

109TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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## **A BILL**

To amend the Public Health Service Act with respect to public health security and bioterrorism 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. Vaccine tracking and distribution.  
Sec. 204. National Science Advisory Board for Biosecurity.

#### TITLE III—ALL-HAZARDS MEDICAL SURGE CAPACITY

##### Subtitle A—National Disaster Medical System

- Sec. 301. National disaster medical system.  
Sec. 302. Enhancing medical surge capacity.

##### Subtitle B—Personnel and Training

- Sec. 311. Encouraging health professional volunteers.  
Sec. 312. Core education and training.  
Sec. 313. Public health workforce enhancements.

##### Subtitle C—Logistics and Support

- Sec. 321. Partnerships for state and regional hospital preparedness to improve surge capacity.  
Sec. 322. 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 shall lead all Fed-  
13 eral public health and medical response to public health  
14 emergencies, in accordance with the National Response  
15 Plan developed pursuant to section 502(6) of the Home-  
16 land Security Act of 2002, or any successor plan.

17 “(b) INTERAGENCY AGREEMENT.—The Secretary, in  
18 collaboration with the Secretary of Veterans Affairs, the  
19 Secretary of Transportation, the Secretary of Defense, the  
20 Secretary of Homeland Security, and the head of any  
21 other relevant Federal agency, shall establish an inter-  
22 agency agreement consistent with the National Response  
23 Plan, or any successor plan for assuming operational con-  
24 trol of emergency public health and medical response as-

1 sets, as necessary, in the event of a public health emer-  
2 gency.”.

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

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

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

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

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

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

18 “(a) IN GENERAL.—There is established within the  
19 Department of Health and Human Services the position  
20 of the Assistant Secretary for Preparedness and Response.  
21 The Secretary shall appoint an individual to serve in such  
22 position. Such Assistant Secretary shall report to the Sec-  
23 retary.

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 necessary additions or modifications to the con-  
4 tents based on such review.

5 “(4) COORDINATION.—

6 “(A) FEDERAL INTEGRATION.—Coordinate  
7 with relevant Federal officials, including the  
8 Chief Medical Officer at the Department of  
9 Homeland Security, to ensure integration of  
10 Federal preparedness and response activities for  
11 public health emergencies.

12 “(B) STATE AND LOCAL INTEGRATION.—  
13 Coordinate with State, local, and tribal public  
14 health official, the Emergency Management As-  
15 sistance Compact, health care systems, and  
16 emergency medical service systems to ensure ef-  
17 fective integration of Federal public health and  
18 medical assets during a public health emer-  
19 gency.

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

1           “(5) LOGISTICS.—In coordination with the Sec-  
2           retary of Veterans Affairs, the Secretary of Home-  
3           land Security, the General Services Administration,  
4           and other public and private entities, provide  
5           logistical support for medical and public health as-  
6           pects of Federal responses to public health emer-  
7           gencies.

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

12          “(c) QUALIFICATIONS.—The Secretary shall ensure  
13          that the Assistant Secretary for Preparedness and Re-  
14          sponse has specialized training or significant experience  
15          in emergency public health response, or in biomedical  
16          sciences or the development of countermeasures.

17          “(d) FUNCTIONS.—The Assistant Secretary for Pre-  
18          paredness and Response shall—

19                 “(1) have authority over and responsibility for  
20                 the functions, personnel, assets, and liabilities of the  
21                 following—

22                         “(A) the National Disaster Medical System  
23                         (in accordance with section 201 of the Pan-  
24                         demic and All-Hazards Preparedness Act); and

1           “(B) the Hospital Preparedness Coopera-  
2           tive Agreement Program pursuant to section  
3           319C-2;

4           “(2) exercise the responsibilities and authorities  
5           of the Secretary with respect to the coordination  
6           of—

7           “(A) the Medical Reserve Corps pursuant  
8           to section 2813 as added by the Pandemic and  
9           All-Hazards Preparedness Act; and

10           “(B) the Emergency System for Advance  
11           Registration of Volunteer Health Professionals  
12           pursuant to section 319I; and

13           “(3) set requirements for, and in the event of  
14           a public health emergency, deploy and coordinate—

15           “(A) the Strategic National Stockpile; and

16           “(B) the Cities Readiness Initiative.”; and

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

21           (b) TRANSFER OF FUNCTIONS; REFERENCES.—

22           (1) TRANSFER OF FUNCTIONS.—There shall be  
23           transferred to the Office of the Assistant Secretary  
24           for Preparedness and Response the functions, per-  
25           sonnel, assets, and liabilities of the Assistant Sec-

1       retary for Public Health Emergency Preparedness as  
2       in effect on the day before the date of enactment of  
3       this Act.

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

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

13       Title XXVIII of the Public Health Service Act  
14       (300hh–11 et seq.), as amended by section 101, is amend-  
15      ed by inserting after section 2801 the following:

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

17       “(a) IN GENERAL.—

18           “(1) PREPAREDNESS AND RESPONSE REGARD-  
19       ING PUBLIC HEALTH EMERGENCIES.—Beginning in  
20       2009 and every 4 years thereafter, the Secretary  
21       shall prepare and submit to the relevant Committees  
22       of Congress a coordinated strategy and any revisions  
23       thereof and accompanying implementation plan for  
24       public health emergency preparedness and response.  
25       The strategy shall identify the process for achieving

1 the preparedness goals described in subsection (b)  
2 and shall be consistent with the National Prepared-  
3 ness Goal, the National Incident Management Sys-  
4 tem, and the National Response Plan developed pur-  
5 suant to section 502(6) of the Homeland Security  
6 Act of 2002, or any successor plan.

7 “(2) EVALUATION OF PROGRESS.—The Na-  
8 tional Health Security Strategy shall include an  
9 evaluation of the progress made by Federal, State,  
10 regional, tribal, and local entities, based on the evi-  
11 dence-based benchmarks and objective standards  
12 that measure levels of preparedness established pur-  
13 suant to section 319C–1(a)(3). Such evaluation shall  
14 include aggregate and State-specific breakdowns of  
15 obligated funding spent by major category (as de-  
16 fined by the Secretary) for activities funded through  
17 awards pursuant to sections 319C–1 and 319C–2.

18 “(3) PUBLIC HEALTH WORKFORCE.—In 2009,  
19 the National Health Security Strategy shall include  
20 a national strategy for establishing an effective and  
21 prepared public health workforce, in accordance with  
22 criteria contained in the Committee Report of the  
23 Committee on Health, Education, Labor, and Pen-  
24 sions of the Senate to accompany the Pandemic and  
25 All-Hazards Preparedness Act.

1       “(b) PREPAREDNESS GOALS.—The strategy under  
2 subsection (a) shall include provisions in furtherance of  
3 the following:

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

7           “(A) the periodic evaluation of Federal,  
8 State, and local preparedness and response ca-  
9 pabilities through drills and exercises; and

10           “(B) integrating public health and medical  
11 donations and volunteers.

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

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

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

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

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

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

7           “(A) Strengthening all hazards public  
8 health emergency management and treatment  
9 capabilities.

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

12           “(C) Effective utilization of any available  
13 public and private mobile medical assets and in-  
14 tegration of other Federal assets.

15           “(D) Protecting health care workers and  
16 first responders from workplace exposures to  
17 biologicals and other hazards.

18           “(4) AT-RISK INDIVIDUALS.—

19           “(A) Taking into account the public health  
20 and medical needs of at risk individuals in the  
21 event of a public health emergency.

22           “(B) For purpose of this title and section  
23 319, the term ‘at risk individuals’ means chil-  
24 dren, pregnant women, senior citizens and other  
25 individuals who have special needs in the event

1 of a public health emergency, as determined by  
2 the Secretary.

3 “(5) COORDINATION.—Ensuring coordination  
4 and minimizing duplication of Federal, State, re-  
5 gional, local, and tribal planning, preparedness, and  
6 response activities, including the State Emergency  
7 Management Assistance Compact. Such planning  
8 shall be consistent with the National Response Plan,  
9 or any successor plan, and National Incident Man-  
10 agement System and the National Preparedness  
11 Goal.

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

16 **TITLE II—PUBLIC HEALTH**  
17 **SECURITY PREPAREDNESS**

18 **SEC. 201. IMPROVING STATE AND LOCAL PUBLIC HEALTH**  
19 **SECURITY.**

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

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

23 “**IMPROVING STATE AND LOCAL PUBLIC**  
24 **HEALTH SECURITY.**”;

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

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

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

10           “(1)(A) be a State;

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

15           “(C) be a consortium of entities described in  
16 subparagraph (A) or (B); and

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

21           “(A) an All-Hazards Public Health Emer-  
22 gency Preparedness and Response Plan which  
23 shall include—

24           “(i) a description of the activities such  
25 entity will carry out under the agreement

1 to meet the goals identified under section  
2 2802;

3 “(ii) a pandemic influenza plan, that  
4 meets the criteria established by the Sec-  
5 retary;

6 “(iii) strategies and the capabilities to  
7 address the medical and public health  
8 needs of at-risk individuals in the event of  
9 a public health emergency; and

10 “(iv) a description of the mechanism  
11 the entity will implement to utilize the  
12 Emergency Management Assistance Com-  
13 pact or other mutual aid agreements for  
14 medical and public health mutual aid;

15 “(B) an assurance that the entity will re-  
16 port to the Secretary on annual basis (or more  
17 frequently as determined by the Secretary) on  
18 the critical benchmarks and performance meas-  
19 ures established by the Secretary to evaluate  
20 the preparedness and response capabilities of  
21 such entity;

22 “(C) an assurance that the entity will con-  
23 duct, on at least an annual basis, an exercise or  
24 drill that meets any criteria establish by the  
25 Secretary to test the preparedness and response

1 capabilities of such entity, and that the entity  
2 will report back to the Secretary within the ap-  
3 plication of the following year on the strengths  
4 and weaknesses identified through such exercise  
5 or drill, and corrective actions taken to address  
6 material weaknesses;

7 “(D) an assurance that the entity will pro-  
8 vide to the Secretary the data described under  
9 section 319D(d)(3) as determined feasible by  
10 the Secretary;

11 “(E) an assurance that the entity will con-  
12 duct activities to inform and educate the hos-  
13 pitals within the jurisdiction of such State or  
14 consortium on the role of such hospitals in the  
15 plan required under subparagraph (A);

16 “(F) an assurance that the entity, with re-  
17 spect to the plan described under subparagraph  
18 (A), has developed and will implement an ac-  
19 countability system to ensure that the State  
20 and political subdivision make satisfactory an-  
21 nual improvement (as defined by the State) and  
22 describe such system in the plan under sub-  
23 paragraph (A);

24 “(G) a description of the means by which  
25 to obtain public comment and input on the plan

1 described in subparagraph (A) and on the im-  
2 plementation of such plan, that shall include an  
3 advisory committee or other similar mechanism  
4 for obtaining comment from the public and  
5 from other State and local stakeholders; and

6 “(H) as relevant, a description of the proc-  
7 ess used by the State to consult with local de-  
8 partments of public health to reach consensus,  
9 approval, or concurrence on the relative dis-  
10 tribution of amounts received under this sec-  
11 tion.

12 “(c) LIMITATION.—Beginning in fiscal year 2009,  
13 the Secretary may not award a cooperative agreement to  
14 a State unless such State is a participant in the Emer-  
15 gency System for Advance Registration of Volunteer  
16 Health Professionals described in section 319I.

17 “(d) USE OF FUNDS.—

18 “(1) IN GENERAL.—An award under subsection  
19 (a) shall be expended for activities to achieve the  
20 preparedness goals described under paragraphs (1),  
21 (2), (4), (5), and (6) of section 2802(b).

22 “(2) EFFECT OF SECTION.—Nothing in this  
23 subsection may be construed as establishing new  
24 regulatory authority or as modifying any existing  
25 regulatory authority.

1           “(e) COORDINATION WITH LOCAL RESPONSE CAPA-  
2 BILITIES.—An eligible entity shall, to the extent prac-  
3 ticable, ensure that activities carried out under an award  
4 under subsection (a) are coordinated with activities of rel-  
5 evant Metropolitan Medical Response Systems, local pub-  
6 lic health departments, the Cities Readiness Initiative, and  
7 local emergency plans.

8           “(f) COORDINATION WITH HOMELAND SECURITY.—  
9 In making awards under subsection (a), the Secretary  
10 shall coordinate with the Secretary of Homeland Security  
11 to—

12                   “(1) ensure maximum coordination of public  
13 health and medical preparedness and response ac-  
14 tivities with the Metropolitan Medical Response Sys-  
15 tem, and other relevant activities;

16                   “(2) minimize duplicative funding of programs  
17 and activities;

18                   “(3) analyze activities, including exercises and  
19 drills, conducted under this section to develop rec-  
20 ommendations and guidance on best practices for  
21 such activities, and

22                   “(4) disseminate such recommendations and  
23 guidance, including through expanding existing les-  
24 sons learned information system to create a single  
25 Internet-based point of access for sharing and dis-

1       tributing medical and public health best practices  
2       and lessons learned from drills, exercises, disasters,  
3       and other emergencies.

4       “(g) ACHIEVEMENT OF MEASURABLE CRITICAL  
5 BENCHMARKS AND OBJECTIVE STANDARDS.—

6               “(1) IN GENERAL.—Not later than 180 days  
7       after the date of enactment of the Pandemic and  
8       All-Hazards Preparedness Act, the Secretary in col-  
9       laboration with State, local and tribal officials and  
10       private entities as appropriate, shall develop or  
11       where appropriate adopt, and require the application  
12       of measurable evidence-based benchmarks and objec-  
13       tive standards that measure levels of preparedness  
14       with respect to the activities described in this section  
15       and with respect to activities described in section  
16       319C-2. Where appropriate, the Secretary shall in-  
17       corporate existing objective standards. Such bench-  
18       marks and standards shall, at a minimum, require  
19       grantees to—

20               “(A) demonstrate progress toward achiev-  
21       ing the preparedness goals described in section  
22       2802 in a reasonable timeframe determined by  
23       the Secretary;

24               “(B) annually report grant expenditures to  
25       the Secretary (in a form prescribed by the Sec-

1           retary) who shall ensure that such information  
2           is included on the Federal Internet-based point  
3           of access developed under subsection (f); and

4                   “(C) at least annually, test and exercise  
5           the public health and medical emergency pre-  
6           paredness and response capabilities of the  
7           grantee, based on criteria established by the  
8           Secretary.

9           “(2) CRITERIA FOR PANDEMIC INFLUENZA  
10          PLANS.—

11                   “(A) IN GENERAL.—Not later than 180  
12          days after the date of enactment of the Pan-  
13          demic and All-Hazards Preparedness Act, the  
14          Secretary shall develop and disseminate to the  
15          chief executive officer of each State criteria for  
16          an effective State plan for responding to pan-  
17          demic influenza.

18                   “(B) RULE OF CONSTRUCTION.—Nothing  
19          in this section shall be construed to require the  
20          duplication of Federal efforts with respect to  
21          the development of criteria or standards, with-  
22          out regard to whether such efforts were carried  
23          out prior to or after the date of enactment of  
24          this section.

1           “(3) TECHNICAL ASSISTANCE.—The Secretary  
2           shall provide to a State, upon request, appropriate  
3           technical assistance in meeting the requirements of  
4           this section, including the provision of advice by ex-  
5           perts in the development of high-quality assess-  
6           ments, the setting of State objectives and assess-  
7           ment methods, the development of measures of satis-  
8           factory annual improvement that are valid and reli-  
9           able, and other relevant areas.

10           “(4) NOTIFICATION OF FAILURES.—The Sec-  
11           retary shall develop and implement a process to no-  
12           tify States that are determined are not complying  
13           with the provision of this section. Such process shall  
14           provide such States with the opportunity to correct  
15           such noncompliance. A State that fails to correct  
16           such noncompliance shall be subject to paragraph  
17           (5).

18           “(5) WITHHOLDING OF AMOUNTS FROM ENTI-  
19           TIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUB-  
20           MIT INFLUENZA PLAN.—Beginning with fiscal year  
21           2008, and in each succeeding fiscal year, the Sec-  
22           retary shall—

23                   “(A) withhold from each entity that has  
24                   failed substantially to meet the benchmarks and  
25                   performance measures described in paragraph

1 (1) for a previous fiscal year, pursuant to the  
2 process developed under paragraph (4), the  
3 amount described in paragraph (6); and

4 “(B) withhold from each entity that has  
5 failed to submit to the Secretary a plan for re-  
6 sponding to pandemic influenza that meets the  
7 criteria developed under paragraph (2), the  
8 amount described in paragraph (6).

9 “(6) AMOUNTS DESCRIBED.—

10 “(A) IN GENERAL.—The amounts de-  
11 scribed in this paragraph are the following  
12 amounts that are payable to an entity for ac-  
13 tivities described in section 319C-1 or 319C-2:

14 “(i) For the first fiscal year imme-  
15 diately following a fiscal year in which an  
16 entity experienced a failure described in  
17 subparagraph (A) of paragraph (5) by the  
18 State, an amount equal to 10 percent of  
19 the amount the State was eligible to re-  
20 ceive for such fiscal year.

21 “(ii) For the second fiscal year fol-  
22 lowing a fiscal year in which an entity ex-  
23 perienceed such a failure, an amount equal  
24 to 15 percent of the amount the State was  
25 eligible to receive for such fiscal year, tak-

1           ing into account the withholding of funds  
2           for the immediately preceding fiscal year  
3           under clause (i).

4           “(iii) For the third fiscal year fol-  
5           lowing a fiscal year in which an entity ex-  
6           perienced such a failure, an amount equal  
7           to 20 percent of the amount the State was  
8           eligible to receive for such fiscal year, tak-  
9           ing into account the withholding of funds  
10          for the immediately preceding fiscal years  
11          under clauses (i) and (ii).

12          “(iv) For the fourth fiscal year fol-  
13          lowing a fiscal year in which an entity ex-  
14          perienced such a failure, an amount equal  
15          to 25 percent of the amount the State was  
16          eligible to receive for such a fiscal year,  
17          taking into account the withholding of  
18          funds for the immediately preceding fiscal  
19          years under clauses (i), (ii), and (iii).

20          “(B) SEPARATE ACCOUNTING.—Each fail-  
21          ure described in subparagraph (A) or (B) of  
22          paragraph (5) shall be treated as a separate  
23          failure for purposes of calculating amounts  
24          withheld under subparagraph (A).

1           “(7) REALLOCATION OF AMOUNTS WITH-  
2 HELD.—

3           “(A) IN GENERAL.—The Secretary shall  
4 make amounts withheld under paragraph (6)  
5 available for making awards under section  
6 319C-2 to entities described in subsection  
7 (b)(1) of such section.

8           “(B) PREFERENCE IN REALLOCATION.—In  
9 making awards under section 319C-2 with  
10 amounts described in subparagraph (A), the  
11 Secretary shall give preference to eligible enti-  
12 ties (as described in section 319C-2(b)(1)) that  
13 are located in whole or in part in States from  
14 which amounts have been withheld under para-  
15 graph (6).

16           “(8) WAIVER OR REDUCE WITHHOLDING.—The  
17 Secretary may waive or reduce the withholding de-  
18 scribed in paragraph (6), for a single entity or for  
19 all entities in a fiscal year, if the Secretary deter-  
20 mines that extraordinary conditions exist that justify  
21 the waiver or reduction.”;

22           (3) by redesignating subsection (j) as sub-  
23 section (h);

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

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

3 “(1) AUTHORIZATION OF APPROPRIATIONS.—

4 “(A) IN GENERAL.—For the purpose of  
5 carrying out this section, there is authorized to  
6 be appropriated \$824,000,000 fiscal year 2007  
7 for awards pursuant to paragraph (3) (subject  
8 to the authority of the Secretary to make  
9 awards pursuant to paragraphs (4) and (5)),  
10 and such sums as may be necessary for each of  
11 fiscal years 2008 through 2011.

12 “(B) COORDINATION.—There are author-  
13 ized to be appropriated, \$10,000,000 to carry  
14 out subsection (f)(3).

15 “(C) REQUIREMENT FOR STATE MATCHING  
16 FUNDS.—Beginning in fiscal year 2009, in the  
17 case of any State or consortium of two or more  
18 States, the Secretary may not award a coopera-  
19 tive agreement under this section unless the  
20 State or consortium of States agree that, with  
21 respect to the amount of the cooperative agree-  
22 ment awarded by the Secretary, the State or  
23 consortium of States will make available (di-  
24 rectly or through donations from public or pri-  
25 vate entities) non-Federal contributions in an

1 amount (without regard to the amount under  
2 subsection (h)(3)(B)) equal to—

3 “(i) for the first fiscal year of the co-  
4 operative agreement, not less than 5 per-  
5 cent of such costs (\$1 for each \$20 of Fed-  
6 eral funds provided in the cooperative  
7 agreement);

8 “(ii) for any second fiscal year of the  
9 cooperative agreement, not less than 10  
10 percent of such costs (\$1 for each \$10 of  
11 Federal funds provided in the cooperative  
12 agreement); and

13 “(iii) for any third fiscal year of the  
14 cooperative agreement, and for any subse-  
15 quent fiscal year of such cooperative agree-  
16 ment, not less than 20 percent of such  
17 costs (\$1 for each \$5 of Federal funds pro-  
18 vided in the cooperative agreement).

19 “(D) DETERMINATION OF AMOUNT OF  
20 NON-FEDERAL CONTRIBUTIONS.—As deter-  
21 mined by the Secretary, non-Federal contribu-  
22 tions required in subparagraph (C) may be pro-  
23 vided directly or through donations from public  
24 or private entities and may be in cash or in  
25 kind, fairly evaluated, including plant, equip-

1           ment or services. Amounts provided by the Fed-  
2           eral government, or services assisted or sub-  
3           sidized to any significant extent by the Federal  
4           government, may not be included in deter-  
5           mining the amount of such non-Federal con-  
6           tributions.

7           “(2) MAINTAINING STATE FUNDING.—

8                   “(A) IN GENERAL.—An entity that re-  
9                   ceives an award under this section shall main-  
10                   tain expenditures for public health security at a  
11                   level that is not less than the average level of  
12                   such expenditures maintained by the entity for  
13                   the preceding 2 year period.

14                   “(B) RULE OF CONSTRUCTION.—Nothing  
15                   in this section shall be construed to prohibit the  
16                   use of awards under this section to pay salary  
17                   and related expenses of public health and other  
18                   professionals employed by State or local public  
19                   health agencies who are carrying out activities  
20                   supported by such awards (regardless of wheth-  
21                   er the primary appointment of such personnel is  
22                   within the agency that has the primary respon-  
23                   sibility for carrying out such activities).

24           “(3) DETERMINATION OF AMOUNT.—

1           “(A) IN GENERAL.—The Secretary shall  
2           award cooperative agreements under subsection  
3           (a) to each State or consortium of 2 or more  
4           States that submits to the Secretary an applica-  
5           tion that meets the criteria of the Secretary for  
6           the receipt of such an award and that meets  
7           other implementation conditions established by  
8           the Secretary for such awards.”;

9           (B) in paragraph (4)(A), by striking  
10          “(A)(i)(I)”;

11          (C) in paragraph (4)(D), by striking  
12          “2002” and inserting “2006”;

13          (D) in paragraph (5), by striking “For fis-  
14          cal year 2003, the” and inserting “The”; and

15          (E) by striking paragraph (6) and insert-  
16          ing the following:

17          “(6) FUNDING OF LOCAL ENTITIES.—The Sec-  
18          retary shall, in making awards under this section,  
19          ensure that with respect to the cooperative agree-  
20          ment awarded, the entity make available appropriate  
21          amounts of such award to political subdivisions and  
22          local departments of public health through a process  
23          involving the consensus, approval or concurrence  
24          with such local entities.”; and

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

1       “(i) ADMINISTRATIVE AND FISCAL RESPONSI-  
2 BILITY.—

3           “(1) ANNUAL REPORTING REQUIREMENTS.—

4       Each entity shall prepare and submit to the Sec-  
5 retary annual reports on its activities under this sec-  
6 tion and section 319C–2. Each such report shall be  
7 prepared by, or in consultation with, the health de-  
8 partment. In order to properly evaluate and compare  
9 the performance of different States assisted under  
10 this section and section 319C–2 and to assure the  
11 proper expenditure of funds under this section and  
12 section 319C–2, such reports shall be in such stand-  
13 ardized form and contain such information as the  
14 Secretary determines (after consultation with the  
15 States) to be necessary to—

16           “(A) secure an accurate description of  
17 those activities;

18           “(B) secure a complete record of the pur-  
19 poses for which funds were spent, of the recipi-  
20 ents of such funds;

21           “(C) describe the extent to which the enti-  
22 ty has met the goals and objectives it set forth  
23 under this section or section 319C–2; and

24           “(D) determine the extent to which funds  
25 were expended consistent with the State’s appli-

1 cation transmitted under this section or section  
2 319C-2.

3 “(2) AUDITS; IMPLEMENTATION.—

4 “(A) IN GENERAL.—Each entity receiving  
5 funds under this section or section 319C-2  
6 shall, not less often than once every 2 years,  
7 audit its expenditures from amounts received  
8 under this section or section 319C-2. Such au-  
9 dits shall be conducted by an entity independent  
10 of the agency administering a program funded  
11 under this section or section 319C-2 in accord-  
12 ance with the Comptroller General’s standards  
13 for auditing governmental organizations, pro-  
14 grams, activities, and functions and generally  
15 accepted auditing standards. Within 30 days  
16 following the completion of each audit report,  
17 the entity shall submit a copy of that audit re-  
18 port to the Secretary.

19 “(B) REPAYMENT.—Each entity shall  
20 repay to the United States amounts found by  
21 the Secretary, after notice and opportunity for  
22 a hearing to the entity, not to have been ex-  
23 pended in accordance with this section or sec-  
24 tion 319C-2 and, if such repayment is not  
25 made, the Secretary may offset such amounts

1           against the amount of any allotment to which  
2           the State is or may become entitled under this  
3           section or section 319C-2 or may otherwise re-  
4           cover such amounts.

5           “(C) WITHHOLDING OF PAYMENT.—The  
6           Secretary may, after notice and opportunity for  
7           a hearing, withhold payment of funds to any  
8           entity which is not using its allotment under  
9           this section or section 319C-2 in accordance  
10          with such section. The Secretary may withhold  
11          such funds until the Secretary finds that the  
12          reason for the withholding has been removed  
13          and there is reasonable assurance that it will  
14          not recur.

15          “(3) MAXIMUM CARRYOVER AMOUNT.—

16                 “(A) IN GENERAL.—For each fiscal year,  
17                 the Secretary, in consultation with the States,  
18                 shall determine the maximum percentage  
19                 amount of an award under this section that an  
20                 eligible entity may carryover to the succeeding  
21                 fiscal year.

22                 “(B) AMOUNT EXCEEDED.—For each fis-  
23                 cal year, if the percentage amount of an award  
24                 under this section unexpended by an eligible en-  
25                 tity exceeds the maximum percentage permitted

1 by the Secretary under subparagraph (A), the  
2 eligible entity shall return to the Secretary the  
3 portion of the unexpended amount that exceeds  
4 the maximum amount permitted to be carried  
5 over by the Secretary.

6 “(C) ACTION BY SECRETARY.—The Sec-  
7 retary shall make amounts returned to the Sec-  
8 retary under subparagraph (B) available for  
9 awards under section 319C–2(b)(2). In making  
10 awards under section 319C–2(b)(1) with  
11 amounts collected under this paragraph the  
12 Secretary shall give preference to eligible enti-  
13 ties that are located in whole or in part in  
14 States from which amounts have been returned  
15 under subparagraph (B).

16 “(D) WAIVER.—An eligible entity may  
17 apply to the Secretary for a waiver of the max-  
18 imum percentage amount under subparagraph  
19 (A). Such an application for a waiver shall in-  
20 clude an explanation why such requirement  
21 should not apply to the eligible entity and the  
22 steps taken by such eligible entity to ensure  
23 that all funds under an award under this sec-  
24 tion will be expended appropriately.

1           “(E) WAIVE OR REDUCE WITHHOLDING.—  
2           The Secretary may waive the application of  
3           subparagraph (B) for a single entity pursuant  
4           to subparagraph (D) or for all entities in a fis-  
5           cal year, if the Secretary determines that miti-  
6           gating conditions exist that justify the waiver or  
7           reduction.”.

8 **SEC. 202. USING INFORMATION TECHNOLOGY TO IMPROVE**  
9                   **SITUATIONAL AWARENESS IN PUBLIC**  
10                   **HEALTH EMERGENCIES.**

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

13           (1) in subsection (a)(1), by inserting “domesti-  
14           cally and abroad” after “public health threats”; and  
15           (2) by adding at the end the following:

16           “(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

17           “(1) IN GENERAL.—Not later than 2 years  
18           after the date of enactment of the Pandemic and  
19           All-Hazards Preparedness Act, the Secretary, in col-  
20           laboration with State and local public health offi-  
21           cials, shall establish a near real-time electronic na-  
22           tionwide public health situational awareness capa-  
23           bility through an interoperable network of systems  
24           to share data and information to enhance early de-  
25           tection of rapid response to, and management of,

1 disease outbreaks and public health emergencies that  
2 originate domestically or abroad. Such network shall  
3 be built on existing State situational awareness sys-  
4 tems or enhanced systems that enable such  
5 connectivity.

6 “(2) STRATEGIC PLAN.—Not later than 180  
7 days after the date of enactment the Pandemic and  
8 All-Hazards Preparedness Act, the Secretary shall  
9 submit to the appropriate committees of Congress, a  
10 strategic plan that demonstrates the steps the Sec-  
11 retary will undertake to develop, implement, and  
12 evaluate the network described in paragraph (1), uti-  
13 lizing the elements described in paragraph (3).

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

17 “(A) State public health entities, including  
18 public health laboratories;

19 “(B) Federal health agencies;

20 “(C) zoonotic disease monitoring systems;

21 “(D) public and private sector health care  
22 entities, pharmacies, poison control centers, and  
23 clinical laboratories, to the extent practicable  
24 and provided that such data are voluntarily pro-  
25 vided to the Secretary and simultaneously to

1 appropriate State and local public health agen-  
2 cies; and

3 “(E) such other sources as the Secretary  
4 may deem appropriate.

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

8 “(5) REQUIRED ACTIVITIES.—In establishing  
9 and operating the network described in paragraph  
10 (1), the Secretary shall—

11 “(A) utilize applicable interoperability  
12 standards as determined by the Secretary  
13 through a joint public and private sector proc-  
14 ess, including standards adopted by the Na-  
15 tional Coordinator for Health Information  
16 Technology and define minimal data elements  
17 for such system;

18 “(B) define minimal data elements for  
19 such network;

20 “(C) in collaboration with State and local  
21 public health officials, integrate and build upon  
22 existing State and local capabilities, ensuring si-  
23 multaneous sharing of data, information, and  
24 analyses from the network described in para-

1 graph (1) with State and local public health  
2 agencies; and

3 “(D) in collaboration with State and local  
4 public health officials, include procedures and  
5 standards for the collection, analysis, and inter-  
6 pretation of data that States, regions, or other  
7 entities collect and report to the network de-  
8 scribed in paragraph (1).

9 “(6) LIMITATION.—The data collected by the  
10 Secretary under this section shall be in compliance  
11 with the limited data set provision contained in sec-  
12 tion 164.514e of title 45, Code of Federal Regula-  
13 tions, or any successor regulation, and in compliance  
14 with the regulations promulgated under section  
15 264(c) of the Health Insurance Portability and Ac-  
16 countability Act of 1996.

17 “(e) STATE AND REGIONAL SYSTEMS TO ENHANCE  
18 SITUATIONAL AWARENESS IN PUBLIC HEALTH EMER-  
19 GENCIES.—

20 “(1) IN GENERAL.—To implement the network  
21 described in section (d), the Secretary may award  
22 grants to States to enhance the ability of such  
23 States to establish or operate a coordinated public  
24 health situational awareness system for regional or  
25 Statewide early detection of, rapid response to, and

1 management of disease outbreaks and public health  
2 emergencies, in collaboration with public health  
3 agencies, sentinel hospitals, clinical laboratories,  
4 pharmacies, poison control centers, other health care  
5 organizations, or animal health organizations within  
6 such States.

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

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

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

17 “(C) a description of the manner in which  
18 grant funds will be used to enhance the  
19 timelines and comprehensiveness of the States  
20 efforts to report disease outbreaks and public  
21 health emergencies.

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

24 “(A) shall establish, enhance, or operate a  
25 coordinated public health situational awareness

1 system for regional or Statewide early detection  
2 of and rapid response to disease outbreaks and  
3 public health emergencies; and

4 “(B) may award grants or contracts to en-  
5 tities described in paragraph (1) within such  
6 State to assist such entities in improving the  
7 operation of information technology systems, fa-  
8 cilitating the secure exchange of data and infor-  
9 mation, and training personnel to enhance the  
10 operation of the system described in paragraph  
11 (A).

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

15 “(A) interoperability and other techno-  
16 logical standards, as determined by the Sec-  
17 retary, including standards adopted by the Of-  
18 fice of the National Coordinator of Health In-  
19 formation Technology; and

20 “(B) data collection and reporting require-  
21 ments for the network described in subsection  
22 (d).

23 “(5) INDEPENDENT EVALUATION.—Not later  
24 than 4 years after the date of enactment of the Pan-  
25 demic and All-Hazards Preparedness Act, the Gov-

1       ernment Accountability Office shall conduct an inde-  
2       pendent evaluation, and submit to the Secretary and  
3       the appropriate committees of Congress a report,  
4       concerning the activities conducted under this sub-  
5       section and subsection (d).

6       “(f) GRANTS FOR REAL-TIME SURVEILLANCE IM-  
7       PROVEMENT.—

8               “(1) IN GENERAL.—The Secretary may award  
9       grants to eligible entities to carry out pilot dem-  
10      onstration projects described under paragraph (4).

11              “(2) ELIGIBLE ENTITY.—For purposes of this  
12      section, the term ‘eligible entity’ means—

13                      “(A)(i) a hospital, clinical laboratory, uni-  
14      versity; or

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

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

19              “(3) APPLICATION.—Each eligible entity desir-  
20      ing a grant under this section shall submit to the  
21      Secretary an application at such time, in such man-  
22      ner, and containing such information as the Sec-  
23      retary may require.

24              “(4) USE OF FUNDS.—

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

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

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

1 enhancing timely and efficient investigation  
2 of data anomalies;

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

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

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—

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

22 “(2) SUBSEQUENT FISCAL YEARS.—There are  
23 authorized to be appropriated such sums as may be  
24 necessary to carry out subsections (d), (e), and (f)  
25 for each of fiscal years 2008 through 2011.”.

1 **SEC. 203. 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, in cooperation with  
6 relevant manufacturers, wholesalers, distributors, and  
7 State and local health officials, shall track and facilitate  
8 the distribution of influenza vaccines. Such tracking shall  
9 be used to inform Federal, State, and local decision mak-  
10 ers during times of vaccine shortages and supply disrup-  
11 tions to apportion influenza vaccines to high priority popu-  
12 lations, as determined by the Secretary.

13 “(b) EFFICIENCY.—To the maximum extent prac-  
14 ticable, the cooperation and information sharing described  
15 in subsection (a) shall incorporate existing private sector  
16 delivery infrastructure, and include, where applicable, esti-  
17 mates of high priority populations in State and local juris-  
18 dictions.

19 “(c) CONFIDENTIALITY.—The information submitted  
20 to the Secretary or its contractors, if any, under this sec-  
21 tion or under any other section of this Act related to vac-  
22 cine distribution information shall remain confidential in  
23 accordance with the exception from the public disclosure  
24 of trade secrets, commercial or financial information, and  
25 information obtained from an individual that is privileged  
26 and confidential, as provided for in section 552(b)(4) of

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

13 “(d) GUIDELINES.—The Secretary, in consultation  
14 with manufacturers, distributors, wholesalers and State  
15 and local health departments, shall develop guidelines for  
16 the cooperation and information sharing described in sub-  
17 section (a) in order to maintain the confidentiality of rel-  
18 evant information and ensure that none of the information  
19 contained in the systems involved may be used to provide  
20 proprietary advantage within the vaccine market, while al-  
21 lowing State and local health officials access to such infor-  
22 mation to maximize the delivery and availability of vac-  
23 cines to high priority populations, during times of vaccine  
24 shortages and supply disruptions.

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

4           “(f) REPORT TO CONGRESS.—As part of the National  
5 Health Security Strategy described in section 2802 and  
6 such other reports to Congress as determined appropriate  
7 by the Secretary, the Secretary shall provide an update  
8 on the cooperation and information sharing described in  
9 subsection (a).”.

10 **SEC. 204. NATIONAL SCIENCE ADVISORY BOARD FOR BIO-**  
11 **SECURITY.**

12           The Secretary of Health and Human Services, acting  
13 through the National Science Advisory Board for Biosecu-  
14 rity, shall upon request, provide advice, guidance, or rec-  
15 ommendations to relevant Federal departments and agen-  
16 cies concerning—

17           (1) periodic evaluations of maximum contain-  
18 ment biological laboratory capacity nationwide and  
19 assessments of the future need for increased labora-  
20 tory capacity; and

21           (2) a core curriculum and training requirements  
22 for workers in maximum containment biological lab-  
23 oratories.

1           **TITLE III—ALL-HAZARDS**  
2           **MEDICAL SURGE CAPACITY**  
3           **Subtitle A—National Disaster**  
4           **Medical System**

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

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

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

12           (2) by striking subsection (a);

13           (3) by redesignating subsections (b) through (h)  
14   as subsections (a) through (g);

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

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

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

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

1 (A) striking the subsection heading and in-  
2 serting “MODIFICATIONS”;

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

5 (C) striking paragraph (1) and inserting  
6 the following:

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

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

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

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

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

8           (b) **TRANSFER OF NATIONAL DISASTER MEDICAL**  
9 **SYSTEM.**—There shall be transferred to the Office of the  
10 Assistant Secretary of Health and Human Services the  
11 functions, personnel, assets, and liabilities of the National  
12 Disaster Medical System under section 2812 of the Public  
13 Health Service Act, as amended by this Act, including the  
14 functions of the Secretary of Homeland Security and the  
15 Under Secretary for Emergency Preparedness and Re-  
16 sponse relating thereto.

17           (c) **UPDATE OF CERTAIN PROVISION.**—Section  
18 319F(b)(2) of the Public Health Service Act (42 U.S.C.  
19 247d–6(b)(2)) is amended—

20           (1) in the paragraph heading, by striking  
21           “CHILDREN AND TERRORISM” and inserting “AT-  
22           RISK INDIVIDUALS AND PUBLIC HEALTH EMER-  
23           GENCIES”;

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

4           (3) in subparagraph (B)—

5                 (A) in clause (i), by striking “bioterrorism  
6                 as it relates to children” and inserting “public  
7                 health emergencies as they relate to at-risk in-  
8                 dividuals”;

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

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

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

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

18           (d) CONFORMING AMENDMENTS.—The Homeland  
19 Security Act of 2002 (6 U.S.C. 312(3)(B), 313(5)) is  
20 amended—

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

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

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.—The Secretary may acquire and  
24 operate mobile medical assets if, based on the evaluation  
25 conducted under subsection (a), such acquisition and oper-  
26 ation is determined to be beneficial and feasible in improv-

1 ing the capacity of the Department of Health and Human  
2 Services to provide additional medical surge capacity to  
3 local communities in the event of a public health emer-  
4 gency.

5 “(c) USING FEDERAL FACILITIES TO ENHANCE  
6 MEDICAL SURGE CAPACITY.—

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

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

23 (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 location 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 **Subtitle B—Personnel and** 13 **Training**

### 14 **SEC. 311. ENCOURAGING HEALTH PROFESSIONAL VOLUN-** 15 **TEERS.**

16 (a) VOLUNTEER MEDICAL RESERVE CORPS.—Title  
17 XXVIII of the Public Health Service Act (42 U.S.C.  
18 300hh–11 et seq.), as amended by this Act, is amended  
19 by inserting after section 2812 the following:

#### 20 **“SEC. 2813. VOLUNTEER MEDICAL RESERVE CORPS.**

21 “(a) IN GENERAL.—Not later than 180 days after  
22 the date of enactment of the Pandemic and All-Hazards  
23 Preparedness Act, the Secretary, in collaboration with  
24 State and local officials, shall build on State and local pro-  
25 grams in existence on the date of enactment of such Act

1 to establish and maintain a Medical Reserve Corps (re-  
2 ferred to in this section as the ‘Corps’) to provide for an  
3 adequate supply of volunteers in the case of a Federal,  
4 State, or local public health emergency. The Corps shall  
5 be headed by a Director who shall be appointed by the  
6 Secretary and shall oversee the activities of the Corps  
7 chapters that exist at the State and local levels.

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

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

13 “(1)(A) health professionals who have appro-  
14 priate professional training and expertise as deter-  
15 mined appropriate by the Director of the Corps; or

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

20 “(2) have been certified in accordance with the  
21 certification program developed under subsection  
22 (d);

23 “(3) are geographically diverse in residence;

1           “(4) have registered with and carry out training  
2           exercises in conjunction with a local chapter of the  
3           Medical Reserve Corps; and

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

7           “(d) CERTIFICATION; DRILLS.—

8           “(1) CERTIFICATION.—The Director, in collabo-  
9           ration with State and local officials, shall establish  
10          a process for the periodic certification of individuals  
11          who volunteer for the Corps, as determined by the  
12          Secretary, which shall include the completion by  
13          each individual of the core training programs devel-  
14          oped under section 319F, as required by the Direc-  
15          tor. Such certification shall not supercede State li-  
16          censing or credentialing requirements.

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

23          “(e) DEPLOYMENT.—During a public health emer-  
24          gency, the Secretary, with the concurrence of relevant  
25          State officials, shall have the authority to activate and de-

1 ploy willing members of the Corps to areas of need, taking  
2 into consideration the public health and medical expertise  
3 required.

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

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

17 “(h) INTERMITTENT DISASTER-RESPONSE PER-  
18 SONNEL.—

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

1 the laws of the State in which the activities of the  
2 Corps are undertaken.

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

8 “(3) LIMITATION.—State and local officials  
9 shall have no authority to designate a member of the  
10 Corps as Federal intermittent disaster-response per-  
11 sonnel, but may request the services of such mem-  
12 bers.

13 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated to carry out this section,  
15 \$22,000,000 for fiscal year 2007, and such sums as may  
16 be necessary for each of fiscal years 2008 through 2011.”.

17 (b) ENCOURAGING HEALTH PROFESSIONS VOLUN-  
18 TEERS.—Section 319I of the Public Health Service Act  
19 (42 U.S.C. 247d–7b) is amended—

20 (1) by redesignating subsections (e) and (f) as  
21 subsections (i) and (j), respectively; and

22 (2) by striking subsections (a) through (d) and  
23 inserting the following:

24 “(a) IN GENERAL.—Not later than 12 months after  
25 the date of enactment of the Pandemic and All-Hazards

1 Preparedness Act, the Secretary shall link existing State  
2 verification systems to maintain a single national inter-  
3 operable network of systems, each system being main-  
4 tained by a State or group of States, for the purpose of  
5 verifying the credentials and licenses of such professionals  
6 when, during a public health emergency, the professionals  
7 volunteer to provide health services (referred to in this sec-  
8 tion as the ‘verification system’). In carrying out the pre-  
9 ceding sentence, the Secretary shall provide for the capa-  
10 bility for nationwide secure electronic access for the  
11 verification system.”.

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

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

16 “(A) information necessary for the rapid  
17 identification of, and communication with, such  
18 professionals; and

19 “(B) the credentials, certifications, li-  
20 censes, and relevant training of such individ-  
21 uals; and

22 “(2) the names of each members of the Medical  
23 Reserve Corps, the National Disaster Medical Sys-  
24 tem, and any other relevant federally-sponsored or

1 administered programs determined necessary by the  
2 Secretary.

3 “(c) ACCESSIBILITY.—The Secretary shall ensure  
4 that the system established under subsection (a) is elec-  
5 tronically accessible by State and local health departments  
6 and can be linked with the identification cards under sec-  
7 tion 2813.

8 “(d) CONFIDENTIALITY.—The Secretary shall estab-  
9 lish and require the application of measures to ensure the  
10 effective security of, integrity of, and access to the data  
11 included in the system.

12 “(e) COORDINATION.—The Secretary shall coordinate  
13 with the Secretary of Veterans Affairs and the Secretary  
14 of Homeland Security to assess the feasibility of inte-  
15 grating the verification system under this section with the  
16 VetPro system of the Department of Veterans Affairs and  
17 the National Emergency Responder Credentialing System  
18 of the Department of Homeland Security. The Secretary  
19 shall, if feasible, integrate the verification system under  
20 this section with such VetPro system and the National  
21 Emergency Responder Credentialing System.

22 “(f) UPDATING OF INFORMATION.—The States that  
23 are participants in the system established under sub-  
24 section (a) shall, on at least a quarterly basis, work with

1 the Director to provide for the updating of the information  
2 contained in such system.

3 “(g) CLARIFICATION.—Health professionals included  
4 in the verification system created pursuant to this section  
5 are not automatically appointed to serve as intermittent  
6 disaster-response personnel under section 2812(c). Such  
7 appointment may only be made under section 2812 or  
8 2813.

9 “(h) HEALTH CARE PROVIDER LICENSES.—The Sec-  
10 retary shall encourage States to establish and implement  
11 mechanisms to waive the application of licensing require-  
12 ments applicable to health professionals, who are seeking  
13 to provide medical services (within their scope of practice),  
14 during a national, State, or local public health emergency  
15 upon verification that such health professionals are li-  
16 censed and in good standing in another State and have  
17 not been disciplined by any State health licensing or dis-  
18 ciplinary board.”.

19 **SEC. 312. CORE EDUCATION AND TRAINING.**

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

22 (1) by striking subsections (a) through (g) and  
23 inserting the following;

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

1           “(1) IN GENERAL.—The Secretary, in collabo-  
2           ration with the Secretary of Defense, and in con-  
3           sultation with relevant public and private entities,  
4           shall develop core health and medical response cur-  
5           ricula and trainings and certifications by adapting  
6           applicable existing curricula and training programs  
7           to improve responses to public health emergencies.

8           “(2) CURRICULUM.—The public health and  
9           medical response training program may include  
10          course work related to—

11                   “(A) medical management of casualties, in-  
12                   cluding speciality care for at risk individuals;

13                   “(B) public health and social aspects of  
14                   public health emergencies;

15                   “(C) psychological aspects of disasters in-  
16                   cluding exacerbation of mental health disorders;

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

21                   “(E) protecting health care workers and  
22                   medical first responders from workplace expo-  
23                   sures to biological and other hazards.

24           “(3) PEER REVIEW.—On a periodic basis, prod-  
25          ucts prepared as part of the program shall be rigor-

1           ously tested and peer-reviewed by experts in the rel-  
2           evant fields.

3           “(4) CREDIT AND CERTIFICATION.—The Sec-  
4           retary and the Secretary of Defense shall—

5                   “(A) take into account continuing profes-  
6                   sional education requirements of professions  
7                   listed under paragraph (1); and

8                   “(B) cooperate with State and local ac-  
9                   crediting agencies and with professional associa-  
10                  tions in arranging for students enrolled in the  
11                  program to obtain continuing professional edu-  
12                  cation credit for program courses.

13           “(5) DISSEMINATION AND TRAINING.—

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

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

1 other nonprofit institutions or entities meeting  
2 criteria established by the Secretary.

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

9 “(b) EXPANSION OF EPIDEMIC INTELLIGENCE SERV-  
10 ICE PROGRAM.—The Secretary may establish 20 officer  
11 positions in the Epidemic Intelligence Service Program, in  
12 addition to the number of the officer positions offered  
13 under such Program in 2006, to serve in a State or local  
14 public health agency that is located in a health profes-  
15 sional shortage area or high-risk area (as defined under  
16 section 332(a)), a medically underserved population (as  
17 defined under section 330(b)(3)), or a medically under-  
18 served area or high-risk area as designated by the Sec-  
19 retary for a period of not less than 2 years beginning on  
20 the date of completion of such Program.

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

23 “(1) IN GENERAL.—The Secretary may estab-  
24 lish at accredited schools of public health, Centers

1 for Public Health Preparedness (hereafter referred  
2 to in this section as the ‘Centers’).

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

8 “(3) CORE CURRICULA.—The Secretary, in col-  
9 laboration with the Centers and other public or pri-  
10 vate entities shall establish a core curriculum based  
11 on established competencies leading to a 4-year  
12 bachelor’s degree, a graduate degree, a combined  
13 bachelor and master’s degree, or a certificate pro-  
14 gram, for use by each Center. The Secretary shall  
15 disseminate such curriculum to other accredited  
16 schools of public health and other health professions  
17 schools determined appropriate by the Secretary, for  
18 voluntary use by such schools.

19 “(4) CORE COMPETENCY-BASED TRAINING PRO-  
20 GRAM.—The Secretary, in collaboration with the  
21 Centers and other public or private entities shall fa-  
22 cilitate the development of a competency-based train-  
23 ing program to train public health practitioners that  
24 integrates and emphasizes essential functions for  
25 public health security and public health emergency

1 preparedness. Such training program shall be used  
2 by each Center to train public health practitioners.  
3 The Secretary shall disseminate such training pro-  
4 gram to other accredited schools of public health,  
5 and other health professions schools as determined  
6 by the Secretary, for voluntary use by such schools.

7 “(5) CONTENT OF CORE CURRICULA AND  
8 TRAINING PROGRAM.—The Secretary shall ensure  
9 that the core curricula and training program estab-  
10 lished pursuant to this subsection respond to the  
11 needs of State and local public health authorities  
12 and integrate and emphasize public health security  
13 consistent with section 2802(b)(2).

14 “(6) ACADEMIC-WORKFORCE COMMUNICA-  
15 TION.—As a condition of receiving funding from the  
16 Secretary under this subsection, a Center shall col-  
17 laborate with a State or local public health depart-  
18 ment to—

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

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

1           “(C) prior to developing new materials or  
2           trainings, evaluate and utilize relevant materials  
3           and trainings developed by others Centers.

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. 313. PUBLIC HEALTH WORKFORCE ENHANCEMENTS.**

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

18 “(h) PUBLIC HEALTH PROVIDERS.—

19 “(1) IN GENERAL.—To the extent that funds  
20 are appropriated under paragraph (5), the Secretary  
21 shall establish a demonstration project to provide for  
22 the participation of individuals who are public health  
23 providers in the Loan Repayment Program described  
24 in section 338B.

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

5                   “(A) comply with all rules and require-  
6                   ments described in such section (other than sec-  
7                   tion 338B(b)(1)(A) and (B) and  
8                   338B(f)(1)(A)(iv)); and

9                   “(B) agree to fulfill their service obligation  
10                  in a State or local health department located in  
11                  a health professional shortage area or other  
12                  area at risk of a public health emergency, as  
13                  determined by the Secretary.

14           “(3) DESIGNATIONS.—The demonstration  
15           project described in paragraph (1), and any  
16           healthcare providers who are selected to participate  
17           in such project, shall not be considered by the Sec-  
18           retary in the designation of health professional  
19           shortage area under section 332 during fiscal years  
20           2007 through 2010.

21           “(4) REPORT.—Not later than 4 years after the  
22           date of enactment of this subsection, the Secretary  
23           shall submit a report to the relevant committees of  
24           Congress that evaluates the participation of individ-  
25           uals in the demonstration project under paragraph

1 (1), the impact of such participation on State and  
2 local health departments, and the benefit and feasi-  
3 bility of permanently allowing such placements in  
4 the Loan Repayment Program.

5 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
6 There are authorized to be appropriated to carry out  
7 this subsection, such sums as may be necessary for  
8 each of fiscal years 2007 through 2010.”.

9 (b) GRANTS FOR LOAN REPAYMENT PROGRAM.—  
10 Section 338I of the Public Health Service Act (42 U.S.C.  
11 254q-1) is amended by adding at the end the following:

12 “(i) PUBLIC HEALTH LOAN REPAYMENT.—

13 “(1) IN GENERAL.—The Secretary may award  
14 grants to States for the purpose of assisting such  
15 States in operating loan repayment programs, that  
16 meet the requirements of paragraph (2), for individ-  
17 uals agreeing to serve in State or local health de-  
18 partments located in health professional shortage  
19 areas or other areas at risk of a public health emer-  
20 gency, as designated by the Secretary.

21 “(2) REQUIREMENTS.—The loan repayment  
22 programs under paragraph (1) shall be programs  
23 that enter into contracts under which the State in-  
24 volved agrees to pay all or part of the principal, in-  
25 terest, and related expenses of the federally-guaran-

1        teed educational loans for graduates from academic  
2        institutions accredited under title IV of the Higher  
3        Education Act of 1965 with a master's degree in  
4        public health. Such contract shall provide that the  
5        individual involved will satisfy the requirement of ob-  
6        ligated service under the contract.

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 located in  
17            and providing health services in health profes-  
18            sional shortage areas or an area at risk of a  
19            public health emergency, as determined by the  
20            Secretary.

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

## 1 **Subtitle C—Logistics and Support**

### 2 **SEC. 321. PARTNERSHIPS FOR STATE AND REGIONAL HOS-** 3 **PITAL PREPAREDNESS TO IMPROVE SURGE** 4 **CAPACITY.**

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

#### 7 **“SEC. 319C–2. PARTNERSHIPS FOR STATE AND REGIONAL** 8 **HOSPITAL PREPAREDNESS TO IMPROVE** 9 **SURGE CAPACITY.**

10 “(a) IN GENERAL.—The Secretary shall award com-  
11 petitive grants or cooperative agreements to eligible enti-  
12 ties to enable such entities to improve surge capacity and  
13 enhance community and hospital preparedness for public  
14 health emergencies.

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

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

18 “(i) one or more hospitals, at least one of  
19 which shall be a designated trauma center, con-  
20 sistent with section 1213(e);

21 “(ii) one or more other local health care  
22 facilities, including clinics, health centers, pri-  
23 mary care facilities, mobile medical assets, or  
24 nursing homes;

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

1 “(II) one or more States; or

2 “(III) one or more States and one or more  
3 political subdivisions; and

4 “(B) prepare, in consultation with the Chief  
5 Executive Officer and the lead health officials of the  
6 State, District, or territory in which the hospital and  
7 health care facilities described in subparagraph (A)  
8 are located, and submit to the Secretary, an applica-  
9 tion at such time, in such manner, and containing  
10 such information as the Secretary may require; or

11 “(2)(A) be an entity described in section 319C-  
12 1(b)(1); and

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

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

24 “(d) PREFERENCES.—

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

5           “(A) will enhance coordination—

6           “(i) among the entities described in  
7 subsection (b)(1)(A)(i); and

8           “(ii) between such entities and the en-  
9 tities described in subsection (b)(1)(A)(ii);  
10 and

11           “(B) include, in the partnership described  
12 in subsection (b)(1)(A), a significant percentage  
13 of the hospitals and health care facilities within  
14 the geographic area served by such partnership.

15           “(2) OTHER PREFERENCES.—In making  
16 awards under subsection (a), the Secretary shall give  
17 preference to eligible entities that, in the determina-  
18 tion of the Secretary—

19           “(A) include one or more hospitals that are  
20 participants in the National Disaster Medical  
21 System;

22           “(B) are located in a geographic area that  
23 faces a high degree of risk, as determined by  
24 the Secretary in consultation with the Secretary  
25 of Homeland Security; or

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

4           “(e) CONSISTENCY OF PLANNED ACTIVITIES.—The  
5 Secretary may not award a cooperative agreement to an  
6 eligible entity described in subsection (b)(1) unless the ap-  
7 plication submitted by the entity is coordinated and con-  
8 sistent, as determined by the Secretary, with an applicable  
9 State All-Hazards Public Health Emergency Preparedness  
10 and Response Plan and relevant local plans.

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

14          “(g) COORDINATION WITH LOCAL RESPONSE CAPA-  
15 BILITIES.—An eligible entity shall, to the extent prac-  
16 ticable, ensure that activities carried out under an award  
17 under subsection (a) are coordinated with activities of rel-  
18 evant local Metropolitan Medical Response Systems, local  
19 Medical Reserve Corps, the Cities Readiness Initiative,  
20 and local emergency plans.

21          “(h) MAINTENANCE OF STATE FUNDING.—

22               “(1) IN GENERAL.—An entity that receives an  
23 award under this section shall maintain expenditures  
24 for health care preparedness at a level that is not  
25 less than the average level of such expenditures

1 maintained by the entity for the preceding 2 year  
2 period.

3 “(2) RULE OF CONSTRUCTION.—Nothing in  
4 this section shall be construed to prohibit the use of  
5 awards under this section to pay salary and related  
6 expenses of public health and other professionals  
7 employed by State or local agencies who are carrying  
8 out activities supported by such awards (regardless  
9 of whether the primary appointment of such per-  
10 sonnel is within the agency that has primary respon-  
11 sibility for carrying out such activities).

12 “(i) PERFORMANCE AND ACCOUNTABILITY.—The re-  
13 quirements of section 319C-1(g) and (j) shall apply to en-  
14 tities receiving awards under this section (regardless of  
15 whether such entities are described under subsection  
16 (b)(1)(A) or (b)(2)(A)) in the same manner as such re-  
17 quirements apply to States under section 319C-1(i).

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—

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

24 “(2) RESERVATION OF AMOUNTS FOR PART-  
25 NERSHIPS.—Prior to making awards described in

1 paragraph (3), the Secretary may reserve from the  
2 amount appropriated under paragraph (1) for a fis-  
3 cal year, an amount determined appropriate by the  
4 Secretary for making awards to entities described in  
5 subsection (b)(1)(A).

6 “(3) AWARDS TO STATES AND POLITICAL SUB-  
7 DIVISIONS.—

8 “(A) IN GENERAL.—From amounts appro-  
9 priated for a fiscal year under paragraph (1)  
10 and not reserved under paragraph (2), the Sec-  
11 retary shall make awards to entities described  
12 in subsection (b)(2)(A) that have completed an  
13 application as described in subsection (b)(2)(B).

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

19 **SEC. 322. ENHANCING THE ROLE OF THE DEPARTMENT OF**  
20 **VETERANS AFFAIRS.**

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

23 (1) in subsection (a)—

24 (A) in paragraph (1), by—

1 (i) striking “chemical or biological at-  
2 tack” and inserting “a public health emer-  
3 gency (as defined in section 2801 of the  
4 Public Health Service Act)”;

5 (ii) striking “an attack” and inserting  
6 “such an emergency”; and

7 (iii) striking “public health emer-  
8 gencies” and inserting “such emergencies”;  
9 and

10 (B) in paragraph (2)—

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

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

15 (iii) by adding at the end the fol-  
16 lowing:

17 “(C) organizing, training, and equipping  
18 the staff of such centers to support the activi-  
19 ties carried out by the Secretary of Health and  
20 Human Services under section 2801 of the  
21 Public Health Service Act in the event of a pub-  
22 lic health emergency (as defined in such section  
23 2801); and

24 “(D) providing medical logistical support  
25 to the National Disaster Medical System and

1 the Secretary of Health and Human Services as  
2 necessary, on a reimbursable basis, and in co-  
3 ordination with other designated Federal agen-  
4 cies.”;

5 (2) in subsection (c), by striking “a chemical or  
6 biological attack or other terrorist attack.” and in-  
7 serting “a public health emergency. The Secretary  
8 shall, through existing medical procurement con-  
9 tracts, and on a reimbursable basis, make available  
10 as necessary, medical supplies, equipment, and phar-  
11 maceuticals in response to a public health emergency  
12 in support of the Secretary of Health and Human  
13 Services.”;

14 (3) in subsection (d), by—

15 (A) striking “develop and”;

16 (B) striking “biological, chemical, or radio-  
17 logical attacks” and inserting “public health  
18 emergencies”; and

19 (C) by inserting “consistent with section  
20 319F(b) of the Public Health Service Act” be-  
21 fore the period; and

22 (4) in subsection (e)—

23 (A) in paragraph (1), by striking  
24 “2811(b)” and inserting “2812”; and

25 (B) in paragraph (2)—

1 (i) by striking “bioterrorism and  
2 other”; and

3 (ii) by striking “319F(a)” and insert-  
4 ing “319F”.

5 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
6 8117 of title 38, United States Code, is amended by add-  
7 ing at the end the following:

8 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated, such sums as may be  
10 necessary to carry out this section for each of fiscal years  
11 2007 through 2011.”.