Such
 7 an application for a waiver shall include an ex-
 8 planation why such requirement should not
 9 apply to the entity and the steps taken by such
 10 entity to ensure that all funds under an award
 11 under this section will be expended appro-
 12 priately.

13 “(E) WAIVE OR REDUCE WITHHOLDING.—
 14 The Secretary may waive the application of
 15 subparagraph (B) for a single entity pursuant
 16 to subparagraph (D) or for all entities in a fis-
 17 cal year, if the Secretary determines that miti-
 18 gating conditions exist that justify the waiver or
 19 reduction.”.

20 **SEC. 202. USING INFORMATION TECHNOLOGY TO IMPROVE**
 21 **SITUATIONAL AWARENESS IN PUBLIC**
 22 **HEALTH EMERGENCIES.**

23 Section 319D of the Public Health Service Act (42
 24 U.S.C. 247d–4) is amended—

1 (1) in subsection (a)(1), by inserting “domesti-
2 cally and abroad” after “public health threats”; and

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

4 “(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

5 “(1) IN GENERAL.—Not later than 2 years
6 after the date of enactment of the Pandemic and
7 All-Hazards Preparedness Act, the Secretary, in col-
8 laboration with State, local, and tribal public health
9 officials, shall establish a near real-time electronic
10 nationwide public health situational awareness capa-
11 bility through an interoperable network of systems
12 to share data and information to enhance early de-
13 tection of rapid response to, and management of, po-
14 tentially catastrophic infectious disease outbreaks
15 and other public health emergencies that originate
16 domestically or abroad. Such network shall be built
17 on existing State situational awareness systems or
18 enhanced systems that enable such connectivity.

19 “(2) STRATEGIC PLAN.—Not later than 180
20 days after the date of enactment the Pandemic and
21 All-Hazards Preparedness Act, the Secretary shall
22 submit to the appropriate committees of Congress, a
23 strategic plan that demonstrates the steps the Sec-
24 retary will undertake to develop, implement, and

1 evaluate the network described in paragraph (1), uti-
2 lizing the elements described in paragraph (3).

3 “(3) ELEMENTS.—The network described in
4 paragraph (1) shall include data and information
5 transmitted in a standardized format from—

6 “(A) State, local, and tribal public health
7 entities, including public health laboratories;

8 “(B) Federal health agencies;

9 “(C) zoonotic disease monitoring systems;

10 “(D) public and private sector health care
11 entities, hospitals, pharmacies, poison control
12 centers or professional organizations in the field
13 of poison control, and clinical laboratories, to
14 the extent practicable and provided that such
15 data are voluntarily provided simultaneously to
16 the Secretary and appropriate State, local, and
17 tribal public health agencies; and

18 “(E) such other sources as the Secretary
19 may deem appropriate.

20 “(4) RULE OF CONSTRUCTION.—Paragraph (3)
21 shall not be construed as requiring separate report-
22 ing of data and information from each source listed.

23 “(5) REQUIRED ACTIVITIES.—In establishing
24 and operating the network described in paragraph
25 (1), the Secretary shall—

1 “(A) utilize applicable interoperability
2 standards as determined by the Secretary
3 through a joint public and private sector proc-
4 ess;

5 “(B) define minimal data elements for
6 such network;

7 “(C) in collaboration with State, local, and
8 tribal public health officials, integrate and build
9 upon existing State, local, and tribal capabili-
10 ties, ensuring simultaneous sharing of data, in-
11 formation, and analyses from the network de-
12 scribed in paragraph (1) with State, local, and
13 tribal public health agencies; and

14 “(D) in collaboration with State, local, and
15 tribal public health officials, develop procedures
16 and standards for the collection, analysis, and
17 interpretation of data that States, regions, or
18 other entities collect and report to the network
19 described in paragraph (1).

20 “(e) STATE AND REGIONAL SYSTEMS TO ENHANCE
21 SITUATIONAL AWARENESS IN PUBLIC HEALTH EMER-
22 GENCIES.—

23 “(1) IN GENERAL.—To implement the network
24 described in section (d), the Secretary may award
25 grants to States to enhance the ability of such

1 States to establish or operate a coordinated public
2 health situational awareness system for regional or
3 Statewide early detection of, rapid response to, and
4 management of potentially catastrophic infectious
5 disease outbreaks and public health emergencies, in
6 collaboration with public health agencies, sentinel
7 hospitals, clinical laboratories, pharmacies, poison
8 control centers, other health care organizations, or
9 animal health organizations within such States.

10 “(2) ELIGIBILITY.—To be eligible to receive a
11 grant under paragraph (1), the State shall submit to
12 the Secretary an application at such time, in such
13 manner, and containing such information as the Sec-
14 retary may require, including an assurance that the
15 State will submit to the Secretary—

16 “(A) reports of such data, information,
17 and metrics as the Secretary may require;

18 “(B) a report on the effectiveness of the
19 systems funded under the grant; and

20 “(C) a description of the manner in which
21 grant funds will be used to enhance the
22 timelines and comprehensiveness of efforts to
23 detect, respond to, and manage potentially cata-
24 strophic infectious disease outbreaks and public
25 health emergencies.

1 “(3) USE OF FUNDS.—A State that receives an
2 award under this subsection—

3 “(A) shall establish, enhance, or operate a
4 coordinated public health situational awareness
5 system for regional or Statewide early detection
6 of, rapid response to, and management of po-
7 tentially catastrophic infectious disease out-
8 breaks and public health emergencies; and

9 “(B) may award grants or contracts to en-
10 tities described in paragraph (1) within or serv-
11 ing such State to assist such entities in improv-
12 ing the operation of information technology sys-
13 tems, facilitating the secure exchange of data
14 and information, and training personnel to en-
15 hance the operation of the system described in
16 paragraph (A).

17 “(4) LIMITATION.—Information technology sys-
18 tems acquired or implemented using grants awarded
19 under this section must be compliant with—

20 “(A) interoperability and other techno-
21 logical standards, as determined by the Sec-
22 retary; and

23 “(B) data collection and reporting require-
24 ments for the network described in subsection
25 (d).

1 “(5) INDEPENDENT EVALUATION.—Not later
2 than 4 years after the date of enactment of the Pan-
3 demic and All-Hazards Preparedness Act, the Gov-
4 ernment Accountability Office shall conduct an inde-
5 pendent evaluation, and submit to the Secretary and
6 the appropriate committees of Congress a report,
7 concerning the activities conducted under this sub-
8 section and subsection (d).

9 “(f) GRANTS FOR REAL-TIME SURVEILLANCE IM-
10 PROVEMENT.—

11 “(1) IN GENERAL.—The Secretary may award
12 grants to eligible entities to carry out projects de-
13 scribed under paragraph (4).

14 “(2) ELIGIBLE ENTITY.—For purposes of this
15 section, the term ‘eligible entity’ means an entity
16 that is—

17 “(A)(i) a hospital, clinical laboratory, uni-
18 versity; or

19 “(ii) poison control center or professional
20 organization in the field of poison control; and

21 “(B) a participant in the network estab-
22 lished under subsection (d).

23 “(3) APPLICATION.—Each eligible entity desir-
24 ing a grant under this section shall submit to the
25 Secretary an application at such time, in such man-

1 ner, and containing such information as the Sec-
2 retary may require.

3 “(4) USE OF FUNDS.—

4 “(A) IN GENERAL.—An eligible entity de-
5 scribed in paragraph (2)(A)(i) that receives a
6 grant under this section shall use the funds
7 awarded pursuant to such grant to carry out a
8 pilot demonstration project to purchase and im-
9 plement the use of advanced diagnostic medical
10 equipment to analyze real-time clinical speci-
11 mens for pathogens of public health or bioter-
12 rorism significance and report any results from
13 such project to State, local, and tribal public
14 health entities and the network established
15 under subsection (d).

16 “(B) OTHER ENTITIES.—An eligible entity
17 described in paragraph (2)(A)(ii) that receives a
18 grant under this section shall use the funds
19 awarded pursuant to such grant to—

20 “(i) improve the early detection, sur-
21 veillance, and investigative capabilities of
22 poison control centers for chemical, biologi-
23 cal, radiological, and nuclear events by
24 training poison information personnel to
25 improve the accuracy of surveillance data,

1 improving the definitions used by the poi-
2 son control centers for surveillance, and
3 enhancing timely and efficient investigation
4 of data anomalies;

5 “(ii) improve the capabilities of poison
6 control centers to provide information to
7 health care providers and the public with
8 regard to chemical, biological, radiological,
9 or nuclear threats or exposures, in con-
10 sultation with the appropriate State, local,
11 and tribal public health entities; or

12 “(iii) provide surge capacity in the
13 event of a chemical, biological, radiological,
14 or nuclear event through the establishment
15 of alternative poison control center work-
16 sites and the training of nontraditional
17 personnel.

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) FISCAL YEAR 2007.—There are authorized
20 to be appropriated to carry out subsections (d), (e),
21 and (f) \$102,000,000 for fiscal year 2007, of which
22 \$35,000,000 is authorized to be appropriated to
23 carry out subsection (f).

24 “(2) SUBSEQUENT FISCAL YEARS.—There are
25 authorized to be appropriated such sums as may be

1 necessary to carry out subsections (d), (e), and (f)
2 for each of fiscal years 2008 through 2011.”.

3 **SEC. 203. PUBLIC HEALTH WORKFORCE ENHANCEMENTS.**

4 (a) DEMONSTRATION PROJECT.—Section 338L of
5 the Public Health Service Act (42 U.S.C. 254t) is amend-
6 ed by adding at the end the following:

7 “(h) PUBLIC HEALTH DEPARTMENTS.—

8 “(1) IN GENERAL.—To the extent that funds
9 are appropriated under paragraph (5), the Secretary
10 shall establish a demonstration project to provide for
11 the participation of individuals who are eligible for
12 the Loan Repayment Program described in section
13 338B and who agree to complete their service obli-
14 gation in a State health department that serves a
15 significant number of health professional shortage
16 areas or areas at risk of a public health emergency,
17 as determined by the Secretary, or in a local health
18 department that serves a health professional short-
19 age area or an area at risk of a public health emer-
20 gency.

21 “(2) PROCEDURE.—To be eligible to receive as-
22 sistance under paragraph (1), with respect to the
23 program described in section 338B, an individual
24 shall—

1 “(A) comply with all rules and require-
2 ments described in such section (other than sec-
3 tion 338B(f)(1)(B)(iv)); and

4 “(B) agree to serve for a time period equal
5 to 2 years, or such longer period as the indi-
6 vidual may agree to, in a State, local, or tribal
7 health department, consistent with paragraph
8 (1).

9 “(3) DESIGNATIONS.—The demonstration
10 project described in paragraph (1), and any
11 healthcare providers who are selected to participate
12 in such project, shall not be considered by the Sec-
13 retary in the designation of health professional
14 shortage areas under section 332 during fiscal years
15 2007 through 2010.

16 “(4) REPORT.—Not later than 3 years after the
17 date of enactment of this subsection, the Secretary
18 shall submit a report to the relevant committees of
19 Congress that evaluates the participation of individ-
20 uals in the demonstration project under paragraph
21 (1), the impact of such participation on State, local,
22 and tribal health departments, and the benefit and
23 feasibility of permanently allowing such placements
24 in the Loan Repayment Program.

1 “(5) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated to carry out
3 this subsection, such sums as may be necessary for
4 each of fiscal years 2007 through 2010.”.

5 (b) GRANTS FOR LOAN REPAYMENT PROGRAM.—

6 Section 338I of the Public Health Service Act (42 U.S.C.
7 254q-1) is amended by adding at the end the following:

8 “(i) PUBLIC HEALTH LOAN REPAYMENT.—

9 “(1) IN GENERAL.—The Secretary may award
10 grants to States for the purpose of assisting such
11 States in operating loan repayment programs under
12 which such States enter into contracts to repay all
13 or part of the eligible loans borrowed by, or on be-
14 half of, individuals who agree to serve in State, local,
15 or tribal health departments that serve health pro-
16 fessional shortage areas or other areas at risk of a
17 public health emergency, as designated by the Sec-
18 retary.

19 “(2) LOANS ELIGIBLE FOR REPAYMENT.—To
20 be eligible for repayment under this subsection, a
21 loan shall be a loan made, insured, or guaranteed by
22 the Federal Government that is borrowed by, or on
23 behalf of, an individual to pay the cost of attendance
24 for a program of education leading to a degree ap-
25 propriate for serving in a State, local, or tribal

1 health department as determined by the Secretary
2 and the chief executive officer of the State in which
3 the grant is administered, at an institution of higher
4 education (as defined in section 102 of the Higher
5 Education Act of 1965), including principal, inter-
6 est, and related expenses on such loan.

7 “(3) APPLICABILITY OF EXISTING REQUIRE-
8 MENTS.—With respect to awards made under para-
9 graph (1)—

10 “(A) the requirements of subsections (b),
11 (f), and (g) shall apply to such awards; and

12 “(B) the requirements of subsection (c)
13 shall apply to such awards except that with re-
14 spect to paragraph (1) of such subsection, the
15 State involved may assign an individual only to
16 public and nonprofit private entities that serve
17 health professional shortage areas or areas at
18 risk of a public health emergency, as deter-
19 mined by the Secretary.

20 “(4) AUTHORIZATION OF APPROPRIATIONS.—
21 There are authorized to be appropriated to carry out
22 this subsection, such sums as may be necessary for
23 each of fiscal years 2007 through 2010.”.

1 **SEC. 204. VACCINE TRACKING AND DISTRIBUTION.**

2 Section 319A of the Public Health Service Act (42
3 U.S.C. 247d–1) is amended to read as follows:

4 **“SEC. 319A. VACCINE TRACKING AND DISTRIBUTION.**

5 “(a) TRACKING.—The Secretary, together with rel-
6 evant manufacturers, wholesalers, and distributors as may
7 agree to cooperate, may track the initial distribution of
8 federally purchased influenza vaccine in an influenza pan-
9 demic. Such tracking information shall be used to inform
10 Federal, State, local, and tribal decision makers during
11 an influenza pandemic.

12 “(b) DISTRIBUTION.—The Secretary shall promote
13 communication between State, local, and tribal public
14 health officials and such manufacturers, wholesalers, and
15 distributors as agree to participate, regarding the effective
16 distribution of seasonal influenza vaccine. Such commu-
17 nication shall include estimates of high priority popu-
18 lations, as determined by the Secretary, in State, local,
19 and tribal jurisdictions in order to inform Federal, State,
20 local, and tribal decision makers during vaccine shortages
21 and supply disruptions.

22 “(c) CONFIDENTIALITY.—The information submitted
23 to the Secretary or its contractors, if any, under this sec-
24 tion or under any other section of this Act related to vac-
25 cine distribution information shall remain confidential in
26 accordance with the exception from the public disclosure

1 of trade secrets, commercial or financial information, and
2 information obtained from an individual that is privileged
3 and confidential, as provided for in section 552(b)(4) of
4 title 5, United States Code, and subject to the penalties
5 and exceptions under sections 1832 and 1833 of title 18,
6 United States Code, relating to the protection and theft
7 of trade secrets, and subject to privacy protections that
8 are consistent with the regulations promulgated under sec-
9 tion 264(c) of the Health Insurance Portability and Ac-
10 countability Act of 1996. None of such information pro-
11 vided by a manufacturer, wholesaler, or distributor shall
12 be disclosed without its consent to another manufacturer,
13 wholesaler, or distributor, or shall be used in any manner
14 to give a manufacturer, wholesaler, or distributor a propri-
15 etary advantage.

16 “(d) GUIDELINES.—The Secretary, in order to main-
17 tain the confidentiality of relevant information and ensure
18 that none of the information contained in the systems in-
19 volved may be used to provide proprietary advantage with-
20 in the vaccine market, while allowing State, local, and trib-
21 al health officials access to such information to maximize
22 the delivery and availability of vaccines to high priority
23 populations, during times of influenza pandemics, vaccine
24 shortages, and supply disruptions, in consultation with
25 manufacturers, distributors, wholesalers and State, local,

1 and tribal health departments, shall develop guidelines for
2 subsections (a) and (b).

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 such sums for each of fiscal years 2007 through 2011.

6 “(f) REPORT TO CONGRESS.—As part of the National
7 Health Security Strategy described in section 2802, the
8 Secretary shall provide an update on the implementation
9 of subsections (a) through (d).”.

10 **SEC. 205. NATIONAL SCIENCE ADVISORY BOARD FOR BIO-**
11 **SECURITY.**

12 The National Science Advisory Board for Biosecurity
13 shall, when requested by the Secretary of Health and
14 Human Services, provide to relevant Federal departments
15 and agencies, advice, guidance, or recommendations con-
16 cerning—

17 (1) a core curriculum and training requirements
18 for workers in maximum containment biological lab-
19 oratories; and

20 (2) periodic evaluations of maximum contain-
21 ment biological laboratory capacity nationwide and
22 assessments of the future need for increased labora-
23 tory capacity;

1 **TITLE III—ALL-HAZARDS**
2 **MEDICAL SURGE CAPACITY**

3 **SEC. 301. NATIONAL DISASTER MEDICAL SYSTEM.**

4 (a) NATIONAL DISASTER MEDICAL SYSTEM.—Sec-
5 tion 2812 of subtitle B of title XXVIII of the Public
6 Health Service Act (42 U.S.C. 300hh–11 et seq.), as re-
7 designated by section 102, is amended—

8 (1) by striking the section heading and insert-
9 ing “**NATIONAL DISASTER MEDICAL SYSTEM**”;

10 (2) by striking subsection (a);

11 (3) by redesignating subsections (b) through (h)
12 as subsections (a) through (g);

13 (4) in subsection (a), as so redesignated—

14 (A) in paragraph (2)(B), by striking “Fed-
15 eral Emergency Management Agency” and in-
16 serting “Department of Homeland Security”;
17 and

18 (B) in paragraph (3)(C), by striking “Pub-
19 lic Health Security and Bioterrorism Prepared-
20 ness and Response Act of 2002” and inserting
21 “Pandemic and All-Hazards Preparedness Act”;

22 (5) in subsection (b), as so redesignated, by—

23 (A) striking the subsection heading and in-
24 serting “**MODIFICATIONS**”;

1 (B) redesignating paragraph (2) as para-
2 graph (3); and

3 (C) striking paragraph (1) and inserting
4 the following:

5 “(1) IN GENERAL.—Taking into account the
6 findings from the joint review described under para-
7 graph (2), the Secretary shall modify the policies of
8 the National Disaster Medical System as necessary.

9 “(2) JOINT REVIEW AND MEDICAL SURGE CA-
10 PACITY STRATEGIC PLAN.—Not later than 180 days
11 after the date of enactment of the Pandemic and
12 All-Hazards Preparedness Act, the Secretary, in co-
13 ordination with the Secretary of Homeland Security,
14 the Secretary of Defense, and the Secretary of Vet-
15 erans Affairs, shall conduct a joint review of the Na-
16 tional Disaster Medical System. Such review shall
17 include an evaluation of medical surge capacity, as
18 described by section 2804(a). As part of the Na-
19 tional Health Security Strategy under section 2802,
20 the Secretary shall update the findings from such re-
21 view and further modify the policies of the National
22 Disaster Medical System as necessary.”;

23 (6) by striking “subsection (b)” each place it
24 appears and inserting “subsection (a)”;

1 (7) by striking “subsection (d)” each place it
2 appears and inserting “subsection (c)”; and

3 (8) in subsection (g), as so redesignated, by
4 striking “2002 through 2006” and inserting “2007
5 through 2011”.

6 (b) TRANSFER OF NATIONAL DISASTER MEDICAL
7 SYSTEM TO THE DEPARTMENT OF HEALTH AND HUMAN
8 SERVICES.—There shall be transferred to the Secretary
9 of Health and Human Services the functions, personnel,
10 assets, and liabilities of the National Disaster Medical
11 System of the Department of Homeland Security, includ-
12 ing the functions of the Secretary of Homeland Security
13 and the Under Secretary for Emergency Preparedness and
14 Response relating thereto.

15 (c) CONFORMING AMENDMENTS TO THE HOMELAND
16 SECURITY ACT OF 2002.—The Homeland Security Act of
17 2002 (6 U.S.C. 312(3)(B), 313(5)) is amended—

18 (1) in section 502(3)(B), by striking “, the Na-
19 tional Disaster Medical System,”; and

20 (2) in section 503(5), by striking “, the Na-
21 tional Disaster Medical System”.

22 (d) UPDATE OF CERTAIN PROVISION.—Section
23 319F(b)(2) of the Public Health Service Act (42 U.S.C.
24 247d–6(b)(2)) is amended—

1 (1) in the paragraph heading, by striking
2 “CHILDREN AND TERRORISM” and inserting “AT-
3 RISK INDIVIDUALS AND PUBLIC HEALTH EMER-
4 GENCIES”;

5 (2) in subparagraph (A), by striking “Children
6 and Terrorism” and inserting “At-Risk Individuals
7 and Public Health Emergencies”;

8 (3) in subparagraph (B)—

9 (A) in clause (i), by striking “bioterrorism
10 as it relates to children” and inserting “public
11 health emergencies as they relate to at-risk in-
12 dividuals”;

13 (B) in clause (ii), by striking “children”
14 and inserting “at-risk individuals”; and

15 (C) in clause (iii), by striking “children”
16 and inserting “at-risk individuals”;

17 (4) in subparagraph (C), by striking “children”
18 and all that follows through the period and inserting
19 “at-risk populations.”; and

20 (5) in subparagraph (D), by striking “one
21 year” and inserting “six years”.

22 (e) EFFECTIVE DATE.—The amendments made by
23 subsections (b) and (c) shall take effect on January 1,
24 2007.

1 **SEC. 302. ENHANCING MEDICAL SURGE CAPACITY.**

2 (a) IN GENERAL.—Title XXVIII of the Public Health
3 Service Act (300hh–11 et seq.), as amended by section
4 103, is amended by inserting after section 2802 the fol-
5 lowing:

6 **“SEC. 2804. ENHANCING MEDICAL SURGE CAPACITY.**

7 “(a) STUDY OF ENHANCING MEDICAL SURGE CA-
8 PACITY.—As part of the joint review described in section
9 2812(b), the Secretary shall evaluate the benefits and fea-
10 sibility of improving the capacity of the Department of
11 Health and Human Services to provide additional medical
12 surge capacity to local communities in the event of a pub-
13 lic health emergency. Such study shall include an assess-
14 ment of the need for and feasibility of improving surge
15 capacity through—

16 “(1) acquisition and operation of mobile med-
17 ical assets by the Secretary to be deployed, on a con-
18 tingency basis, to a community in the event of a
19 public health emergency; and

20 “(2) other strategies to improve such capacity
21 as determined appropriate by the Secretary.

22 “(b) AUTHORITY TO ACQUIRE AND OPERATE MO-
23 BILE MEDICAL ASSETS.—In addition to any other author-
24 ity to acquire, deploy, and operate mobile medical assets,
25 the Secretary may acquire, deploy, and operate mobile
26 medical assets if, taking into consideration the evaluation

1 conducted under subsection (a), such acquisition, deploy-
2 ment, and operation is determined to be beneficial and fea-
3 sible in improving the capacity of the Department of
4 Health and Human Services to provide additional medical
5 surge capacity to local communities in the event of a pub-
6 lic health emergency.

7 “(c) USING FEDERAL FACILITIES TO ENHANCE
8 MEDICAL SURGE CAPACITY.—

9 “(1) ANALYSIS.—The Secretary shall conduct
10 an analysis of whether there are Federal facilities
11 which, in the event of a public health emergency,
12 could practicably be used as facilities in which to
13 provide health care.

14 “(2) MEMORANDA OF UNDERSTANDING.—If,
15 based on the analysis conducted under paragraph
16 (1), the Secretary determines that there are Federal
17 facilities which, in the event of a public health emer-
18 gency, could be used as facilities in which to provide
19 health care, the Secretary shall, with respect to each
20 such facility, seek to conclude a memorandum of un-
21 derstanding with the head of the Department or
22 agency that operates such facility that permits the
23 use of such facility to provide health care in the
24 event of a public health emergency.”.

25 (b) EMTALA.—

1 (1) IN GENERAL.—Section 1135(b) of the So-
2 cial Security Act (42 U.S.C. 1320b–5(b)) is amend-
3 ed—

4 (A) in paragraph (3), by striking subpara-
5 graph (B) and inserting the following:

6 “(B) the direction or relocation of an indi-
7 vidual to receive medical screening in an alter-
8 native location—

9 “(i) pursuant to an appropriate State
10 emergency preparedness plan; or

11 “(ii) in the case of a public health
12 emergency described in subsection
13 (g)(1)(B) that involves a pandemic infec-
14 tious disease, pursuant to a State pan-
15 demic preparedness plan or a plan referred
16 to in clause (i), whichever is applicable in
17 the State;”;

18 (B) in the third sentence, by striking “and
19 shall be limited to” and inserting “and, except
20 in the case of a waiver or modification to which
21 the fifth sentence of this subsection applies,
22 shall be limited to”; and

23 (C) by adding at the end the following: “If
24 a public health emergency described in sub-
25 section (g)(1)(B) involves a pandemic infectious

1 disease (such as pandemic influenza), the dura-
2 tion of a waiver or modification under para-
3 graph (3) shall be determined in accordance
4 with subsection (e) as such subsection applies
5 to public health emergencies.”.

6 (2) EFFECTIVE DATE.—The amendments made
7 by paragraph (1) shall take effect on the date of the
8 enactment of this Act and shall apply to public
9 health emergencies declared pursuant to section 319
10 of the Public Health Service Act (42 U.S.C. 247d)
11 on or after such date.

12 **SEC. 303. ENCOURAGING HEALTH PROFESSIONAL VOLUN-**
13 **TEERS.**

14 (a) VOLUNTEER MEDICAL RESERVE CORPS.—Title
15 XXVIII of the Public Health Service Act (42 U.S.C.
16 300hh–11 et seq.), as amended by this Act, is amended
17 by inserting after section 2812 the following:

18 **“SEC. 2813. VOLUNTEER MEDICAL RESERVE CORPS.**

19 “(a) IN GENERAL.—Not later than 180 days after
20 the date of enactment of the Pandemic and All-Hazards
21 Preparedness Act, the Secretary, in collaboration with
22 State, local, and tribal officials, shall build on State, local,
23 and tribal programs in existence on the date of enactment
24 of such Act to establish and maintain a Medical Reserve
25 Corps (referred to in this section as the ‘Corps’) to provide

1 for an adequate supply of volunteers in the case of a Fed-
2 eral, State, local, or tribal public health emergency. The
3 Corps shall be headed by a Director who shall be ap-
4 pointed by the Secretary and shall oversee the activities
5 of the Corps chapters that exist at the State, local, and
6 tribal levels.

7 “(b) STATE, LOCAL, AND TRIBAL COORDINATION.—
8 The Corps shall be established using existing State, local,
9 and tribal teams and shall not alter such teams.

10 “(c) COMPOSITION.—The Corps shall be composed of
11 individuals who—

12 “(1)(A) are health professionals who have ap-
13 propriate professional training and expertise as de-
14 termined appropriate by the Director of the Corps;
15 or

16 “(B) are non-health professionals who have an
17 interest in serving in an auxiliary or support capac-
18 ity to facilitate access to health care services in a
19 public health emergency;

20 “(2) are certified in accordance with the certifi-
21 cation program developed under subsection (d);

22 “(3) are geographically diverse in residence;

23 “(4) have registered and carry out training ex-
24 ercises with a local chapter of the Medical Reserve
25 Corps; and

1 “(5) indicate whether they are willing to be de-
2 ployed outside the area in which they reside in the
3 event of a public health emergency.

4 “(d) CERTIFICATION; DRILLS.—

5 “(1) CERTIFICATION.—The Director, in collabo-
6 ration with State, local, and tribal officials, shall es-
7 tablish a process for the periodic certification of in-
8 dividuals who volunteer for the Corps, as determined
9 by the Secretary, which shall include the completion
10 by each individual of the core training programs de-
11 veloped under section 319F, as required by the Di-
12 rector. Such certification shall not supercede State
13 licensing or credentialing requirements.

14 “(2) DRILLS.—In conjunction with the core
15 training programs referred to in paragraph (1), and
16 in order to facilitate the integration of trained volun-
17 teers into the health care system at the local level,
18 Corps members shall engage in periodic training ex-
19 ercises to be carried out at the local level.

20 “(e) DEPLOYMENT.—During a public health emer-
21 gency, the Secretary shall have the authority to activate
22 and deploy willing members of the Corps to areas of need,
23 taking into consideration the public health and medical ex-
24 pertise required, with the concurrence of the State, local,
25 or tribal officials from the area where the members reside.

1 “(f) EXPENSES AND TRANSPORTATION.—While en-
2 gaged in performing duties as a member of the Corps pur-
3 suant to an assignment by the Secretary (including peri-
4 ods of travel to facilitate such assignment), members of
5 the Corps who are not otherwise employed by the Federal
6 Government shall be allowed travel or transportation ex-
7 penses, including per diem in lieu of subsistence.

8 “(g) IDENTIFICATION.—The Secretary, in coopera-
9 tion and consultation with the States, shall develop a Med-
10 ical Reserve Corps Identification Card that describes the
11 licensure and certification information of Corps members,
12 as well as other identifying information determined nec-
13 essary by the Secretary.

14 “(h) INTERMITTENT DISASTER-RESPONSE PER-
15 SONNEL.—

16 “(1) IN GENERAL.—For the purpose of assist-
17 ing the Corps in carrying out duties under this sec-
18 tion, during a public health emergency, the Sec-
19 retary may appoint selected individuals to serve as
20 intermittent personnel of such Corps in accordance
21 with applicable civil service laws and regulations. In
22 all other cases, members of the Corps are subject to
23 the laws of the State in which the activities of the
24 Corps are undertaken.

1 “(2) APPLICABLE PROTECTIONS.—Subsections
2 (c)(2), (d), and (e) of section 2812 shall apply to an
3 individual appointed under paragraph (1) in the
4 same manner as such subsections apply to an indi-
5 vidual appointed under section 2812(c).

6 “(3) LIMITATION.—State, local, and tribal offi-
7 cials shall have no authority to designate a member
8 of the Corps as Federal intermittent disaster-re-
9 sponse personnel, but may request the services of
10 such members.

11 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section,
13 \$22,000,000 for fiscal year 2007, and such sums as may
14 be necessary for each of fiscal years 2008 through 2011.”.

15 (b) ENCOURAGING HEALTH PROFESSIONS VOLUN-
16 TEERS.—Section 319I of the Public Health Service Act
17 (42 U.S.C. 247d–7b) is amended—

18 (1) by redesignating subsections (e) and (f) as
19 subsections (j) and (k), respectively;

20 (2) by striking subsections (a) and (b) and in-
21 serting the following:

22 “(a) IN GENERAL.—Not later than 12 months after
23 the date of enactment of the Pandemic and All-Hazards
24 Preparedness Act, the Secretary shall link existing State
25 verification systems to maintain a single national inter-

1 operable network of systems, each system being main-
2 tained by a State or group of States, for the purpose of
3 verifying the credentials and licenses of health care profes-
4 sionals who volunteer to provide health services during a
5 public health emergency (such network shall be referred
6 to in this section as the ‘verification network’).

7 “(b) REQUIREMENTS.—The interoperable network of
8 systems established under subsection (a) shall include—

9 “(1) with respect to each volunteer health pro-
10 fessional included in the system—

11 “(A) information necessary for the rapid
12 identification of, and communication with, such
13 professionals; and

14 “(B) the credentials, certifications, li-
15 censes, and relevant training of such individ-
16 uals; and

17 “(2) the name of each member of the Medical
18 Reserve Corps, the National Disaster Medical Sys-
19 tem, and any other relevant federally-sponsored or
20 administered programs determined necessary by the
21 Secretary.”;

22 (3) by striking subsection (d) and inserting the
23 following:

24 “(d) ACCESSIBILITY.—The Secretary shall ensure
25 that the network established under subsection (a) is elec-

1 tronically accessible by State, local, and tribal health de-
2 partments and can be linked with the identification cards
3 under section 2813.

4 “(e) CONFIDENTIALITY.—The Secretary shall estab-
5 lish and require the application of and compliance with
6 measures to ensure the effective security of, integrity of,
7 and access to the data included in the network.

8 “(f) COORDINATION.—The Secretary shall coordinate
9 with the Secretary of Veterans Affairs and the Secretary
10 of Homeland Security to assess the feasibility of inte-
11 grating the verification network under this section with
12 the VetPro system of the Department of Veterans Affairs
13 and the National Emergency Responder Credentialing
14 System of the Department of Homeland Security. The
15 Secretary shall, if feasible, integrate the verification net-
16 work under this section with such VetPro system and the
17 National Emergency Responder Credentialing System.

18 “(g) UPDATING OF INFORMATION.—The States that
19 are participants in the network established under sub-
20 section (a) shall, on at least a quarterly basis, work with
21 the Director to provide for the updating of the information
22 contained in such network.

23 “(h) CLARIFICATION.—Inclusion of a health profes-
24 sional in the verification network established pursuant to
25 this section shall not constitute appointment of such indi-

1 vidual as a Federal employee for any purpose, either under
2 section 2812(c) or otherwise. Such appointment may only
3 be made under section 2812 or 2813.

4 “(i) HEALTH CARE PROVIDER LICENSES.—The Sec-
5 retary shall encourage States to establish and implement
6 mechanisms to waive the application of licensing require-
7 ments applicable to health professionals, who are seeking
8 to provide medical services (within their scope of practice),
9 during a national, State, local, or tribal public health
10 emergency upon verification that such health professionals
11 are licensed and in good standing in another State and
12 have not been disciplined by any State health licensing or
13 disciplinary board.”; and

14 (4) in subsection (k) (as so redesignated), by
15 striking “2006” and inserting “2011”.

16 **SEC. 304. CORE EDUCATION AND TRAINING.**

17 Section 319F of the Public Health Service Act (42
18 U.S.C. 247d–6) is amended—

19 (1) by striking subsections (a) through (g) and
20 inserting the following;

21 “(a) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL
22 RESPONSE CURRICULA AND TRAINING.—

23 “(1) IN GENERAL.—The Secretary, in collabo-
24 ration with the Secretary of Defense, and in con-
25 sultation with relevant public and private entities,

1 shall develop core health and medical response cur-
2 ricula and trainings by adapting applicable existing
3 curricula and training programs to improve re-
4 sponses to public health emergencies.

5 “(2) CURRICULUM.—The public health and
6 medical response training program may include
7 course work related to—

8 “(A) medical management of casualties,
9 taking into account the needs of at-risk individ-
10 uals;

11 “(B) public health aspects of public health
12 emergencies;

13 “(C) mental health aspects of public health
14 emergencies;

15 “(D) national incident management, in-
16 cluding coordination among Federal, State,
17 local, tribal, international agencies, and other
18 entities; and

19 “(E) protecting health care workers and
20 health care first responders from workplace ex-
21 posures during a public health emergency.

22 “(3) PEER REVIEW.—On a periodic basis, prod-
23 ucts prepared as part of the program shall be rigor-
24 ously tested and peer-reviewed by experts in the rel-
25 evant fields.

1 “(4) CREDIT.—The Secretary and the Sec-
2 retary of Defense shall—

3 “(A) take into account continuing profes-
4 sional education requirements of public health
5 and healthcare professions; and

6 “(B) cooperate with State, local, and tribal
7 accrediting agencies and with professional asso-
8 ciations in arranging for students enrolled in
9 the program to obtain continuing professional
10 education credit for program courses.

11 “(5) DISSEMINATION AND TRAINING.—

12 “(A) IN GENERAL.—The Secretary may
13 provide for the dissemination and teaching of
14 the materials described in paragraphs (1) and
15 (2) by appropriate means, as determined by the
16 Secretary.

17 “(B) CERTAIN ENTITIES.—The education
18 and training activities described in subpara-
19 graph (A) may be carried out by Federal public
20 health or medical entities, appropriate edu-
21 cational entities, professional organizations and
22 societies, private accrediting organizations, and
23 other nonprofit institutions or entities meeting
24 criteria established by the Secretary.

1 “(C) GRANTS AND CONTRACTS.—In car-
2 rying out this subsection, the Secretary may
3 carry out activities directly or through the
4 award of grants and contracts, and may enter
5 into interagency agreements with other Federal
6 agencies.

7 “(b) EXPANSION OF EPIDEMIC INTELLIGENCE SERV-
8 ICE PROGRAM.—The Secretary may establish 20 officer
9 positions in the Epidemic Intelligence Service Program, in
10 addition to the number of the officer positions offered
11 under such Program in 2006 for individuals who agree
12 to participate, for a period of not less than 2 years, in
13 the Career Epidemiology Field Officer program in a State,
14 local, or tribal health department that serves a health pro-
15 fessional shortage area (as defined under section 332(a)),
16 a medically underserved population (as defined under sec-
17 tion 330(b)(3)), or a medically underserved area or area
18 at high risk of a public health emergency as designated
19 by the Secretary.

20 “(c) CENTERS FOR PUBLIC HEALTH PREPARED-
21 NESS; CORE CURRICULA AND TRAINING.—

22 “(1) IN GENERAL.—The Secretary may estab-
23 lish at accredited schools of public health, Centers
24 for Public Health Preparedness (hereafter referred
25 to in this section as the ‘Centers’).

1 “(2) ELIGIBILITY.—To be eligible to receive an
2 award under this subsection to establish a Center,
3 an accredited school of public health shall agree to
4 conduct activities consistent with the requirements
5 of this subsection.

6 “(3) CORE CURRICULA.—The Secretary, in col-
7 laboration with the Centers and other public or pri-
8 vate entities shall establish core curricula based on
9 established competencies leading to a 4-year bach-
10 elor’s degree, a graduate degree, a combined bach-
11 elor and master’s degree, or a certificate program,
12 for use by each Center. The Secretary shall dissemi-
13 nate such curricula to other accredited schools of
14 public health and other health professions schools
15 determined appropriate by the Secretary, for vol-
16 untary use by such schools.

17 “(4) CORE COMPETENCY-BASED TRAINING PRO-
18 GRAM.—The Secretary, in collaboration with the
19 Centers and other public or private entities shall fa-
20 cilitate the development of a competency-based train-
21 ing program to train public health practitioners. The
22 Centers shall use such training program to train
23 public health practitioners. The Secretary shall dis-
24 seminate such training program to other accredited
25 schools of public health, and other health professions

1 schools as determined by the Secretary, for vol-
2 untary use by such schools.

3 “(5) CONTENT OF CORE CURRICULA AND
4 TRAINING PROGRAM.—The Secretary shall ensure
5 that the core curricula and training program estab-
6 lished pursuant to this subsection respond to the
7 needs of State, local, and tribal public health au-
8 thorities and integrate and emphasize essential pub-
9 lic health security capabilities consistent with section
10 2802(b)(2).

11 “(6) ACADEMIC-WORKFORCE COMMUNICA-
12 TION.—As a condition of receiving funding from the
13 Secretary under this subsection, a Center shall col-
14 laborate with a State, local, or tribal public health
15 department to—

16 “(A) define the public health preparedness
17 and response needs of the community involved;

18 “(B) assess the extent to which such needs
19 are fulfilled by existing preparedness and re-
20 sponse activities of such school or health de-
21 partment, and how such activities may be im-
22 proved;

23 “(C) prior to developing new materials or
24 trainings, evaluate and utilize relevant materials
25 and trainings developed by others Centers; and

1 “(D) evaluate community impact and the
2 effectiveness of any newly developed materials
3 or trainings.

4 “(7) PUBLIC HEALTH SYSTEMS RESEARCH.—In
5 consultation with relevant public and private enti-
6 ties, the Secretary shall define the existing knowl-
7 edge base for public health preparedness and re-
8 sponse systems, and establish a research agenda
9 based on Federal, State, local, and tribal public
10 health preparedness priorities. As a condition of re-
11 ceiving funding from the Secretary under this sub-
12 section, a Center shall conduct public health systems
13 research that is consistent with the agenda described
14 under this paragraph.”;

15 (2) by redesignating subsection (h) as sub-
16 section (d);

17 (3) by inserting after subsection (d) (as so re-
18 designated), the following:

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) FISCAL YEAR 2007.—There are authorized
21 to be appropriated to carry out this section for fiscal
22 year 2007—

23 “(A) to carry out subsection (a),
24 \$12,000,000, of which \$5,000,000 shall be used
25 to carry out paragraphs (1) through (4) of such

1 subsection, and \$7,000,000 shall be used to
 2 carry out paragraph (5) of such subsection;

3 “(B) to carry out subsection (b),
 4 \$3,000,000; and

5 “(C) to carry out subsection (c),
 6 \$31,000,000, of which \$5,000,000 shall be used
 7 to carry out paragraphs (3) through (5) of such
 8 subsection.

9 “(2) SUBSEQUENT FISCAL YEARS.—There are
 10 authorized to be appropriated such sums as may be
 11 necessary to carry out this section for fiscal year
 12 2008 and each subsequent fiscal year.”; and

13 (4) by striking subsections (i) and (j).

14 **SEC. 305. PARTNERSHIPS FOR STATE AND REGIONAL HOS-**
 15 **PITAL PREPAREDNESS TO IMPROVE SURGE**
 16 **CAPACITY.**

17 Section 319C–2 of the Public Health Service Act (42
 18 U.S.C. 247d–3b) is amended to read as follows:

19 **“SEC. 319C–2. PARTNERSHIPS FOR STATE AND REGIONAL**
 20 **HOSPITAL PREPAREDNESS TO IMPROVE**
 21 **SURGE CAPACITY.**

22 “(a) IN GENERAL.—The Secretary shall award com-
 23 petitive grants or cooperative agreements to eligible enti-
 24 ties to enable such entities to improve surge capacity and

1 enhance community and hospital preparedness for public
2 health emergencies.

3 “(b) ELIGIBILITY.—To be eligible for an award under
4 subsection (a), an entity shall—

5 “(1)(A) be a partnership consisting of—

6 “(i) one or more hospitals, at least one of
7 which shall be a designated trauma center, con-
8 sistent with section 1213(c);

9 “(ii) one or more other local health care
10 facilities, including clinics, health centers, pri-
11 mary care facilities, mental health centers, mo-
12 bile medical assets, or nursing homes; and

13 “(iii)(I) one or more political subdivisions;

14 “(II) one or more States; or

15 “(III) one or more States and one or more
16 political subdivisions; and

17 “(B) prepare, in consultation with the Chief
18 Executive Officer and the lead health officials of the
19 State, District, or territory in which the hospital and
20 health care facilities described in subparagraph (A)
21 are located, and submit to the Secretary, an applica-
22 tion at such time, in such manner, and containing
23 such information as the Secretary may require; or

24 “(2)(A) be an entity described in section 319C-
25 1(b)(1); and

1 “(B) submit an application at such time, in
2 such manner, and containing such information as
3 the Secretary may require, including the information
4 or assurances required under section 319C–1(b)(2)
5 and an assurance that the State will retain not more
6 than 25 percent of the funds awarded for adminis-
7 trative and other support functions.

8 “(c) USE OF FUNDS.—An award under subsection
9 (a) shall be expended for activities to achieve the prepared-
10 ness goals described under paragraphs (1), (3), (4), (5),
11 and (6) of section 2802(b).

12 “(d) PREFERENCES.—

13 “(1) REGIONAL COORDINATION.—In making
14 awards under subsection (a), the Secretary shall give
15 preference to eligible entities that submit applica-
16 tions that, in the determination of the Secretary—

17 “(A) will enhance coordination—

18 “(i) among the entities described in
19 subsection (b)(1)(A)(i); and

20 “(ii) between such entities and the en-
21 tities described in subsection (b)(1)(A)(ii);

22 and

23 “(B) include, in the partnership described
24 in subsection (b)(1)(A), a significant percentage

1 of the hospitals and health care facilities within
2 the geographic area served by such partnership.

3 “(2) OTHER PREFERENCES.—In making
4 awards under subsection (a), the Secretary shall give
5 preference to eligible entities that, in the determina-
6 tion of the Secretary—

7 “(A) include one or more hospitals that are
8 participants in the National Disaster Medical
9 System;

10 “(B) are located in a geographic area that
11 faces a high degree of risk, as determined by
12 the Secretary in consultation with the Secretary
13 of Homeland Security; or

14 “(C) have a significant need for funds to
15 achieve the medical preparedness goals de-
16 scribed in section 2802(b)(2).

17 “(e) CONSISTENCY OF PLANNED ACTIVITIES.—The
18 Secretary may not award a cooperative agreement to an
19 eligible entity described in subsection (b)(1) unless the ap-
20 plication submitted by the entity is coordinated and con-
21 sistent with an applicable State All-Hazards Public Health
22 Emergency Preparedness and Response Plan and relevant
23 local plans, as determined by the Secretary in consultation
24 with relevant State health officials.

1 “(f) LIMITATION ON AWARDS.—A political subdivi-
2 sion shall not participate in more than one partnership
3 described in subsection (b)(1).

4 “(g) COORDINATION WITH LOCAL RESPONSE CAPA-
5 BILITIES.—An eligible entity shall, to the extent prac-
6 ticable, ensure that activities carried out under an award
7 under subsection (a) are coordinated with activities of rel-
8 evant local Metropolitan Medical Response Systems, local
9 Medical Reserve Corps, the Cities Readiness Initiative,
10 and local emergency plans.

11 “(h) MAINTENANCE OF STATE FUNDING.—

12 “(1) IN GENERAL.—An entity that receives an
13 award under this section shall maintain expenditures
14 for health care preparedness at a level that is not
15 less than the average level of such expenditures
16 maintained by the entity for the preceding 2 year
17 period.

18 “(2) RULE OF CONSTRUCTION.—Nothing in
19 this section shall be construed to prohibit the use of
20 awards under this section to pay salary and related
21 expenses of public health and other professionals
22 employed by State, local, or tribal agencies who are
23 carrying out activities supported by such awards (re-
24 gardless of whether the primary assignment of such
25 personnel is to carry out such activities).

1 “(i) PERFORMANCE AND ACCOUNTABILITY.—The re-
2 quirements of section 319C–1(g) and (i) shall apply to en-
3 tities receiving awards under this section (regardless of
4 whether such entities are described under subsection
5 (b)(1)(A) or (b)(2)(A)) in the same manner as such re-
6 quirements apply to entities under section 319C–1.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—

8 “(1) IN GENERAL.—For the purpose of car-
9 rying out this section, there is authorized to be ap-
10 propriated \$474,000,000 for fiscal year 2007, and
11 such sums as may be necessary for each of fiscal
12 years 2008 through 2011.

13 “(2) RESERVATION OF AMOUNTS FOR PART-
14 NERSHIPS.—Prior to making awards described in
15 paragraph (3), the Secretary may reserve from the
16 amount appropriated under paragraph (1) for a fis-
17 cal year, an amount determined appropriate by the
18 Secretary for making awards to entities described in
19 subsection (b)(1)(A).

20 “(3) AWARDS TO STATES AND POLITICAL SUB-
21 DIVISIONS.—

22 “(A) IN GENERAL.—From amounts appro-
23 priated for a fiscal year under paragraph (1)
24 and not reserved under paragraph (2), the Sec-
25 retary shall make awards to entities described

1 in subsection (b)(2)(A) that have completed an
2 application as described in subsection (b)(2)(B).

3 “(B) AMOUNT.—The Secretary shall deter-
4 mine the amount of an award to each entity de-
5 scribed in subparagraph (A) in the same man-
6 ner as such amounts are determined under sec-
7 tion 319C–1(h).”.

8 **SEC. 306. ENHANCING THE ROLE OF THE DEPARTMENT OF**
9 **VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Section 8117 of title 38, United
11 States Code, is amended—

12 (1) in subsection (a)—

13 (A) in paragraph (1), by—

14 (i) striking “chemical or biological at-
15 tack” and inserting “a public health emer-
16 gency (as defined in section 2801 of the
17 Public Health Service Act)”;

18 (ii) striking “an attack” and inserting
19 “such an emergency”; and

20 (iii) striking “public health emer-
21 gencies” and inserting “such emergencies”;

22 and

23 (B) in paragraph (2)—

24 (i) in subparagraph (A), by striking “;
25 and” and inserting a semicolon;

1 (ii) in subparagraph (B), by striking
2 the period and inserting a semicolon; and

3 (iii) by adding at the end the fol-
4 lowing:

5 “(C) organizing, training, and equipping
6 the staff of such centers to support the activi-
7 ties carried out by the Secretary of Health and
8 Human Services under section 2801 of the
9 Public Health Service Act in the event of a pub-
10 lic health emergency and incidents covered by
11 the National Response Plan developed pursuant
12 to section 502(6) of the Homeland Security Act
13 of 2002, or any successor plan; and

14 “(D) providing medical logistical support
15 to the National Disaster Medical System and
16 the Secretary of Health and Human Services as
17 necessary, on a reimbursable basis, and in co-
18 ordination with other designated Federal agen-
19 cies.”;

20 (2) in subsection (c), by striking “a chemical or
21 biological attack or other terrorist attack.” and in-
22 serting “a public health emergency. The Secretary
23 shall, through existing medical procurement con-
24 tracts, and on a reimbursable basis, make available
25 as necessary, medical supplies, equipment, and phar-

1 maceuticals in response to a public health emergency
2 in support of the Secretary of Health and Human
3 Services.”;

4 (3) in subsection (d), by—

5 (A) striking “develop and”;

6 (B) striking “biological, chemical, or radio-
7 logical attacks” and inserting “public health
8 emergencies”; and

9 (C) by inserting “consistent with section
10 319F(a) of the Public Health Service Act” be-
11 fore the period; and

12 (4) in subsection (e)—

13 (A) in paragraph (1), by striking
14 “2811(b)” and inserting “2812”; and

15 (B) in paragraph (2)—

16 (i) by striking “bioterrorism and
17 other”; and

18 (ii) by striking “319F(a)” and insert-
19 ing “319F”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 8117 of title 38, United States Code, is amended by add-
22 ing at the end the following:

23 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated, such sums as may be

- 1 necessary to carry out this section for each of fiscal years
- 2 2007 through 2011.”.

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