

**Calendar No. 583**109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. 3678****[Report No. 109-319]**

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

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## IN THE SENATE OF THE UNITED STATES

JULY 18, 2006

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

AUGUST 3, 2006

Reported by Mr. ENZI, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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**A BILL**

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

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

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

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

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

Sec. 1. Short title; table of contents.

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

Sec. 101. Public health and medical preparedness and response functions of the  
 Secretary of Health and Human Services.

Sec. 102. Assistant Secretary for Preparedness and Response.

Sec. 103. National Health Security Strategy.

**TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS**

Sec. 201. Improving State and local public health security.

Sec. 202. Using information technology to improve situational awareness in  
 public health emergencies.

Sec. 203. Public health workforce enhancements.

Sec. 204. Vaccine tracking and distribution.

Sec. 205. National Science Advisory Board for Biosecurity.

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

Sec. 301. National Disaster Medical System.

Sec. 302. Enhancing medical surge capacity.

Sec. 303. Encouraging health professional volunteers.

Sec. 304. Core education and training.

Sec. 305. Partnerships for state and regional hospital preparedness to improve  
 surge capacity.

Sec. 306. Enhancing the role of the Department of Veterans Affairs.

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

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

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

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

12 **“TITLE XXVIII—NATIONAL ALL-**  
 13 **HAZARDS PREPAREDNESS**  
 14 **FOR PUBLIC HEALTH EMER-**  
 15 **GENCIES”;**

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

17 **“Subtitle A—National All-Hazards**  
 18 **Preparedness and Response**  
 19 **Planning, Coordinating, and Re-**  
 20 **porting**

21 **“SEC. 2801. PUBLIC HEALTH AND MEDICAL PREPAREDNESS**  
 22 **AND RESPONSE FUNCTIONS.**

23 “(a) IN GENERAL.—The Secretary of Health and  
 24 Human Services shall lead all Federal public health and  
 25 medical response to public health emergencies and inci-

1 dents covered by the National Response Plan developed  
 2 pursuant to section 502(6) of the Homeland Security Act  
 3 of 2002, or any successor plan.

4 “(b) INTERAGENCY AGREEMENT.—The Secretary, in  
 5 collaboration with the Secretary of Veterans Affairs, the  
 6 Secretary of Transportation, the Secretary of Defense, the  
 7 Secretary of Homeland Security, and the head of any  
 8 other relevant Federal agency, shall establish an inter-  
 9 agency agreement, consistent with the National Response  
 10 Plan or any successor plan, under which agreement the  
 11 Secretary of Health and Human Services shall assume  
 12 operational control of emergency public health and medical  
 13 response assets, as necessary, in the event of a public  
 14 health emergency.”.

15 **SEC. 102. ASSISTANT SECRETARY FOR PREPAREDNESS AND**  
 16 **RESPONSE.**

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

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

23 (2) by redesignating section 2811 as section  
 24 2812;



1 Emergency System for Advance Registration of Vol-  
2 unteer Health Professionals.

3 ~~“(3) COUNTERMEASURES.—~~

4 ~~“(A) OVERSIGHT.—Oversee advanced re-~~  
5 ~~search, development, and procurement of quali-~~  
6 ~~fied countermeasures (as defined in section~~  
7 ~~319F-1) and qualified pandemic or epidemic~~  
8 ~~products (as defined in section 319F-3).~~

9 ~~“(B) STRATEGIC NATIONAL STOCKPILE.—~~

10 ~~Maintain the Strategic National Stockpile in ac-~~  
11 ~~cordance with section 319F-2, including con-~~  
12 ~~ducting an annual review (taking into account~~  
13 ~~at-risk individuals) of the contents of the stock-~~  
14 ~~pile, including non-pharmaceutical supplies, and~~  
15 ~~make necessary additions or modifications to~~  
16 ~~the contents based on such review.~~

17 ~~“(4) COORDINATION.—~~

18 ~~“(A) FEDERAL INTEGRATION.—Coordinate~~  
19 ~~with relevant Federal officials to ensure inte-~~  
20 ~~gration of Federal preparedness and response~~  
21 ~~activities for public health emergencies.~~

22 ~~“(B) STATE, LOCAL, AND TRIBAL INTE-~~  
23 ~~GRATION.—Coordinate with State, local, and~~  
24 ~~tribal public health officials, the Emergency~~  
25 ~~Management Assistance Compact, health care~~

1 systems, and emergency medical service systems  
2 to ensure effective integration of Federal public  
3 health and medical assets during a public  
4 health emergency.

5 “(C) EMERGENCY MEDICAL SERVICES.—  
6 Promote improved emergency medical services  
7 medical direction, system integration, research,  
8 and uniformity of data collection, treatment  
9 protocols, and policies with regard to public  
10 health emergencies.

11 “(5) LOGISTICS.—In coordination with the Sec-  
12 retary of Veterans Affairs, the Secretary of Home-  
13 land Security, the General Services Administration,  
14 and other public and private entities, provide  
15 logistical support for medical and public health as-  
16 pects of Federal responses to public health emer-  
17 gencies.

18 “(6) LEADERSHIP.—Provide leadership in  
19 international programs, initiatives, and policies that  
20 deal with public health and medical emergency pre-  
21 paredness and response.

22 “(e) FUNCTIONS.—The Assistant Secretary for Pre-  
23 paredness and Response shall—

1           “(1) have authority over and responsibility for  
2 the functions, personnel, assets, and liabilities of the  
3 following—

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

7           “(B) the Hospital Preparedness Coopera-  
8 tive Agreement Program pursuant to section  
9 319C-2; and

10          “(C) the Public Health Preparedness Co-  
11 operative Agreement Program pursuant to sec-  
12 tion 319C-1;

13          “(2) exercise the responsibilities and authorities  
14 of the Secretary with respect to the coordination  
15 of—

16          “(A) the Medical Reserve Corps pursuant  
17 to section 2813 as added by the Pandemic and  
18 All-Hazards Preparedness Act;

19          “(B) the Emergency System for Advance  
20 Registration of Volunteer Health Professionals  
21 pursuant to section 319I;

22          “(C) the Strategic National Stockpile; and

23          “(D) the Cities Readiness Initiative; and

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

1           (4) by striking “Assistant Secretary for Public  
2           Health Emergency Preparedness” each place it ap-  
3           pears and inserting “Assistant Secretary for Pre-  
4           paredness and Response”.

5           (b) TRANSFER OF FUNCTIONS; REFERENCES.—

6           (1) TRANSFER OF FUNCTIONS.—There shall be  
7           transferred to the Office of the Assistant Secretary  
8           for Preparedness and Response the functions, per-  
9           sonnel, assets, and liabilities of the Assistant Sec-  
10          retary for Public Health Emergency Preparedness as  
11          in effect on the day before the date of enactment of  
12          this Act.

13          (2) REFERENCES.—Any reference in any Fed-  
14          eral law, Executive order, rule, regulation, or delega-  
15          tion of authority, or any document of or pertaining  
16          to the Assistant Secretary for Public Health Emer-  
17          gency Preparedness as in effect the day before the  
18          date of enactment of this Act, shall be deemed to be  
19          a reference to the Assistant Secretary for Prepared-  
20          ness and Response.

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

22          Title XXVIII of the Public Health Service Act  
23       (300hh–11 et seq.), as amended by section 101, is amend-  
24       ed by inserting after section 2801 the following:

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

2 “(a) IN GENERAL.—

3 “(1) PREPAREDNESS AND RESPONSE REGARD-  
4 ING PUBLIC HEALTH EMERGENCIES.—Beginning in  
5 2009 and every 4 years thereafter, the Secretary  
6 shall prepare and submit to the relevant Committees  
7 of Congress a coordinated strategy and any revisions  
8 thereof, and an accompanying implementation plan  
9 for public health emergency preparedness and re-  
10 sponse. The strategy shall identify the process for  
11 achieving the preparedness goals described in sub-  
12 section (b) and shall be consistent with the National  
13 Preparedness Goal, the National Incident Manage-  
14 ment System, and the National Response Plan devel-  
15 oped pursuant to section 502(6) of the Homeland  
16 Security Act of 2002, or any successor plan.

17 “(2) EVALUATION OF PROGRESS.—The Na-  
18 tional Health Security Strategy shall include an  
19 evaluation of the progress made by Federal, State,  
20 local, and tribal entities, based on the evidence-based  
21 benchmarks and objective standards that measure  
22 levels of preparedness established pursuant to sec-  
23 tion 319C–1(g). Such evaluation shall include aggre-  
24 gate and State-specific breakdowns of obligated  
25 funding spent by major category (as defined by the

1 Secretary) for activities funded through awards pur-  
2 suant to sections 319C-1 and 319C-2.

3 “(3) PUBLIC HEALTH WORKFORCE.—In 2009,  
4 the National Health Security Strategy shall include  
5 a national strategy for establishing an effective and  
6 prepared public health workforce, including defining  
7 the functions, capabilities, and gaps in such work-  
8 force, and identifying strategies to recruit, retain,  
9 and protect such workforce from workplace expo-  
10 sures during public health emergencies.

11 “(b) PREPAREDNESS GOALS.—The strategy under  
12 subsection (a) shall include provisions in furtherance of  
13 the following:

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

17 “(A) the periodic evaluation of Federal,  
18 State, local, and tribal preparedness and re-  
19 sponse capabilities through drills and exercises;  
20 and

21 “(B) integrating public and private sector  
22 public health and medical donations and volun-  
23 teers.

24 “(2) PUBLIC HEALTH.—Developing and sus-  
25 taining Federal, State, local, and tribal essential

1 public health security capabilities, including the fol-  
2 lowing:

3 “(A) Disease situational awareness domes-  
4 tically and abroad, including detection, identi-  
5 fication, and investigation.

6 “(B) Disease containment including capa-  
7 bilities for isolation, quarantine, social  
8 distancing, and decontamination.

9 “(C) Risk communication and public pre-  
10 paredness.

11 “(D) Rapid distribution and administra-  
12 tion of medical countermeasures.

13 “(3) MEDICAL.—Increasing the preparedness,  
14 response capabilities, and surge capacity of hos-  
15 pitals, other health care facilities (including mental  
16 health facilities), and trauma care and emergency  
17 medical service systems with respect to public health  
18 emergencies, which shall include developing plans for  
19 the following:

20 “(A) Strengthening public health emer-  
21 gency medical management and treatment ca-  
22 pabilities.

23 “(B) Medical evacuation and fatality man-  
24 agement.

1           “(C) Rapid distribution and administration  
2 of medical countermeasures:

3           “(D) Effective utilization of any available  
4 public and private mobile medical assets and in-  
5 tegration of other Federal assets:

6           “(E) Protecting health care workers and  
7 health care first responders from workplace ex-  
8 posures during a public health emergency:

9           “(4) AT-RISK INDIVIDUALS.—

10           “(A) Taking into account the public health  
11 and medical needs of at-risk individuals in the  
12 event of a public health emergency:

13           “(B) For purpose of this title and section  
14 319, the term ‘at-risk individuals’ means chil-  
15 dren, pregnant women, senior citizens and other  
16 individuals who have special needs in the event  
17 of a public health emergency, as determined by  
18 the Secretary:

19           “(5) COORDINATION.—Minimizing duplication  
20 of, and ensuring coordination between Federal,  
21 State, local, and tribal planning, preparedness, and  
22 response activities (including the State Emergency  
23 Management Assistance Compact). Such planning  
24 shall be consistent with the National Response Plan,  
25 or any successor plan, and National Incident Man-

1       agement System and the National Preparedness  
2       Goal.

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

7               **TITLE II—PUBLIC HEALTH**  
8               **SECURITY PREPAREDNESS**

9       **SEC. 201. IMPROVING STATE AND LOCAL PUBLIC HEALTH**  
10               **SECURITY.**

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

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

14               “**IMPROVING STATE AND LOCAL PUBLIC**  
15               **HEALTH SECURITY.**”;

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

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

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

25               “(1)(A) be a State;

1           ~~“(B) be a political subdivision determined by~~  
2           ~~the Secretary to be eligible for an award under this~~  
3           ~~section (based on criteria described in subsection~~  
4           ~~(h)(4); or~~

5           ~~“(C) be a consortium of entities described in~~  
6           ~~subparagraph (A); and~~

7           ~~“(2) prepare and submit to the Secretary an~~  
8           ~~application at such time, and in such manner, and~~  
9           ~~containing such information as the Secretary may~~  
10          ~~require, including—~~

11                 ~~“(A) an All-Hazards Public Health Emer-~~  
12                 ~~gency Preparedness and Response Plan which~~  
13                 ~~shall include—~~

14                         ~~“(i) a description of the activities such~~  
15                         ~~entity will carry out under the agreement~~  
16                         ~~to meet the goals identified under section~~  
17                         ~~2802;~~

18                         ~~“(ii) a pandemic influenza plan con-~~  
19                         ~~sistent with the requirements of para-~~  
20                         ~~graphs (2) and (5) of subsection (g);~~

21                         ~~“(iii) preparedness and response strat-~~  
22                         ~~egies and capabilities that take into ac-~~  
23                         ~~count the medical and public health needs~~  
24                         ~~of at-risk individuals in the event of a pub-~~  
25                         ~~lic health emergency;~~

1           “(iv) a description of the mechanism  
2           the entity will implement to utilize the  
3           Emergency Management Assistance Com-  
4           pact or other mutual aid agreements for  
5           medical and public health mutual aid; and

6           “(v) a description of how the entity  
7           will include the State Area Agency on  
8           Aging in public health emergency pre-  
9           paredness;

10          “(B) an assurance that the entity will re-  
11          port to the Secretary on an annual basis (or  
12          more frequently as determined by the Sec-  
13          retary) on the evidence-based benchmarks and  
14          objective standards established by the Secretary  
15          to evaluate the preparedness and response capa-  
16          bilities of such entity;

17          “(C) an assurance that the entity will con-  
18          duct, on at least an annual basis, an exercise or  
19          drill that meets any criteria established by the  
20          Secretary to test the preparedness and response  
21          capabilities of such entity, and that the entity  
22          will report back to the Secretary within the ap-  
23          plication of the following year on the strengths  
24          and weaknesses identified through such exercise

1 or drill, and corrective actions taken to address  
2 material weaknesses;

3 “(D) an assurance that the entity will pro-  
4 vide to the Secretary the data described under  
5 section 319D(d)(3) as determined feasible by  
6 the Secretary;

7 “(E) an assurance that the entity will con-  
8 duct activities to inform and educate the hos-  
9 pitals within the jurisdiction of such entity on  
10 the role of such hospitals in the plan required  
11 under subparagraph (A);

12 “(F) an assurance that the entity, with re-  
13 spect to the plan described under subparagraph  
14 (A), has developed and will implement an ac-  
15 countability system to ensure that such entity  
16 make satisfactory annual improvement and de-  
17 scribe such system in the plan under subpara-  
18 graph (A);

19 “(G) a description of the means by which  
20 to obtain public comment and input on the plan  
21 described in subparagraph (A) and on the im-  
22 plementation of such plan, that shall include an  
23 advisory committee or other similar mechanism  
24 for obtaining comment from the public and

1 from other State, local, and tribal stakeholders;  
2 and

3 “(H) as relevant, a description of the pro-  
4 cess used by the entity to consult with local de-  
5 partments of public health to reach consensus,  
6 approval, or concurrence on the relative dis-  
7 tribution of amounts received under this sec-  
8 tion.

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

14 “(d) USE OF FUNDS.—

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

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

23 “(e) COORDINATION WITH LOCAL RESPONSE CAPA-  
24 BILITIES.—An entity shall, to the extent practicable, en-  
25 sure that activities carried out under an award under sub-

1 section (a) are coordinated with activities of relevant Met-  
2 ropolitan Medical Response Systems, local public health  
3 departments, the Cities Readiness Initiative, and local  
4 emergency plans.

5 “(f) CONSULTATION WITH HOMELAND SECURITY.—

6 In making awards under subsection (a), the Secretary  
7 shall consult with the Secretary of Homeland Security  
8 to—

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

13 “(2) minimize duplicative funding of programs  
14 and activities;

15 “(3) analyze activities, including exercises and  
16 drills, conducted under this section to develop rec-  
17 ommendations and guidance on best practices for  
18 such activities; and

19 “(4) disseminate such recommendations and  
20 guidance, including through expanding existing les-  
21 sons learned information system to create a single  
22 Internet-based point of access for sharing and dis-  
23 tributing medical and public health best practices  
24 and lessons learned from drills, exercises, disasters,  
25 and other emergencies.

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

3           “(1) IN GENERAL.—Not later than 180 days  
4 after the date of enactment of the Pandemic and  
5 All-Hazards Preparedness Act, the Secretary shall  
6 develop or where appropriate adopt, and require the  
7 application of measurable evidence-based bench-  
8 marks and objective standards that measure levels of  
9 preparedness with respect to the activities described  
10 in this section and with respect to activities de-  
11 scribed in section 319C-2. In developing such bench-  
12 marks and standards, the Secretary shall consult  
13 with and seek comments from State, local, and tribal  
14 officials and private entities, as appropriate. Where  
15 appropriate, the Secretary shall incorporate existing  
16 objective standards. Such benchmarks and standards  
17 shall, at a minimum, require entities to—

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

22           “(B) annually report grant expenditures to  
23 the Secretary (in a form prescribed by the Sec-  
24 retary) who shall ensure that such information

1 is included on the Federal Internet-based point  
2 of access developed under subsection (f); and

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

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

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

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

24 “(3) TECHNICAL ASSISTANCE.—The Secretary  
25 shall, as determined appropriate by the Secretary,

1 provide to a State, upon request, technical assistance  
2 in meeting the requirements of this section, includ-  
3 ing the provision of advice by experts in the develop-  
4 ment of high-quality assessments; the setting of  
5 State objectives and assessment methods; the devel-  
6 opment of measures of satisfactory annual improve-  
7 ment that are valid and reliable; and other relevant  
8 areas.

9 “(4) NOTIFICATION OF FAILURES.—The Sec-  
10 retary shall develop and implement a process to no-  
11 tify entities that are determined by the Secretary to  
12 have failed to meet the requirements of paragraph  
13 (1) or (2). Such process shall provide such entities  
14 with the opportunity to correct such noncompliance.  
15 An entity that fails to correct such noncompliance  
16 shall be subject to paragraph (5).

17 “(5) WITHHOLDING OF AMOUNTS FROM ENTI-  
18 TIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUB-  
19 MIT INFLUENZA PLAN.—Beginning with fiscal year  
20 2009, and in each succeeding fiscal year, the Sec-  
21 retary shall—

22 “(A) withhold from each entity that has  
23 failed substantially to meet the benchmarks and  
24 performance measures described in paragraph  
25 (1) for a previous fiscal year (beginning with

1 fiscal year 2008), pursuant to the process devel-  
2 oped under paragraph (4), the amount de-  
3 scribed 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 fiscal year immediately  
15 following a fiscal year in which an entity  
16 experienced a failure described in subpara-  
17 graph (A) or (B) of paragraph (5) by the  
18 entity, an amount equal to 10 percent of  
19 the amount the entity was eligible to re-  
20 ceive for such fiscal year.

21 “(ii) For the fiscal year immediately  
22 following two consecutive fiscal years in  
23 which an entity experienced such a failure,  
24 an amount equal to 15 percent of the  
25 amount the entity was eligible to receive

1 for such fiscal year, taking into account  
2 the withholding of funds for the imme-  
3 diately preceding fiscal year under clause  
4 (i).

5 “(iii) For the fiscal year immediately  
6 following three consecutive fiscal years in  
7 which an entity experienced such a failure,  
8 an amount equal to 20 percent of the  
9 amount the entity was eligible to receive  
10 for such fiscal year, taking into account  
11 the withholding of funds for the imme-  
12 diately preceding fiscal years under clauses  
13 (i) and (ii).

14 “(iv) For the fiscal year immediately  
15 following four consecutive fiscal years in  
16 which an entity experienced such a failure,  
17 an amount equal to 25 percent of the  
18 amount the entity was eligible to receive  
19 for such a fiscal year, taking into account  
20 the withholding of funds for the imme-  
21 diately preceding fiscal years under clauses  
22 (i), (ii), and (iii).

23 “(B) SEPARATE ACCOUNTING.—Each fail-  
24 ure described in subparagraph (A) or (B) of  
25 paragraph (5) shall be treated as a separate

1 failure for purposes of calculating amounts  
2 withheld under subparagraph (A).

3 ~~“(7) REALLOCATION OF AMOUNTS WITH-~~  
4 ~~HELD.—~~

5 ~~“(A) IN GENERAL.—The Secretary shall~~  
6 ~~make amounts withheld under paragraph (6)~~  
7 ~~available for making awards under section~~  
8 ~~319C-2 to entities described in subsection~~  
9 ~~(b)(1) of such section.~~

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

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

24 ~~(3) by redesignating subsection (j) as sub-~~  
25 ~~section (h);~~

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

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

4 “(1) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

1 vate entities) non-Federal contributions in an  
2 amount 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); and

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

14 “(D) DETERMINATION OF AMOUNT OF  
15 NON-FEDERAL CONTRIBUTIONS.—As deter-  
16 mined by the Secretary, non-Federal contribu-  
17 tions required in subparagraph (C) may be pro-  
18 vided directly or through donations from public  
19 or private entities and may be in cash or in  
20 kind, fairly evaluated, including plant, equip-  
21 ment or services. Amounts provided by the Fed-  
22 eral government, or services assisted or sub-  
23 sidized to any significant extent by the Federal  
24 government, may not be included in deter-

1           mining the amount of such non-Federal con-  
2           tributions.

3           ~~“(2) MAINTAINING STATE FUNDING.—~~

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

10          ~~“(B) RULE OF CONSTRUCTION.—Nothing~~  
11          ~~in this section shall be construed to prohibit the~~  
12          ~~use of awards under this section to pay salary~~  
13          ~~and related expenses of public health and other~~  
14          ~~professionals employed by State, local, or tribal~~  
15          ~~public health agencies who are carrying out ac-~~  
16          ~~tivities supported by such awards (regardless of~~  
17          ~~whether the primary assignment of such per-~~  
18          ~~sonnel is to carry out such activities).~~

19          ~~“(3) DETERMINATION OF AMOUNT.—~~

20          ~~“(A) IN GENERAL.—The Secretary shall~~  
21          ~~award cooperative agreements under subsection~~  
22          ~~(a) to each State or consortium of 2 or more~~  
23          ~~States that submits to the Secretary an applica-~~  
24          ~~tion that meets the criteria of the Secretary for~~  
25          ~~the receipt of such an award and that meets~~

1 other implementation conditions established by  
2 the Secretary for such awards.”;

3 (B) in paragraph (4)(A)—

4 (i) by striking “2003” and inserting  
5 “2007”; and

6 (ii) by striking “(A)(i)(I)”;

7 (C) in paragraph (4)(D), by striking  
8 “2002” and inserting “2006”;

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

11 (E) by striking paragraph (6) and insert-  
12 ing the following:

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

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

22 “(i) ADMINISTRATIVE AND FISCAL RESPONSI-  
23 BILITY.—

24 “(1) ANNUAL REPORTING REQUIREMENTS.—

25 Each entity shall prepare and submit to the Sec-

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

12               “(A) secure an accurate description of  
13               those activities;

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

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

20               “(D) determine the extent to which funds  
21               were expended consistent with the entity’s ap-  
22               plication transmitted under this section or sec-  
23               tion 319C-2.

24               “(2) AUDITS; IMPLEMENTATION.—

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

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

1 section or section 319C-2 or may otherwise re-  
2 cover such amounts.

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

13 “(3) MAXIMUM CARRYOVER AMOUNT.—

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

20 “(B) AMOUNT EXCEEDED.—For each fis-  
21 cal year, if the percentage amount of an award  
22 under this section unexpended by an entity ex-  
23 ceeds the maximum percentage permitted by  
24 the Secretary under subparagraph (A), the enti-  
25 ty shall return to the Secretary the portion of

1 the unexpended amount that exceeds the max-  
2 imum amount permitted to be carried over by  
3 the Secretary.

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

14 “(D) WAIVER.—An entity may apply to  
15 the Secretary for a waiver of the maximum per-  
16 centage amount under subparagraph (A). Such  
17 an application for a waiver shall include an ex-  
18 planation why such requirement should not  
19 apply to the entity and the steps taken by such  
20 entity to ensure that all funds under an award  
21 under this section will be expended appro-  
22 priately.

23 “(E) WAIVE OR REDUCE WITHHOLDING.—  
24 The Secretary may waive the application of  
25 subparagraph (B) for a single entity pursuant

1 to subparagraph (D) or for all entities in a fis-  
 2 eal year, if the Secretary determines that miti-  
 3 gating conditions exist that justify the waiver or  
 4 reduction.”.

5 **SEC. 202. USING INFORMATION TECHNOLOGY TO IMPROVE**  
 6 **SITUATIONAL AWARENESS IN PUBLIC**  
 7 **HEALTH EMERGENCIES.**

8 Section 319D of the Public Health Service Act (42  
 9 U.S.C. 247d-4) is amended—

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

13 “(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

14 “(1) IN GENERAL.—Not later than 2 years  
 15 after the date of enactment of the Pandemic and  
 16 All-Hazards Preparedness Act, the Secretary, in col-  
 17 laboration with State, local, and tribal public health  
 18 officials, shall establish a near real-time electronic  
 19 nationwide public health situational awareness capa-  
 20 bility through an interoperable network of systems  
 21 to share data and information to enhance early de-  
 22 tection of rapid response to, and management of, po-  
 23 tentially catastrophic infectious disease outbreaks  
 24 and other public health emergencies that originate  
 25 domestically or abroad. Such network shall be built

1 on existing State situational awareness systems or  
2 enhanced systems that enable such connectivity.

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

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

14 “(A) State, local, and tribal public health  
15 entities, including public health laboratories;

16 “(B) Federal health agencies;

17 “(C) zoonotic disease monitoring systems;

18 “(D) public and private sector health care  
19 entities, hospitals, pharmacies, poison control  
20 centers or professional organizations in the field  
21 of poison control, and clinical laboratories, to  
22 the extent practicable and provided that such  
23 data are voluntarily provided simultaneously to  
24 the Secretary and appropriate State, local, and  
25 tribal public health agencies; and

1           “(E) such other sources as the Secretary  
2           may deem appropriate.

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

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

9           ~~“(A) utilize applicable interoperability~~  
10          standards as determined by the Secretary  
11          through a joint public and private sector pro-  
12          cess;

13          ~~“(B) define minimal data elements for~~  
14          such network;

15          ~~“(C) in collaboration with State, local, and~~  
16          tribal public health officials, integrate and build  
17          upon existing State, local, and tribal capabili-  
18          ties, ensuring simultaneous sharing of data, in-  
19          formation, and analyses from the network de-  
20          scribed in paragraph (1) with State, local, and  
21          tribal public health agencies; and

22          ~~“(D) in collaboration with State, local, and~~  
23          tribal public health officials, develop procedures  
24          and standards for the collection, analysis, and  
25          interpretation of data that States, regions, or

1           other entities collect and report to the network  
2           described in paragraph (1).

3           “(e) STATE AND REGIONAL SYSTEMS TO ENHANCE  
4 SITUATIONAL AWARENESS IN PUBLIC HEALTH EMER-  
5 GENCIES.—

6           “(1) IN GENERAL.—To implement the network  
7           described in section (d), the Secretary may award  
8           grants to States to enhance the ability of such  
9           States to establish or operate a coordinated public  
10          health situational awareness system for regional or  
11          Statewide early detection of, rapid response to, and  
12          management of potentially catastrophic infectious  
13          disease outbreaks and public health emergencies, in  
14          collaboration with public health agencies, sentinel  
15          hospitals, clinical laboratories, pharmacies, poison  
16          control centers, other health care organizations, or  
17          animal health organizations within such States.

18          “(2) ELIGIBILITY.—To be eligible to receive a  
19          grant under paragraph (1), the State shall submit to  
20          the Secretary an application at such time, in such  
21          manner, and containing such information as the Sec-  
22          retary may require, including an assurance that the  
23          State will submit to the Secretary—

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

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

3           “(C) a description of the manner in which  
4 grant funds will be used to enhance the  
5 timelines and comprehensiveness of efforts to  
6 detect, respond to, and manage potentially cata-  
7 strophic infectious disease outbreaks and public  
8 health emergencies.

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

11           “(A) shall establish, enhance, or operate a  
12 coordinated public health situational awareness  
13 system for regional or Statewide early detection  
14 of, rapid response to, and management of po-  
15 tentially catastrophic infectious disease out-  
16 breaks and public health emergencies; and

17           “(B) may award grants or contracts to en-  
18 tities described in paragraph (1) within or serv-  
19 ing such State to assist such entities in improv-  
20 ing the operation of information technology sys-  
21 tems, facilitating the secure exchange of data  
22 and information; and training personnel to en-  
23 hance the operation of the system described in  
24 paragraph (A).

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

4                   “(A) interoperability and other techno-  
5                   logical standards, as determined by the Sec-  
6                   retary; and

7                   “(B) data collection and reporting require-  
8                   ments for the network described in subsection  
9                   (d).

10           “(5) INDEPENDENT EVALUATION.—Not later  
11           than 4 years after the date of enactment of the Pan-  
12           demic and All-Hazards Preparedness Act, the Gov-  
13           ernment Accountability Office shall conduct an inde-  
14           pendent evaluation, and submit to the Secretary and  
15           the appropriate committees of Congress a report,  
16           concerning the activities conducted under this sub-  
17           section and subsection (d).

18           “(f) GRANTS FOR REAL-TIME SURVEILLANCE IM-  
19           PROVEMENT.—

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

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

1           “(A)(i) a hospital, clinical laboratory, uni-  
2           versity; or

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

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

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

12          “(4) USE OF FUNDS.—

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

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

5           “(i) improve the early detection, sur-  
6 veillance, and investigative capabilities of  
7 poison control centers for chemical, biologi-  
8 cal, radiological, and nuclear events by  
9 training poison information personnel to  
10 improve the accuracy of surveillance data;  
11 improving the definitions used by the poi-  
12 son control centers for surveillance; and  
13 enhancing timely and efficient investigation  
14 of data anomalies;

15           “(ii) improve the capabilities of poison  
16 control centers to provide information to  
17 health care providers and the public with  
18 regard to chemical, biological, radiological,  
19 or nuclear threats or exposures; in con-  
20 sultation with the appropriate State, local,  
21 and tribal public health entities; or

22           “(iii) provide surge capacity in the  
23 event of a chemical, biological, radiological,  
24 or nuclear event through the establishment  
25 of alternative poison control center work-

1 sites and the training of nontraditional  
2 personnel.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) FISCAL YEAR 2007.—There are authorized  
5 to be appropriated to carry out subsections (d), (e),  
6 and (f) \$102,000,000 for fiscal year 2007, of which  
7 \$35,000,000 is authorized to be appropriated to  
8 carry out subsection (f).

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

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

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

17 “(h) PUBLIC HEALTH DEPARTMENTS.—

18 “(1) IN GENERAL.—To the extent that funds  
19 are appropriated under paragraph (5), the Secretary  
20 shall establish a demonstration project to provide for  
21 the participation of individuals who are eligible for  
22 the Loan Repayment Program described in section  
23 338B and who agree to complete their service obli-  
24 gation in a State health department that serves a  
25 significant number of health professional shortage

1 areas or areas at risk of a public health emergency,  
2 as determined by the Secretary, or in a local health  
3 department that serves a health professional short-  
4 age area or an area at risk of a public health emer-  
5 gency.

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

10 “(A) comply with all rules and require-  
11 ments described in such section (other than see-  
12 tion 338B(f)(1)(B)(iv)); and

13 “(B) agree to serve for a time period equal  
14 to 2 years, or such longer period as the indi-  
15 vidual may agree to, in a State, local, or tribal  
16 health department, consistent with paragraph  
17 (1).

18 “(3) DESIGNATIONS.—The demonstration  
19 project described in paragraph (1), and any  
20 healthcare providers who are selected to participate  
21 in such project, shall not be considered by the Sec-  
22 retary in the designation of health professional  
23 shortage areas under section 332 during fiscal years  
24 2007 through 2010.

1           “(4) REPORT.—Not later than 3 years after the  
2           date of enactment of this subsection, the Secretary  
3           shall submit a report to the relevant committees of  
4           Congress that evaluates the participation of individ-  
5           uals in the demonstration project under paragraph  
6           (1), the impact of such participation on State, local,  
7           and tribal health departments, and the benefit and  
8           feasibility of permanently allowing such placements  
9           in the Loan Repayment Program.

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

14           (b) GRANTS FOR LOAN REPAYMENT PROGRAM.—

15           Section 338I of the Public Health Service Act (42 U.S.C.  
16           254q-1) is amended by adding at the end the following:

17           “(i) PUBLIC HEALTH LOAN REPAYMENT.—

18           “(1) IN GENERAL.—The Secretary may award  
19           grants to States for the purpose of assisting such  
20           States in operating loan repayment programs under  
21           which such States enter into contracts to repay all  
22           or part of the eligible loans borrowed by, or on be-  
23           half of, individuals who agree to serve in State, local,  
24           or tribal health departments that serve health pro-  
25           fessional shortage areas or other areas at risk of a

1 public health emergency, as designated by the Sec-  
2 retary.

3 “(2) LOANS ELIGIBLE FOR REPAYMENT.—To  
4 be eligible for repayment under this subsection, a  
5 loan shall be a loan made, insured, or guaranteed by  
6 the Federal Government that is borrowed by, or on  
7 behalf of, an individual to pay the cost of attendance  
8 for a program of education leading to a degree ap-  
9 propriate for serving in a State, local, or tribal  
10 health department as determined by the Secretary  
11 and the chief executive officer of the State in which  
12 the grant is administered, at an institution of higher  
13 education (as defined in section 102 of the Higher  
14 Education Act of 1965), including principal, inter-  
15 est, and related expenses on such loan.

16 “(3) APPLICABILITY OF EXISTING REQUIRE-  
17 MENTS.—With respect to awards made under para-  
18 graph (1)—

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

21 “(B) the requirements of subsection (e)  
22 shall apply to such awards except that with re-  
23 spect to paragraph (1) of such subsection, the  
24 State involved may assign an individual only to  
25 public and nonprofit private entities that serve

1 health professional shortage areas or areas at  
 2 risk of a public health emergency, as deter-  
 3 mined by the Secretary.

4 “(4) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

12 “(a) TRACKING.—The Secretary, together with rel-  
 13 evant manufacturers, wholesalers, and distributors as may  
 14 agree to cooperate, may track the initial distribution of  
 15 federally purchased influenza vaccine in an influenza pan-  
 16 demic. Such tracking information shall be used to inform  
 17 Federal, State, local, and tribal decision makers during  
 18 an influenza pandemic.

19 “(b) DISTRIBUTION.—The Secretary shall promote  
 20 communication between State, local, and tribal public  
 21 health officials and such manufacturers, wholesalers, and  
 22 distributors as agree to participate, regarding the effective  
 23 distribution of seasonal influenza vaccine. Such commu-  
 24 nication shall include estimates of high priority popu-  
 25 lations, as determined by the Secretary, in State, local,

1 and tribal jurisdictions in order to inform Federal, State,  
2 local, and tribal decision makers during vaccine shortages  
3 and supply disruptions.

4       “(e) CONFIDENTIALITY.—The information submitted  
5 to the Secretary or its contractors, if any, under this sec-  
6 tion or under any other section of this Act related to vac-  
7 cine distribution information shall remain confidential in  
8 accordance with the exception from the public disclosure  
9 of trade secrets, commercial or financial information, and  
10 information obtained from an individual that is privileged  
11 and confidential, as provided for in section 552(b)(4) of  
12 title 5, United States Code, and subject to the penalties  
13 and exceptions under sections 1832 and 1833 of title 18,  
14 United States Code, relating to the protection and theft  
15 of trade secrets, and subject to privacy protections that  
16 are consistent with the regulations promulgated under sec-  
17 tion 264(e) of the Health Insurance Portability and Ac-  
18 countability Act of 1996. None of such information pro-  
19 vided by a manufacturer, wholesaler, or distributor shall  
20 be disclosed without its consent to another manufacturer,  
21 wholesaler, or distributor, or shall be used in any manner  
22 to give a manufacturer, wholesaler, or distributor a propri-  
23 etary advantage.

24       “(d) GUIDELINES.—The Secretary, in order to main-  
25 tain the confidentiality of relevant information and ensure

1 that none of the information contained in the systems in-  
 2 volved may be used to provide proprietary advantage with-  
 3 in the vaccine market, while allowing State, local, and trib-  
 4 al health officials access to such information to maximize  
 5 the delivery and availability of vaccines to high priority  
 6 populations, during times of influenza pandemics, vaccine  
 7 shortages, and supply disruptions, in consultation with  
 8 manufacturers, distributors, wholesalers and State, local,  
 9 and tribal health departments, shall develop guidelines for  
 10 subsections (a) and (b).

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

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

18 **SEC. 205. NATIONAL SCIENCE ADVISORY BOARD FOR BIO-**  
 19 **SECURITY.**

20 The National Science Advisory Board for Biosecurity  
 21 shall, when requested by the Secretary of Health and  
 22 Human Services, provide to relevant Federal departments  
 23 and agencies, advice, guidance, or recommendations con-  
 24 cerning—

1           (1) a core curriculum and training requirements  
2           for workers in maximum containment biological lab-  
3           oratories; and

4           (2) periodic evaluations of maximum contain-  
5           ment biological laboratory capacity nationwide and  
6           assessments of the future need for increased labora-  
7           tory capacity;

8           **TITLE III—ALL-HAZARDS**  
9           **MEDICAL SURGE CAPACITY**

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

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

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

17           (2) by striking subsection (a);

18           (3) by redesignating subsections (b) through (h)  
19           as subsections (a) through (g);

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

21           (A) in paragraph (2)(B), by striking “Fed-  
22           eral Emergency Management Agency” and in-  
23           serting “Department of Homeland Security”;  
24           and

1           (B) in paragraph (3)(C), by striking “Pub-  
2           lie Health Security and Bioterrorism Prepared-  
3           ness and Response Act of 2002” and inserting  
4           “Pandemic and All-Hazards Preparedness Act”;  
5           (5) in subsection (b), as so redesignated, by—

6           (A) striking the subsection heading and in-  
7           serting “MODIFICATIONS”;

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

10          (C) striking paragraph (1) and inserting  
11          the following:

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

16          “(2) JOINT REVIEW AND MEDICAL SURGE CA-  
17          PACITY STRATEGIC PLAN.—Not later than 180 days  
18          after the date of enactment of the Pandemic and  
19          All-Hazards Preparedness Act, the Secretary, in co-  
20          ordination with the Secretary of Homeland Security,  
21          the Secretary of Defense, and the Secretary of Vet-  
22          erans Affairs, shall conduct a joint review of the Na-  
23          tional Disaster Medical System. Such review shall  
24          include an evaluation of medical surge capacity, as  
25          described by section 2804(a). As part of the Na-

1 tional Health Security Strategy under section 2802,  
2 the Secretary shall update the findings from such re-  
3 view and further modify the policies of the National  
4 Disaster Medical System as necessary.”;

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

7 (7) by striking “subsection (d)” each place it  
8 appears and inserting “subsection (e)”; and

9 (8) in subsection (g), as so redesignated, by  
10 striking “2002 through 2006” and inserting “2007  
11 through 2011”.

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

21 (c) CONFORMING AMENDMENTS TO THE HOMELAND  
22 SECURITY ACT OF 2002.—The Homeland Security Act of  
23 2002 (6 U.S.C. 312(3)(B), 313(5)) is amended—

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

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

3           (d) UPDATE OF CERTAIN PROVISION.—Section  
4           319F(b)(2) of the Public Health Service Act (42 U.S.C.  
5           247d–6(b)(2)) is amended—

6           (1) in the paragraph heading, by striking  
7           “CHILDREN AND TERRORISM” and inserting “AT-  
8           RISK INDIVIDUALS AND PUBLIC HEALTH EMER-  
9           GENCIES”;

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

13          (3) in subparagraph (B)—

14                (A) in clause (i), by striking “bioterrorism  
15                as it relates to children” and inserting “public  
16                health emergencies as they relate to at-risk in-  
17                dividuals”;

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

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

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

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

3           (c) EFFECTIVE DATE.—The amendments made by  
4 subsections (b) and (c) shall take effect on January 1,  
5 2007.

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

7           (a) IN GENERAL.—Title XXVIII of the Public Health  
8 Service Act (300hh–11 et seq.), as amended by section  
9 103, is amended by inserting after section 2802 the fol-  
10 lowing:

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

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

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

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

3           “(b) ~~AUTHORITY TO ACQUIRE AND OPERATE MO-~~  
4 ~~BILE MEDICAL ASSETS.~~—In addition to any other author-  
5 ity to acquire, deploy, and operate mobile medical assets,  
6 the Secretary may acquire, deploy, and operate mobile  
7 medical assets if, taking into consideration the evaluation  
8 conducted under subsection (a), such acquisition, deploy-  
9 ment, and operation is determined to be beneficial and fea-  
10 sible in 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.

14           “(c) ~~USING FEDERAL FACILITIES TO ENHANCE~~  
15 ~~MEDICAL SURGE CAPACITY.~~—

16           “(1) ~~ANALYSIS.~~—The Secretary shall conduct  
17 an analysis of whether there are Federal facilities  
18 which, in the event of a public health emergency,  
19 could practicably be used as facilities in which to  
20 provide health care.

21           “(2) ~~MEMORANDA OF UNDERSTANDING.~~—If,  
22 based on the analysis conducted under paragraph  
23 (1), the Secretary determines that there are Federal  
24 facilities which, in the event of a public health emer-  
25 gency, could be used as facilities in which to provide

1 health care, the Secretary shall, with respect to each  
2 such facility, seek to conclude a memorandum of un-  
3 derstanding with the head of the Department or  
4 agency that operates such facility that permits the  
5 use of such facility to provide health care in the  
6 event of a public health emergency.”.

7 (b) EMTALA.—

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

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

13 “(B) the direction or relocation of an indi-  
14 vidual to receive medical screening in an alter-  
15 native location—

16 “(i) pursuant to an appropriate State  
17 emergency preparedness plan; or

18 “(ii) in the case of a public health  
19 emergency described in subsection  
20 (g)(1)(B) that involves a pandemic infec-  
21 tious disease, pursuant to a State pan-  
22 demic preparedness plan or a plan referred  
23 to in clause (i), whichever is applicable in  
24 the State;”.

1           (B) in the third sentence, by striking “and  
2           shall be limited to” and inserting “and, except  
3           in the case of a waiver or modification to which  
4           the fifth sentence of this subsection applies,  
5           shall be limited to”; and

6           (C) by adding at the end the following: “If  
7           a public health emergency described in sub-  
8           section (g)(1)(B) involves a pandemic infectious  
9           disease (such as pandemic influenza), the dura-  
10          tion of a waiver or modification under para-  
11          graph (3) shall be determined in accordance  
12          with subsection (e) as such subsection applies  
13          to public health emergencies.”.

14          (2) EFFECTIVE DATE.—The amendments made  
15          by paragraph (1) shall take effect on the date of the  
16          enactment of this Act and shall apply to public  
17          health emergencies declared pursuant to section 319  
18          of the Public Health Service Act (42 U.S.C. 247d)  
19          on or after such date.

20 **SEC. 303. ENCOURAGING HEALTH PROFESSIONAL VOLUN-**  
21 **TEERS.**

22          (a) VOLUNTEER MEDICAL RESERVE CORPS.—Title  
23 XXVIII of the Public Health Service Act (42 U.S.C.  
24 300hh–11 et seq.), as amended by this Act, is amended  
25 by inserting after section 2812 the following:

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

2       “(a) IN GENERAL.—Not later than 180 days after  
3 the date of enactment of the Pandemic and All-Hazards  
4 Preparedness Act, the Secretary, in collaboration with  
5 State, local, and tribal officials, shall build on State, local,  
6 and tribal programs in existence on the date of enactment  
7 of such Act to establish and maintain a Medical Reserve  
8 Corps (referred to in this section as the ‘Corps’) to provide  
9 for an adequate supply of volunteers in the case of a Fed-  
10 eral, State, local, or tribal public health emergency. The  
11 Corps shall be headed by a Director who shall be ap-  
12 pointed by the Secretary and shall oversee the activities  
13 of the Corps chapters that exist at the State, local, and  
14 tribal levels.

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

18       “(c) COMPOSITION.—The Corps shall be composed of  
19 individuals who—

20               “(1)(A) are health professionals who have ap-  
21 propriate professional training and expertise as de-  
22 termined appropriate by the Director of the Corps;  
23 or

24               “(B) are non-health professionals who have an  
25 interest in serving in an auxiliary or support capae-

1 ity to facilitate access to health care services in a  
2 public health emergency;

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

5 “(3) are geographically diverse in residence;

6 “(4) have registered and carry out training ex-  
7 ercises with a local chapter of the Medical Reserve  
8 Corps; and

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

12 “(d) CERTIFICATION; DRILLS.—

13 “(1) CERTIFICATION.—The Director, in collabo-  
14 ration with State, local, and tribal officials, shall es-  
15 tablish a process for the periodic certification of in-  
16 dividuals who volunteer for the Corps, as determined  
17 by the Secretary, which shall include the completion  
18 by each individual of the core training programs de-  
19 veloped under section 319F, as required by the Di-  
20 rector. Such certification shall not supercede State  
21 licensing or credentialing requirements.

22 “(2) DRILLS.—In conjunction with the core  
23 training programs referred to in paragraph (1), and  
24 in order to facilitate the integration of trained volun-  
25 teers into the health care system at the local level;

1 Corps members shall engage in periodic training ex-  
2 ercises to be carried out at the local level.

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

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

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

22 “(h) INTERMITTENT DISASTER-RESPONSE PER-  
23 SONNEL.—

24 “(1) IN GENERAL.—For the purpose of assist-  
25 ing the Corps in carrying out duties under this sec-

1 tion, during a public health emergency, the Sec-  
2 retary may appoint selected individuals to serve as  
3 intermittent personnel of such Corps in accordance  
4 with applicable civil service laws and regulations. In  
5 all other cases, members of the Corps are subject to  
6 the laws of the State in which the activities of the  
7 Corps are undertaken.

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

13 “(3) LIMITATION.—State, local, and tribal offi-  
14 cials shall have no authority to designate a member  
15 of the Corps as Federal intermittent disaster-re-  
16 sponse personnel, but may request the services of  
17 such members.

18 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section,  
20 \$22,000,000 for fiscal year 2007, and such sums as may  
21 be necessary for each of fiscal years 2008 through 2011.”.

22 (b) ENCOURAGING HEALTH PROFESSIONS VOLUN-  
23 TEERS.—Section 319I of the Public Health Service Act  
24 (42 U.S.C. 247d-7b) is amended—

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

3           (2) by striking subsections (a) and (b) and in-  
4           serting the following:

5           “(a) IN GENERAL.—Not later than 12 months after  
6 the date of enactment of the Pandemic and All-Hazards  
7 Preparedness Act, the Secretary shall link existing State  
8 verification systems to maintain a single national inter-  
9 operable network of systems, each system being main-  
10 tained by a State or group of States, for the purpose of  
11 verifying the credentials and licenses of health care profes-  
12 sionals who volunteer to provide health services during a  
13 public health emergency (such network shall be referred  
14 to in this section as the ‘verification network’).

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

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

19                   “(A) information necessary for the rapid  
20                   identification of, and communication with, such  
21                   professionals; and

22                   “(B) the credentials, certifications, li-  
23                   censes, and relevant training of such individ-  
24                   uals; and

1           “(2) the name of each member of the Medical  
2       Reserve Corps, the National Disaster Medical Sys-  
3       tem, and any other relevant federally-sponsored or  
4       administered programs determined necessary by the  
5       Secretary.”;

6           (3) by striking subsection (d) and inserting the  
7       following:

8           “(d) ACCESSIBILITY.—The Secretary shall ensure  
9       that the network established under subsection (a) is elec-  
10      tronically accessible by State, local, and tribal health de-  
11      partments and can be linked with the identification cards  
12      under section 2813.

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

17          “(f) COORDINATION.—The Secretary shall coordinate  
18      with the Secretary of Veterans Affairs and the Secretary  
19      of Homeland Security to assess the feasibility of inte-  
20      grating the verification network under this section with  
21      the VetPro system of the Department of Veterans Affairs  
22      and the National Emergency Responder Credentialing  
23      System of the Department of Homeland Security. The  
24      Secretary shall, if feasible, integrate the verification net-

1 work under this section with such VetPro system and the  
2 National Emergency Responder Credentialing System.

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

8       “(h) CLARIFICATION.—Inclusion of a health profes-  
9 sional in the verification network established pursuant to  
10 this section shall not constitute appointment of such indi-  
11 vidual as a Federal employee for any purpose, either under  
12 section 2812(e) or otherwise. Such appointment may only  
13 be made under section 2812 or 2813.

14       “(i) HEALTH CARE PROVIDER LICENSES.—The Sec-  
15 retary shall encourage States to establish and implement  
16 mechanisms to waive the application of licensing require-  
17 ments applicable to health professionals, who are seeking  
18 to provide medical services (within their scope of practice),  
19 during a national, State, local, or tribal public health  
20 emergency upon verification that such health professionals  
21 are licensed and in good standing in another State and  
22 have not been disciplined by any State health licensing or  
23 disciplinary board.”; and

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

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

2 Section 319F of the Public Health Service Act (42  
3 U.S.C. 247d-6) is amended—

4 (1) by striking subsections (a) through (g) and  
5 inserting the following;

6 “(a) **ALL-HAZARDS PUBLIC HEALTH AND MEDICAL**  
7 **RESPONSE CURRICULA AND TRAINING.**—

8 “(1) **IN GENERAL.**—The Secretary, in collabo-  
9 ration with the Secretary of Defense, and in con-  
10 sultation with relevant public and private entities,  
11 shall develop core health and medical response cur-  
12 ricula and trainings by adapting applicable existing  
13 curricula and training programs to improve re-  
14 sponses to public health emergencies.

15 “(2) **CURRICULUM.**—The public health and  
16 medical response training program may include  
17 course work related to—

18 “(A) medical management of casualties,  
19 taking into account the needs of at-risk individ-  
20 uals;

21 “(B) public health aspects of public health  
22 emergencies;

23 “(C) mental health aspects of public health  
24 emergencies;

25 “(D) national incident management, in-  
26 cluding coordination among Federal, State,

1 local, tribal, international agencies, and other  
2 entities; and

3 ~~“(E) protecting health care workers and~~  
4 ~~health care first responders from workplace ex-~~  
5 ~~posures during a public health emergency.~~

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

10 ~~“(4) CREDIT.—The Secretary and the Sec-~~  
11 ~~retary of Defense shall—~~

12 ~~“(A) take into account continuing profes-~~  
13 ~~sional education requirements of public health~~  
14 ~~and healthcare professions; and~~

15 ~~“(B) cooperate with State, local, and tribal~~  
16 ~~accrediting agencies and with professional asso-~~  
17 ~~ciations in arranging for students enrolled in~~  
18 ~~the program to obtain continuing professional~~  
19 ~~education credit for program courses.~~

20 ~~“(5) DISSEMINATION AND TRAINING.—~~

21 ~~“(A) IN GENERAL.—The Secretary may~~  
22 ~~provide for the dissemination and teaching of~~  
23 ~~the materials described in paragraphs (1) and~~  
24 ~~(2) by appropriate means, as determined by the~~  
25 ~~Secretary.~~

1           “(B) CERTAIN ENTITIES.—The education  
2           and training activities described in subpara-  
3           graph (A) may be carried out by Federal public  
4           health or medical entities, appropriate edu-  
5           cational entities, professional organizations and  
6           societies, private accrediting organizations, and  
7           other nonprofit institutions or entities meeting  
8           criteria established by the Secretary.

9           “(C) GRANTS AND CONTRACTS.—In ear-  
10          rying out this subsection, the Secretary may  
11          carry out activities directly or through the  
12          award of grants and contracts, and may enter  
13          into interagency agreements with other Federal  
14          agencies.

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

1 at high risk of a public health emergency as designated  
2 by the Secretary.

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

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

9 “(2) ELIGIBILITY.—To be eligible to receive an  
10 award under this subsection to establish a Center,  
11 an accredited school of public health shall agree to  
12 conduct activities consistent with the requirements  
13 of this subsection.

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

1           “(4) CORE COMPETENCY-BASED TRAINING PRO-  
2           GRAM.—The Secretary, in collaboration with the  
3           Centers and other public or private entities shall fa-  
4           cilitate the development of a competency-based train-  
5           ing program to train public health practitioners. The  
6           Centers shall use such training program to train  
7           public health practitioners. The Secretary shall dis-  
8           seminate such training program to other accredited  
9           schools of public health, and other health professions  
10          schools as determined by the Secretary, for vol-  
11          untary use by such schools.

12          “(5) CONTENT OF CORE CURRICULA AND  
13          TRAINING PROGRAM.—The Secretary shall ensure  
14          that the core curricula and training program estab-  
15          lished pursuant to this subsection respond to the  
16          needs of State, local, and tribal public health au-  
17          thorities and integrate and emphasize essential pub-  
18          lic health security capabilities consistent with section  
19          2802(b)(2).

20          “(6) ACADEMIC-WORKFORCE COMMUNICA-  
21          TION.—As a condition of receiving funding from the  
22          Secretary under this subsection, a Center shall col-  
23          laborate with a State, local, or tribal public health  
24          department to—

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

3           “(B) assess the extent to which such needs  
4           are fulfilled by existing preparedness and re-  
5           sponse activities of such school or health de-  
6           partment, and how such activities may be im-  
7           proved;

8           “(C) prior to developing new materials or  
9           trainings, evaluate and utilize relevant materials  
10          and trainings developed by others Centers; and

11          “(D) evaluate community impact and the  
12          effectiveness of any newly developed materials  
13          or trainings.

14          “(7) PUBLIC HEALTH SYSTEMS RESEARCH.—In  
15          consultation with relevant public and private enti-  
16          ties, the Secretary shall define the existing knowl-  
17          edge base for public health preparedness and re-  
18          sponse systems, and establish a research agenda  
19          based on Federal, State, local, and tribal public  
20          health preparedness priorities. As a condition of re-  
21          ceiving funding from the Secretary under this sub-  
22          section, a Center shall conduct public health systems  
23          research that is consistent with the agenda described  
24          under this paragraph.”;

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

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

5           “(e) AUTHORIZATION OF APPROPRIATIONS.—

6           “(1) FISCAL YEAR 2007.—There are authorized  
7           to be appropriated to carry out this section for fiscal  
8           year 2007—

9           “(A) to carry out subsection (a),  
10           \$12,000,000, of which \$5,000,000 shall be used  
11           to carry out paragraphs (1) through (4) of such  
12           subsection; and \$7,000,000 shall be used to  
13           carry out paragraph (5) of such subsection;

14           “(B) to carry out subsection (b),  
15           \$3,000,000; and

16           “(C) to carry out subsection (c),  
17           \$31,000,000, of which \$5,000,000 shall be used  
18           to carry out paragraphs (3) through (5) of such  
19           subsection.

20           “(2) SUBSEQUENT FISCAL YEARS.—There are  
21           authorized to be appropriated such sums as may be  
22           necessary to carry out this section for fiscal year  
23           2008 and each subsequent fiscal year.”; and

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

1 **SEC. 305. PARTNERSHIPS FOR STATE AND REGIONAL HOS-**  
 2 **PITAL PREPAREDNESS TO IMPROVE SURGE**  
 3 **CAPACITY.**

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

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

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

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

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

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

20 “(ii) one or more other local health care  
 21 facilities, including clinics, health centers, pri-  
 22 mary care facilities, mental health centers, mo-  
 23 bile medical assets, or nursing homes; and

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

25 “(II) one or more States; or

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

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

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

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

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

23           ~~“(d) PREFERENCES.—~~

24           ~~“(1) REGIONAL COORDINATION.—In making~~  
 25           ~~awards under subsection (a), the Secretary shall give~~

1 preference to eligible entities that submit applica-  
2 tions that, in the determination of the Secretary—

3 “(A) will enhance coordination—

4 “(i) among the entities described in  
5 subsection (b)(1)(A)(i); and

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

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

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

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

20 “(B) are located in a geographic area that  
21 faces a high degree of risk, as determined by  
22 the Secretary in consultation with the Secretary  
23 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 with an applicable State All-Hazards Public Health  
9           Emergency Preparedness and Response Plan and relevant  
10          local plans, as determined by the Secretary in consultation  
11          with relevant State health officials.

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

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

22          “(h) MAINTENANCE OF STATE FUNDING.—

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

1 less than the average level of such expenditures  
2 maintained by the entity for the preceding 2 year  
3 period.

4 “(2) RULE OF CONSTRUCTION.—Nothing in  
5 this section shall be construed to prohibit the use of  
6 awards under this section to pay salary and related  
7 expenses of public health and other professionals  
8 employed by State, local, or tribal agencies who are  
9 carrying out activities supported by such awards (re-  
10 gardless of whether the primary assignment of such  
11 personnel is to carry out such activities).

12 “(i) PERFORMANCE AND ACCOUNTABILITY.—The re-  
13 quirements of section 319C–1(g) and (i) 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 entities under section 319C–1.

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) IN GENERAL.—For the purpose of ear-  
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. 306. 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 and incidents covered by  
23 the National Response Plan developed pursuant  
24 to section 502(6) of the Homeland Security Act  
25 of 2002, or any successor plan; and

1           “(D) providing medical logistical support  
2           to the National Disaster Medical System and  
3           the Secretary of Health and Human Services as  
4           necessary, on a reimbursable basis, and in co-  
5           ordination with other designated Federal agen-  
6           cies.”;

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

16          (3) in subsection (d), by—

17                  (A) striking “develop and”;

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

21                  (C) by inserting “consistent with section  
22          319F(a) of the Public Health Service Act” be-  
23          fore the period; and

24          (4) in subsection (e)—

1           (A) in paragraph (1), by striking  
2           “2811(b)” and inserting “2812”; and

3           (B) in paragraph (2)—

4                 (i) by striking “bioterrorism and  
5                 other”; and

6                 (ii) by striking “319F(a)” and insert-  
7                 ing “319F”.

8           (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
9   8117 of title 38, United States Code, is amended by add-  
10 ing at the end the following:

11         “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
12 are authorized to be appropriated, such sums as may be  
13 necessary to carry out this section for each of fiscal years  
14 2007 through 2011.”.

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

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

18         (b) *TABLE OF CONTENTS.*—*The table of contents of this*  
19 *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 pub-  
lic health emergencies.*

Sec. 203. *Public health workforce enhancements.*

Sec. 204. *Vaccine tracking and distribution.*

Sec. 205. *National Science Advisory Board for Biosecurity.*

*TITLE III—ALL-HAZARDS MEDICAL SURGE CAPACITY*

Sec. 301. *National Disaster Medical System.*

Sec. 302. *Enhancing medical surge capacity.*

Sec. 303. *Encouraging health professional volunteers.*

Sec. 304. *Core education and training.*

Sec. 305. *Partnerships for state and regional hospital preparedness to improve surge capacity.*

Sec. 306. *Enhancing the role of the Department of Veterans Affairs.*

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

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

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

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

12 **“TITLE XXVIII—NATIONAL ALL-**  
 13 **HAZARDS PREPAREDNESS**  
 14 **FOR PUBLIC HEALTH EMER-**  
 15 **GENCIES”;**

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

1 **“Subtitle A—National All-Hazards**  
2 **Preparedness and Response**  
3 **Planning, Coordinating, and Re-**  
4 **porting**

5 **“SEC. 2801. PUBLIC HEALTH AND MEDICAL PREPAREDNESS**  
6 **AND RESPONSE FUNCTIONS.**

7 “(a) *IN GENERAL.*—The Secretary of Health and  
8 Human Services shall lead all Federal public health and  
9 medical response to public health emergencies and incidents  
10 covered by the National Response Plan developed pursuant  
11 to section 502(6) of the Homeland Security Act of 2002,  
12 or any successor plan.

13 “(b) *INTERAGENCY AGREEMENT.*—The Secretary, in  
14 collaboration with the Secretary of Veterans Affairs, the  
15 Secretary of Transportation, the Secretary of Defense, the  
16 Secretary of Homeland Security, and the head of any other  
17 relevant Federal agency, shall establish an interagency  
18 agreement, consistent with the National Response Plan or  
19 any successor plan, under which agreement the Secretary  
20 of Health and Human Services shall assume operational  
21 control of emergency public health and medical response as-  
22 sets, as necessary, in the event of a public health emer-  
23 gency.”.

1 **SEC. 102. ASSISTANT SECRETARY FOR PREPAREDNESS AND**  
 2 **RESPONSE.**

3 (a) *ASSISTANT SECRETARY FOR PREPAREDNESS AND*  
 4 *RESPONSE.*—*Subtitle B of title XXVIII of the Public*  
 5 *Health Service Act (42 U.S.C. 300hh–11 et seq.) is amend-*  
 6 *ed—*

7 (1) *in the subtitle heading, by inserting “All-*  
 8 *Hazards” before “Emergency Preparedness”;*

9 (2) *by redesignating section 2811 as section*  
 10 *2812;*

11 (3) *by inserting after the subtitle heading the fol-*  
 12 *lowing new section:*

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

16 *“(a) IN GENERAL.—There is established within the De-*  
 17 *partment of Health and Human Services the position of*  
 18 *the Assistant Secretary for Preparedness and Response. The*  
 19 *President, with the advice and consent of the Senate, shall*  
 20 *appoint an individual to serve in such position. Such As-*  
 21 *stant Secretary shall report to the Secretary.*

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

25 *“(1) LEADERSHIP.—Serve as the principal advi-*  
 26 *sor to the Secretary on all matters related to Federal*

1       *public health and medical preparedness and response*  
2       *for public health emergencies.*

3           “(2) *PERSONNEL.*—*Register, credential, orga-*  
4       *nize, train, equip, and have the authority to deploy*  
5       *Federal public health and medical personnel under*  
6       *the authority of the Secretary, including the National*  
7       *Disaster Medical System, and coordinate such per-*  
8       *sonnel with the Medical Reserve Corps and the Emer-*  
9       *gency System for Advance Registration of Volunteer*  
10       *Health Professionals.*

11           “(3) *COUNTERMEASURES.*—

12           “(A) *OVERSIGHT.*—*Oversee advanced re-*  
13       *search, development, and procurement of quali-*  
14       *fied countermeasures (as defined in section*  
15       *319F-1) and qualified pandemic or epidemic*  
16       *products (as defined in section 319F-3).*

17           “(B) *STRATEGIC NATIONAL STOCKPILE.*—  
18       *Maintain the Strategic National Stockpile in ac-*  
19       *cordance with section 319F-2, including con-*  
20       *ducting an annual review (taking into account*  
21       *at-risk individuals) of the contents of the stock-*  
22       *pile, including non-pharmaceutical supplies, and*  
23       *make necessary additions or modifications to the*  
24       *contents based on such review.*

25           “(4) *COORDINATION.*—

1           “(A) *FEDERAL INTEGRATION.*—*Coordinate*  
2           *with relevant Federal officials to ensure integra-*  
3           *tion of Federal preparedness and response activi-*  
4           *ties for public health emergencies.*

5           “(B) *STATE, LOCAL, AND TRIBAL INTEGRA-*  
6           *TION.*—*Coordinate with State, local, and tribal*  
7           *public health officials, the Emergency Manage-*  
8           *ment Assistance Compact, health care systems,*  
9           *and emergency medical service systems to ensure*  
10          *effective integration of Federal public health and*  
11          *medical assets during a public health emergency.*

12          “(C) *EMERGENCY MEDICAL SERVICES.*—  
13          *Promote improved emergency medical services*  
14          *medical direction, system integration, research,*  
15          *and uniformity of data collection, treatment pro-*  
16          *ocols, and policies with regard to public health*  
17          *emergencies.*

18          “(5) *LOGISTICS.*—*In coordination with the Sec-*  
19          *retary of Veterans Affairs, the Secretary of Homeland*  
20          *Security, the General Services Administration, and*  
21          *other public and private entities, provide logistical*  
22          *support for medical and public health aspects of Fed-*  
23          *eral responses to public health emergencies.*

24          “(6) *LEADERSHIP.*—*Provide leadership in inter-*  
25          *national programs, initiatives, and policies that deal*

1       *with public health and medical emergency prepared-*  
2       *ness and response.*

3       “(c) *FUNCTIONS.—The Assistant Secretary for Pre-*  
4       *paredness and Response shall—*

5               “(1) *have authority over and responsibility for*  
6       *the functions, personnel, assets, and liabilities of the*  
7       *following—*

8                       “(A) *the National Disaster Medical System*  
9                       *(in accordance with section 301 of the Pandemic*  
10                      *and All-Hazards Preparedness Act);*

11                     “(B) *the Hospital Preparedness Cooperative*  
12                     *Agreement Program pursuant to section 319C-2;*  
13                     *and*

14                     “(C) *the Public Health Preparedness Coop-*  
15                     *erative Agreement Program pursuant to section*  
16                     *319C-1;*

17               “(2) *exercise the responsibilities and authorities*  
18       *of the Secretary with respect to the coordination of—*

19                     “(A) *the Medical Reserve Corps pursuant to*  
20                     *section 2813;*

21                     “(B) *the Emergency System for Advance*  
22                     *Registration of Volunteer Health Professionals*  
23                     *pursuant to section 319I;*

24                     “(C) *the Strategic National Stockpile; and*

25                     “(D) *the Cities Readiness Initiative; and*

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

3           (4) by striking “Assistant Secretary for Public  
4           Health Emergency Preparedness” each place it ap-  
5           pears and inserting “Assistant Secretary for Pre-  
6           paredness and Response”.

7           (b) *TRANSFER OF FUNCTIONS; REFERENCES.*—

8           (1) *TRANSFER OF FUNCTIONS.*—There shall be  
9           transferred to the Office of the Assistant Secretary for  
10          Preparedness and Response the functions, personnel,  
11          assets, and liabilities of the Assistant Secretary for  
12          Public Health Emergency Preparedness as in effect on  
13          the day before the date of enactment of this Act.

14          (2) *REFERENCES.*—Any reference in any Federal  
15          law, Executive order, rule, regulation, or delegation of  
16          authority, or any document of or pertaining to the  
17          Assistant Secretary for Public Health Emergency Pre-  
18          paredness as in effect the day before the date of enact-  
19          ment of this Act, shall be deemed to be a reference to  
20          the Assistant Secretary for Preparedness and Re-  
21          sponse.

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

23           Title XXVIII of the Public Health Service Act (300hh–  
24       11 et seq.), as amended by section 101, is amended by in-  
25       serting after section 2801 the following:

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

2 “(a) *IN GENERAL.*—

3 “(1) *PREPAREDNESS AND RESPONSE REGARDING*  
4 *PUBLIC HEALTH EMERGENCIES.*—*Beginning in 2009*  
5 *and every four years thereafter, the Secretary shall*  
6 *prepare and submit to the relevant Committees of*  
7 *Congress a coordinated strategy and any revisions*  
8 *thereof, and an accompanying implementation plan*  
9 *for public health emergency preparedness and re-*  
10 *sponse. The strategy shall identify the process for*  
11 *achieving the preparedness goals described in sub-*  
12 *section (b) and shall be consistent with the National*  
13 *Preparedness Goal, the National Incident Manage-*  
14 *ment System, and the National Response Plan devel-*  
15 *oped pursuant to section 502(6) of the Homeland Se-*  
16 *curity Act of 2002, or any successor plan.*

17 “(2) *EVALUATION OF PROGRESS.*—*The National*  
18 *Health Security Strategy shall include an evaluation*  
19 *of the progress made by Federal, State, local, and*  
20 *tribal entities, based on the evidence-based bench-*  
21 *marks and objective standards that measure levels of*  
22 *preparedness established pursuant to section 319C-*  
23 *1(g). Such evaluation shall include aggregate and*  
24 *State-specific breakdowns of obligated funding spent*  
25 *by major category (as defined by the Secretary) for*

1        *activities funded through awards pursuant to sections*  
2        *319C-1 and 319C-2.*

3                *“(3) PUBLIC HEALTH WORKFORCE.—In 2009,*  
4        *the National Health Security Strategy shall include a*  
5        *national strategy for establishing an effective and pre-*  
6        *pared public health workforce, including defining the*  
7        *functions, capabilities, and gaps in such workforce,*  
8        *and identifying strategies to recruit, retain, and pro-*  
9        *tect such workforce from workplace exposures during*  
10        *public health emergencies.*

11                *“(b) PREPAREDNESS GOALS.—The strategy under sub-*  
12        *section (a) shall include provisions in furtherance of the fol-*  
13        *lowing:*

14                *“(1) INTEGRATION.—Integrating public health*  
15        *and public and private medical capabilities with*  
16        *other first responder systems, including through—*

17                        *“(A) the periodic evaluation of Federal,*  
18                        *State, local, and tribal preparedness and re-*  
19                        *sponse capabilities through drills and exercises;*  
20                        *and*

21                        *“(B) integrating public and private sector*  
22                        *public health and medical donations and volun-*  
23                        *teers.*

24                *“(2) PUBLIC HEALTH.—Developing and sus-*  
25        *taining Federal, State, local, and tribal essential pub-*

1        *lic health security capabilities, including the fol-*  
2        *lowing:*

3                *“(A) Disease situational awareness domesti-*  
4                *cally and abroad, including detection, identifica-*  
5                *tion, and investigation.*

6                *“(B) Disease containment including capa-*  
7                *bilities for isolation, quarantine, social*  
8                *distancing, and decontamination.*

9                *“(C) Risk communication and public pre-*  
10                *paredness.*

11                *“(D) Rapid distribution and administra-*  
12                *tion of medical countermeasures.*

13                *“(3) MEDICAL.—Increasing the preparedness, re-*  
14                *sponse capabilities, and surge capacity of hospitals,*  
15                *other health care facilities (including mental health*  
16                *facilities), and trauma care and emergency medical*  
17                *service systems with respect to public health emer-*  
18                *gencies, which shall include developing plans for the*  
19                *following:*

20                *“(A) Strengthening public health emergency*  
21                *medical management and treatment capabilities.*

22                *“(B) Medical evacuation and fatality man-*  
23                *agement.*

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

1           “(D) *Effective utilization of any available*  
2           *public and private mobile medical assets and in-*  
3           *tegration of other Federal assets.*

4           “(E) *Protecting health care workers and*  
5           *health care first responders from workplace expo-*  
6           *sure during a public health emergency.*

7           “(4) *AT-RISK INDIVIDUALS.—*

8           “(A) *Taking into account the public health*  
9           *and medical needs of at-risk individuals in the*  
10          *event of a public health emergency.*

11          “(B) *For purpose of the Pandemic and All-*  
12          *Hazards Preparedness Act, the term ‘at-risk in-*  
13          *dividuals’ means children, pregnant women, sen-*  
14          *ior citizens and other individuals who have spe-*  
15          *cial needs in the event of a public health emer-*  
16          *gency, as determined by the Secretary.*

17          “(5) *COORDINATION.—Minimizing duplication*  
18          *of, and ensuring coordination between Federal, State,*  
19          *local, and tribal planning, preparedness, and response*  
20          *activities (including the State Emergency Manage-*  
21          *ment Assistance Compact). Such planning shall be*  
22          *consistent with the National Response Plan, or any*  
23          *successor plan, and National Incident Management*  
24          *System and the National Preparedness Goal.*

1           “(6) *CONTINUITY OF OPERATIONS.—Maintaining*  
 2           *vital public health and medical services to allow for*  
 3           *optimal Federal, State, local, and tribal operations in*  
 4           *the event of a public health emergency.”.*

5           ***TITLE II—PUBLIC HEALTH***  
 6           ***SECURITY PREPAREDNESS***

7           ***SEC. 201. IMPROVING STATE AND LOCAL PUBLIC HEALTH***  
 8           ***SECURITY.***

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

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

12           ***“IMPROVING STATE AND LOCAL PUBLIC***  
 13           ***HEALTH SECURITY.”;***

14           *(2) by striking subsections (a) through (i) and*  
 15           *inserting the following:*

16           ***“(a) IN GENERAL.—To enhance the security of the***  
 17           *United States with respect to public health emergencies, the*  
 18           *Secretary shall award cooperative agreements to eligible en-*  
 19           *tities to enable such entities to conduct the activities de-*  
 20           *scribed in subsection (d).*

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

23           ***“(1)(A) be a State;***

24           ***“(B) be a political subdivision determined by the***  
 25           ***Secretary to be eligible for an award under this sec-***

1        *tion (based on criteria described in subsection (h)(4));*  
2        *or*

3                *“(C) be a consortium of entities described in sub-*  
4        *paragraph (A); and*

5                *“(2) prepare and submit to the Secretary an ap-*  
6        *plication at such time, and in such manner, and con-*  
7        *taining such information as the Secretary may re-*  
8        *quire, including—*

9                        *“(A) an All-Hazards Public Health Emer-*  
10        *gency Preparedness and Response Plan which*  
11        *shall include—*

12                                *“(i) a description of the activities such*  
13        *entity will carry out under the agreement to*  
14        *meet the goals identified under section 2802;*

15                                *“(ii) a pandemic influenza plan con-*  
16        *sistent with the requirements of paragraphs*  
17        *(2) and (5) of subsection (g);*

18                                *“(iii) preparedness and response strat-*  
19        *egies and capabilities that take into account*  
20        *the medical and public health needs of at-*  
21        *risk individuals in the event of a public*  
22        *health emergency;*

23                                *“(iv) a description of the mechanism*  
24        *the entity will implement to utilize the*  
25        *Emergency Management Assistance Com-*

1           *pact or other mutual aid agreements for*  
2           *medical and public health mutual aid; and*

3           “(v) *a description of how the entity*  
4           *will include the State Area Agency on*  
5           *Aging in public health emergency prepared-*  
6           *ness;*

7           “(B) *an assurance that the entity will re-*  
8           *port to the Secretary on an annual basis (or*  
9           *more frequently as determined by the Secretary)*  
10          *on the evidence-based benchmarks and objective*  
11          *standards established by the Secretary to evalu-*  
12          *ate the preparedness and response capabilities of*  
13          *such entity;*

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

24          “(D) *an assurance that the entity will pro-*  
25          *vide to the Secretary the data described under*

1           *section 319D(d)(3) as determined feasible by the*  
2           *Secretary;*

3           “(E) *an assurance that the entity will con-*  
4           *duct activities to inform and educate the hos-*  
5           *pitals within the jurisdiction of such entity on*  
6           *the role of such hospitals in the plan required*  
7           *under subparagraph (A);*

8           “(F) *an assurance that the entity, with re-*  
9           *spect to the plan described under subparagraph*  
10          *(A), has developed and will implement an ac-*  
11          *countability system to ensure that such entity*  
12          *make satisfactory annual improvement and de-*  
13          *scribe such system in the plan under subpara-*  
14          *graph (A);*

15          “(G) *a description of the means by which to*  
16          *obtain public comment and input on the plan*  
17          *described in subparagraph (A) and on the imple-*  
18          *mentation of such plan, that shall include an ad-*  
19          *visory committee or other similar mechanism for*  
20          *obtaining comment from the public and from*  
21          *other State, local, and tribal stakeholders; and*

22          “(H) *as relevant, a description of the proc-*  
23          *ess used by the entity to consult with local de-*  
24          *partments of public health to reach consensus,*

1           *approval, or concurrence on the relative distribu-*  
2           *tion of amounts received under this section.*

3           “(c) *LIMITATION.*—*Beginning in fiscal year 2009, the*  
4           *Secretary may not award a cooperative agreement to a*  
5           *State unless such State is a participant in the Emergency*  
6           *System for Advance Registration of Volunteer Health Pro-*  
7           *essionals described in section 319I.*

8           “(d) *USE OF FUNDS.*—

9           “(1) *IN GENERAL.*—*An award under subsection*  
10          *(a) shall be expended for activities to achieve the pre-*  
11          *paredness goals described under paragraphs (1), (2),*  
12          *(4), (5), and (6) of section 2802(b).*

13          “(2) *EFFECT OF SECTION.*—*Nothing in this sub-*  
14          *section may be construed as establishing new regu-*  
15          *latory authority or as modifying any existing regu-*  
16          *latory authority.*

17          “(e) *COORDINATION WITH LOCAL RESPONSE CAPA-*  
18          *BILITIES.*—*An entity shall, to the extent practicable, ensure*  
19          *that activities carried out under an award under subsection*  
20          *(a) are coordinated with activities of relevant Metropolitan*  
21          *Medical Response Systems, local public health departments,*  
22          *the Cities Readiness Initiative, and local emergency plans.*

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

1           “(1) *ensure maximum coordination of public*  
2 *health and medical preparedness and response activi-*  
3 *ties with the Metropolitan Medical Response System,*  
4 *and other relevant activities;*

5           “(2) *minimize duplicative funding of programs*  
6 *and activities;*

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

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

18           “(g) *ACHIEVEMENT OF MEASURABLE EVIDENCE-*  
19 *BASED BENCHMARKS AND OBJECTIVE STANDARDS.—*

20           “(1) *IN GENERAL.—Not later than 180 days*  
21 *after the date of enactment of the Pandemic and All-*  
22 *Hazards Preparedness Act, the Secretary shall develop*  
23 *or where appropriate adopt, and require the applica-*  
24 *tion of measurable evidence-based benchmarks and ob-*  
25 *jective standards that measure levels of preparedness*

1       *with respect to the activities described in this section*  
2       *and with respect to activities described in section*  
3       *319C–2. In developing such benchmarks and stand-*  
4       *ards, the Secretary shall consult with and seek com-*  
5       *ments from State, local, and tribal officials and pri-*  
6       *vate entities, as appropriate. Where appropriate, the*  
7       *Secretary shall incorporate existing objective stand-*  
8       *ards. Such benchmarks and standards shall, at a*  
9       *minimum, require entities to—*

10               *“(A) demonstrate progress toward achieving*  
11               *the preparedness goals described in section 2802*  
12               *in a reasonable timeframe determined by the*  
13               *Secretary;*

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

19               *“(C) at least annually, test and exercise the*  
20               *public health and medical emergency prepared-*  
21               *ness and response capabilities of the grantee,*  
22               *based on criteria established by the Secretary.*

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

1           “(A) *IN GENERAL.*—Not later than 180  
2           days after the date of enactment of the *Pandemic*  
3           *and All-Hazards Preparedness Act*, the Secretary  
4           shall develop and disseminate to the chief execu-  
5           tive officer of each State criteria for an effective  
6           State plan for responding to pandemic influenza.

7           “(B) *RULE OF CONSTRUCTION.*—Nothing in  
8           this section shall be construed to require the du-  
9           plication of Federal efforts with respect to the de-  
10          velopment of criteria or standards, without re-  
11          gard to whether such efforts were carried out  
12          prior to or after the date of enactment of this sec-  
13          tion.

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

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

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

6               “(5) *WITHHOLDING OF AMOUNTS FROM ENTITIES*  
7       *THAT FAIL TO ACHIEVE BENCHMARKS OR SUBMIT IN-*  
8       *FLUENZA PLAN.—Beginning with fiscal year 2009,*  
9       *and in each succeeding fiscal year, the Secretary*  
10       *shall—*

11               “(A) *withhold from each entity that has*  
12       *failed substantially to meet the benchmarks and*  
13       *performance measures described in paragraph*  
14       *(1) for the immediately preceding fiscal year (be-*  
15       *ginning with fiscal year 2008), pursuant to the*  
16       *process developed under paragraph (4), the*  
17       *amount described in paragraph (6); and*

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

23               “(6) *AMOUNTS DESCRIBED.—*

24               “(A) *IN GENERAL.—The amounts described*  
25       *in this paragraph are the following amounts that*

1           are payable to an entity for activities described  
2           in section 319C-1 or 319C-2:

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

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

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

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

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

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

17          “(7) REALLOCATION OF AMOUNTS WITHHELD.—

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

23                 “(B) PREFERENCE IN REALLOCATION.—In  
24                 making awards under section 319C–2 with  
25                 amounts described in subparagraph (A), the Sec-

1           retary shall give preference to eligible entities (as  
2           described in section 319C-2(b)(1)) that are lo-  
3           cated in whole or in part in States from which  
4           amounts have been withheld under paragraph  
5           (6).

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

12          (3) by redesignating subsection (j) as subsection  
13          (h);

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

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

17                  “(1) *AUTHORIZATION OF APPROPRIATIONS.*—

18                          “(A) *IN GENERAL.*—For the purpose of car-  
19                          rying out this section, there is authorized to be  
20                          appropriated \$824,000,000 fiscal year 2007 for  
21                          awards pursuant to paragraph (3) (subject to the  
22                          authority of the Secretary to make awards pur-  
23                          suant to paragraphs (4) and (5)), and such sums  
24                          as may be necessary for each of fiscal years 2008  
25                          through 2011.

1           “(B) *COORDINATION.*—*There are authorized*  
2           *to be appropriated, \$10,000,000 for fiscal year*  
3           *2007 to carry out subsection (f)(3).*

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

16                   “(i) *for the first fiscal year of the coop-*  
17                   *erative agreement, not less than 5 percent of*  
18                   *such costs (\$1 for each \$20 of Federal funds*  
19                   *provided in the cooperative agreement); and*

20                   “(ii) *for any second fiscal year of the*  
21                   *cooperative agreement, and for any subse-*  
22                   *quent fiscal year of such cooperative agree-*  
23                   *ment, not less than 10 percent of such costs*  
24                   *(\$1 for each \$10 of Federal funds provided*  
25                   *in the cooperative agreement).*

1           “(D) *DETERMINATION OF AMOUNT OF NON-*  
2           *FEDERAL CONTRIBUTIONS.—As determined by*  
3           *the Secretary, non-Federal contributions required*  
4           *in subparagraph (C) may be provided directly or*  
5           *through donations from public or private entities*  
6           *and may be in cash or in kind, fairly evaluated,*  
7           *including plant, equipment or services. Amounts*  
8           *provided by the Federal government, or services*  
9           *assisted or subsidized to any significant extent*  
10           *by the Federal government, may not be included*  
11           *in determining the amount of such non-Federal*  
12           *contributions.*

13           “(2) *MAINTAINING FUNDING.—*

14           “(A) *IN GENERAL.—An entity that receives*  
15           *an award under this section shall maintain ex-*  
16           *penditures for public health security at a level*  
17           *that is not less than the average level of such ex-*  
18           *penditures maintained by the entity for the pre-*  
19           *ceding 2 year period.*

20           “(B) *RULE OF CONSTRUCTION.—Nothing in*  
21           *this section shall be construed to prohibit the use*  
22           *of awards under this section to pay salary and*  
23           *related expenses of public health and other pro-*  
24           *essionals employed by State, local, or tribal pub-*  
25           *lic health agencies who are carrying out activi-*

1            *ties supported by such awards (regardless of*  
 2            *whether the primary assignment of such per-*  
 3            *sonnel is to carry out such activities).*

4            “(3) *DETERMINATION OF AMOUNT.—*

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

13                   (B) *in paragraph (4)(A)—*

14                            (i) *by striking “2003” and inserting*  
 15                            *“2007”; and*

16                            (ii) *by striking “(A)(i)(I)”;*

17                            (C) *in paragraph (4)(D), by striking*  
 18                            *“2002” and inserting “2006”;*

19                            (D) *in paragraph (5)—*

20                            (i) *by striking “2003” and inserting*  
 21                            *“2007”; and*

22                            (ii) *By striking “(A)(i)(I)”;* and

23                            (E) *by striking paragraph (6) and inserting*  
 24                            *the following:*

1           “(6) *FUNDING OF LOCAL ENTITIES.*—*The Sec-*  
2           *retary shall, in making awards under this section, en-*  
3           *sure that with respect to the cooperative agreement*  
4           *awarded, the entity make available appropriate por-*  
5           *tions of such award to political subdivisions and local*  
6           *departments of public health through a process involv-*  
7           *ing the consensus, approval or concurrence with such*  
8           *local entities.”; and*

9           (5) *by adding at the end the following:*

10          “(i) *ADMINISTRATIVE AND FISCAL RESPONSIBILITY.*—

11           “(1) *ANNUAL REPORTING REQUIREMENTS.*—  
12           *Each entity shall prepare and submit to the Secretary*  
13           *annual reports on its activities under this section and*  
14           *section 319C–2. Each such report shall be prepared*  
15           *by, or in consultation with, the health department. In*  
16           *order to properly evaluate and compare the perform-*  
17           *ance of different entities assisted under this section*  
18           *and section 319C–2 and to assure the proper expendi-*  
19           *ture of funds under this section and section 319C–2,*  
20           *such reports shall be in such standardized form and*  
21           *contain such information as the Secretary determines*  
22           *(after consultation with the States) to be necessary*  
23           *to—*

24                   “(A) *secure an accurate description of those*  
25           *activities;*

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

4           “(C) describe the extent to which the entity  
5 has met the goals and objectives it set forth  
6 under this section or section 319C-2; and

7           “(D) determine the extent to which funds  
8 were expended consistent with the entity’s appli-  
9 cation transmitted under this section or section  
10 319C-2.

11           “(2) AUDITS; IMPLEMENTATION.—

12           “(A) IN GENERAL.—Each entity receiving  
13 funds under this section or section 319C-2 shall,  
14 not less often than once every 2 years, audit its  
15 expenditures from amounts received under this  
16 section or section 319C-2. Such audits shall be  
17 conducted by an entity independent of the agen-  
18 cy administering a program funded under this  
19 section or section 319C-2 in accordance with the  
20 Comptroller General’s standards for auditing  
21 governmental organizations, programs, activities,  
22 and functions and generally accepted auditing  
23 standards. Within 30 days following the comple-  
24 tion of each audit report, the entity shall submit  
25 a copy of that audit report to the Secretary.

1           “(B) *REPAYMENT.*—*Each entity shall repay*  
2 *to the United States amounts found by the Sec-*  
3 *retary, after notice and opportunity for a hear-*  
4 *ing to the entity, not to have been expended in*  
5 *accordance with this section or section 319C–2*  
6 *and, if such repayment is not made, the Sec-*  
7 *retary may offset such amounts against the*  
8 *amount of any allotment to which the entity is*  
9 *or may become entitled under this section or sec-*  
10 *tion 319C–2 or may otherwise recover such*  
11 *amounts.*

12           “(C) *WITHHOLDING OF PAYMENT.*—*The*  
13 *Secretary may, after notice and opportunity for*  
14 *a hearing, withhold payment of funds to any en-*  
15 *tity which is not using its allotment under this*  
16 *section or section 319C–2 in accordance with*  
17 *such section. The Secretary may withhold such*  
18 *funds until the Secretary finds that the reason*  
19 *for the withholding has been removed and there*  
20 *is reasonable assurance that it will not recur.*

21           “(3) *MAXIMUM CARRYOVER AMOUNT.*—

22           “(A) *IN GENERAL.*—*For each fiscal year,*  
23 *the Secretary, in consultation with the States*  
24 *and political subdivisions, shall determine the*  
25 *maximum percentage amount of an award under*

1           *this section that an entity may carryover to the*  
2           *succeeding fiscal year.*

3           “(B) *AMOUNT EXCEEDED.*—*For each fiscal*  
4           *year, if the percentage amount of an award*  
5           *under this section unexpended by an entity ex-*  
6           *ceeds the maximum percentage permitted by the*  
7           *Secretary under subparagraph (A), the entity*  
8           *shall return to the Secretary the portion of the*  
9           *unexpended amount that exceeds the maximum*  
10           *amount permitted to be carried over by the Sec-*  
11           *retary.*

12           “(C) *ACTION BY SECRETARY.*—*The Sec-*  
13           *retary shall make amounts returned to the Sec-*  
14           *retary under subparagraph (B) available for*  
15           *awards under section 319C–2(b)(1). In making*  
16           *awards under section 319C–2(b)(1) with*  
17           *amounts collected under this paragraph the Sec-*  
18           *retary shall give preference to entities that are*  
19           *located in whole or in part in States from which*  
20           *amounts have been returned under subparagraph*  
21           *(B).*

22           “(D) *WAIVER.*—*An entity may apply to the*  
23           *Secretary for a waiver of the maximum percent-*  
24           *age amount under subparagraph (A). Such an*  
25           *application for a waiver shall include an expla-*



1 *public health situational awareness capability*  
2 *through an interoperable network of systems to share*  
3 *data and information to enhance early detection of*  
4 *rapid response to, and management of, potentially*  
5 *catastrophic infectious disease outbreaks and other*  
6 *public health emergencies that originate domestically*  
7 *or abroad. Such network shall be built on existing*  
8 *State situational awareness systems or enhanced sys-*  
9 *tems that enable such connectivity.*

10 “(2) *STRATEGIC PLAN.*—Not later than 180 days  
11 *after the date of enactment the Pandemic and All-*  
12 *Hazards Preparedness Act, the Secretary shall submit*  
13 *to the appropriate committees of Congress, a strategic*  
14 *plan that demonstrates the steps the Secretary will*  
15 *undertake to develop, implement, and evaluate the*  
16 *network described in paragraph (1), utilizing the ele-*  
17 *ments described in paragraph (3).*

18 “(3) *ELEMENTS.*—The network described in  
19 *paragraph (1) shall include data and information*  
20 *transmitted in a standardized format from—*

21 “(A) *State, local, and tribal public health*  
22 *entities, including public health laboratories;*

23 “(B) *Federal health agencies;*

24 “(C) *zoonotic disease monitoring systems;*

1           “(D) public and private sector health care  
2           entities, hospitals, pharmacies, poison control  
3           centers or professional organizations in the field  
4           of poison control, and clinical laboratories, to the  
5           extent practicable and provided that such data  
6           are voluntarily provided simultaneously to the  
7           Secretary and appropriate State, local, and trib-  
8           al public health agencies; and

9           “(E) such other sources as the Secretary  
10          may deem appropriate.

11          “(4) *RULE OF CONSTRUCTION.*—Paragraph (3)  
12          shall not be construed as requiring separate reporting  
13          of data and information from each source listed.

14          “(5) *REQUIRED ACTIVITIES.*—In establishing  
15          and operating the network described in paragraph  
16          (1), the Secretary shall—

17               “(A) utilize applicable interoperability  
18               standards as determined by the Secretary  
19               through a joint public and private sector process;

20               “(B) define minimal data elements for such  
21               network;

22               “(C) in collaboration with State, local, and  
23               tribal public health officials, integrate and build  
24               upon existing State, local, and tribal capabili-  
25               ties, ensuring simultaneous sharing of data, in-

1           *formation, and analyses from the network de-*  
2           *scribed in paragraph (1) with State, local, and*  
3           *tribal public health agencies; and*

4           *“(D) in collaboration with State, local, and*  
5           *tribal public health officials, develop procedures*  
6           *and standards for the collection, analysis, and*  
7           *interpretation of data that States, regions, or*  
8           *other entities collect and report to the network*  
9           *described in paragraph (1).*

10          “(e) *STATE AND REGIONAL SYSTEMS TO ENHANCE*  
11 *SITUATIONAL AWARENESS IN PUBLIC HEALTH EMER-*  
12 *GENCIES.—*

13           “(1) *IN GENERAL.—To implement the network*  
14 *described in section (d), the Secretary may award*  
15 *grants to States to enhance the ability of such States*  
16 *to establish or operate a coordinated public health sit-*  
17 *uational awareness system for regional or Statewide*  
18 *early detection of, rapid response to, and management*  
19 *of potentially catastrophic infectious disease outbreaks*  
20 *and public health emergencies, in collaboration with*  
21 *public health agencies, sentinel hospitals, clinical lab-*  
22 *oratories, pharmacies, poison control centers, other*  
23 *health care organizations, and animal health organi-*  
24 *zations within such States.*

1           “(2) *ELIGIBILITY.*—*To be eligible to receive a*  
2 *grant under paragraph (1), the State shall submit to*  
3 *the Secretary an application at such time, in such*  
4 *manner, and containing such information as the Sec-*  
5 *retary may require, including an assurance that the*  
6 *State will submit to the Secretary—*

7                   “(A) *reports of such data, information, and*  
8 *metrics as the Secretary may require;*

9                   “(B) *a report on the effectiveness of the sys-*  
10 *tems funded under the grant; and*

11                   “(C) *a description of the manner in which*  
12 *grant funds will be used to enhance the timelines*  
13 *and comprehensiveness of efforts to detect, re-*  
14 *spond to, and manage potentially catastrophic*  
15 *infectious disease outbreaks and public health*  
16 *emergencies.*

17           “(3) *USE OF FUNDS.*—*A State that receives an*  
18 *award under this subsection—*

19                   “(A) *shall establish, enhance, or operate a*  
20 *coordinated public health situational awareness*  
21 *system for regional or Statewide early detection*  
22 *of, rapid response to, and management of poten-*  
23 *tially catastrophic infectious disease outbreaks*  
24 *and public health emergencies; and*

1           “(B) may award grants or contracts to en-  
2           tities described in paragraph (1) within or serv-  
3           ing such State to assist such entities in improv-  
4           ing the operation of information technology sys-  
5           tems, facilitating the secure exchange of data and  
6           information, and training personnel to enhance  
7           the operation of the system described in para-  
8           graph (A).

9           “(4) *LIMITATION.*—Information technology sys-  
10          tems acquired or implemented using grants awarded  
11          under this section must be compliant with—

12           “(A) interoperability and other techno-  
13           logical standards, as determined by the Sec-  
14           retary; and

15           “(B) data collection and reporting require-  
16           ments for the network described in subsection (d).

17          “(5) *INDEPENDENT EVALUATION.*—Not later  
18          than 4 years after the date of enactment of the Pan-  
19          demic and All-Hazards Preparedness Act, the Govern-  
20          ment Accountability Office shall conduct an inde-  
21          pendent evaluation, and submit to the Secretary and  
22          the appropriate committees of Congress a report, con-  
23          cerning the activities conducted under this subsection  
24          and subsection (d).

1       “(f) *GRANTS FOR REAL-TIME SURVEILLANCE IM-*  
2 *PROVEMENT.—*

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

6               “(2) *ELIGIBLE ENTITY.—For purposes of this*  
7 *section, the term ‘eligible entity’ means an entity that*  
8 *is—*

9                       “(A)(i) *a hospital, clinical laboratory, uni-*  
10 *versity; or*

11                       “(ii) *poison control center or professional*  
12 *organization in the field of poison control; and*

13                       “(B) *a participant in the network estab-*  
14 *lished under subsection (d).*

15               “(3) *APPLICATION.—Each eligible entity desiring*  
16 *a grant under this section shall submit to the Sec-*  
17 *retary an application at such time, in such manner,*  
18 *and containing such information as the Secretary*  
19 *may require.*

20               “(4) *USE OF FUNDS.—*

21                       “(A) *IN GENERAL.—An eligible entity de-*  
22 *scribed in paragraph (2)(A)(i) that receives a*  
23 *grant under this section shall use the funds*  
24 *awarded pursuant to such grant to carry out a*  
25 *pilot demonstration project to purchase and im-*

1            *plement the use of advanced diagnostic medical*  
2            *equipment to analyze real-time clinical speci-*  
3            *mens for pathogens of public health or bioter-*  
4            *rорism significance and report any results from*  
5            *such project to State, local, and tribal public*  
6            *health entities and the network established under*  
7            *subsection (d).*

8            *“(B) OTHER ENTITIES.—An eligible entity*  
9            *described in paragraph (2)(A)(i) that receives a*  
10           *grant under this section shall use the funds*  
11           *awarded pursuant to such grant to—*

12           *“(i) improve the early detection, sur-*  
13           *veillance, and investigative capabilities of*  
14           *poison control centers for chemical, biologi-*  
15           *cal, radiological, and nuclear events by*  
16           *training poison information personnel to*  
17           *improve the accuracy of surveillance data,*  
18           *improving the definitions used by the poi-*  
19           *son control centers for surveillance, and en-*  
20           *hancing timely and efficient investigation of*  
21           *data anomalies;*

22           *“(ii) improve the capabilities of poison*  
23           *control centers to provide information to*  
24           *health care providers and the public with*  
25           *regard to chemical, biological, radiological,*

1           or nuclear threats or exposures, in consulta-  
2           tion with the appropriate State, local, and  
3           tribal public health entities; or

4           “(iii) provide surge capacity in the  
5           event of a chemical, biological, radiological,  
6           or nuclear event through the establishment  
7           of alternative poison control center work-  
8           sites and the training of nontraditional per-  
9           sonnel.

10          “(g) *AUTHORIZATION OF APPROPRIATIONS.*—

11           “(1) *FISCAL YEAR 2007.*—There are authorized to  
12          be appropriated to carry out subsections (d), (e), and  
13          (f) \$102,000,000 for fiscal year 2007, of which  
14          \$35,000,000 is authorized to be appropriated to carry  
15          out subsection (f).

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

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

21           (a) *DEMONSTRATION PROJECT.*—Subpart III of part  
22          D of title III of the Public Health Service Act (42 U.S.C.  
23          254l) is amended by adding at the end the following:

1 **“SEC. 338M. PUBLIC HEALTH DEPARTMENTS.**

2       “(a) *IN GENERAL.*—*To the extent that funds are ap-*  
3 *propriated under subsection (e), the Secretary shall estab-*  
4 *lish a demonstration project to provide for the participation*  
5 *of individuals who are eligible for the Loan Repayment*  
6 *Program described in section 338B and who agree to com-*  
7 *plete their service obligation in a State health department*  
8 *that provides a significant amount of service to health pro-*  
9 *fessional shortage areas or areas at risk of a public health*  
10 *emergency, as determined by the Secretary, or in a local*  
11 *or tribal health department that serves a health professional*  
12 *shortage area or an area at risk of a public health emer-*  
13 *gency.*

14       “(b) *PROCEDURE.*—*To be eligible to receive assistance*  
15 *under subsection (a), with respect to the program described*  
16 *in section 338B, an individual shall—*

17               “(1) *comply with all rules and requirements de-*  
18 *scribed in such section (other than section*  
19 *338B(f)(1)(B)(iv)); and*

20               “(2) *agree to serve for a time period equal to 2*  
21 *years, or such longer period as the individual may*  
22 *agree to, in a State, local, or tribal health depart-*  
23 *ment, described in subsection (a).*

24       “(c) *DESIGNATIONS.*—*The demonstration project de-*  
25 *scribed in subsection (a), and any healthcare providers who*  
26 *are selected to participate in such project, shall not be con-*

1 *sidered by the Secretary in the designation of health profes-*  
2 *sional shortage areas under section 332 during fiscal years*  
3 *2007 through 2010.*

4       “(d) *REPORT.*—Not later than 3 years after the date  
5 of enactment of this section, the Secretary shall submit a  
6 report to the relevant committees of Congress that evaluates  
7 the participation of individuals in the demonstration  
8 project under subsection (a), the impact of such participa-  
9 tion on State, local, and tribal health departments, and the  
10 benefit and feasibility of permanently allowing such place-  
11 ments in the Loan Repayment Program.

12       “(e) *AUTHORIZATION OF APPROPRIATIONS.*—There are  
13 authorized to be appropriated to carry out this section, such  
14 sums as may be necessary for each of fiscal years 2007  
15 through 2010.”.

16       “(b) *GRANTS FOR LOAN REPAYMENT PROGRAM.*—Sec-  
17 tion 338I of the Public Health Service Act (42 U.S.C. 254q-  
18 1) is amended by adding at the end the following:

19       “(j) *PUBLIC HEALTH LOAN REPAYMENT.*—

20               “(1) *IN GENERAL.*—The Secretary may award  
21 grants to States for the purpose of assisting such  
22 States in operating loan repayment programs under  
23 which such States enter into contracts to repay all or  
24 part of the eligible loans borrowed by, or on behalf of,  
25 individuals who agree to serve in State, local, or trib-

1 *al health departments that serve health professional*  
2 *shortage areas or other areas at risk of a public health*  
3 *emergency, as designated by the Secretary.*

4 “(2) *LOANS ELIGIBLE FOR REPAYMENT.*—*To be*  
5 *eligible for repayment under this subsection, a loan*  
6 *shall be a loan made, insured, or guaranteed by the*  
7 *Federal Government that is borrowed by, or on behalf*  
8 *of, an individual to pay the cost of attendance for a*  
9 *program of education leading to a degree appropriate*  
10 *for serving in a State, local, or tribal health depart-*  
11 *ment as determined by the Secretary and the chief ex-*  
12 *ecutive officer of the State in which the grant is ad-*  
13 *ministered, at an institution of higher education (as*  
14 *defined in section 102 of the Higher Education Act*  
15 *of 1965), including principal, interest, and related ex-*  
16 *penses on such loan.*

17 “(3) *APPLICABILITY OF EXISTING REQUIRE-*  
18 *MENTS.*—*With respect to awards made under para-*  
19 *graph (1)—*

20 “(A) *the requirements of subsections (b), (f),*  
21 *and (g) shall apply to such awards; and*

22 “(B) *the requirements of subsection (c) shall*  
23 *apply to such awards except that with respect to*  
24 *paragraph (1) of such subsection, the State in-*  
25 *volved may assign an individual only to public*

1           *and nonprofit private entities that serve health*  
 2           *professional shortage areas or areas at risk of a*  
 3           *public health emergency, as determined by the*  
 4           *Secretary.*

5           “(4) *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   **SEC. 204. VACCINE TRACKING AND DISTRIBUTION.**

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

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

13          “(a) *TRACKING.—The Secretary, together with rel-*  
 14          *evant manufacturers, wholesalers, and distributors as may*  
 15          *agree to cooperate, may track the initial distribution of fed-*  
 16          *erally purchased influenza vaccine in an influenza pan-*  
 17          *demic. Such tracking information shall be used to inform*  
 18          *Federal, State, local, and tribal decision makers during an*  
 19          *influenza pandemic.*

20          “(b) *DISTRIBUTION.—The Secretary shall promote*  
 21          *communication between State, local, and tribal public*  
 22          *health officials and such manufacturers, wholesalers, and*  
 23          *distributors as agree to participate, regarding the effective*  
 24          *distribution of seasonal influenza vaccine. Such commu-*  
 25          *nication shall include estimates of high priority popu-*

1 *lations, as determined by the Secretary, in State, local, and*  
2 *tribal jurisdictions in order to inform Federal, State, local,*  
3 *and tribal decision makers during vaccine shortages and*  
4 *supply disruptions.*

5       “(c) *CONFIDENTIALITY.—The information submitted*  
6 *to the Secretary or its contractors, if any, under this section*  
7 *or under any other section of this Act related to vaccine*  
8 *distribution information shall remain confidential in ac-*  
9 *cordance with the exception from the public disclosure of*  
10 *trade secrets, commercial or financial information, and in-*  
11 *formation obtained from an individual that is privileged*  
12 *and confidential, as provided for in section 552(b)(4) of*  
13 *title 5, United States Code, and subject to the penalties and*  
14 *exceptions under sections 1832 and 1833 of title 18, United*  
15 *States Code, relating to the protection and theft of trade*  
16 *secrets, and subject to privacy protections that are con-*  
17 *sistent with the regulations promulgated under section*  
18 *264(c) of the Health Insurance Portability and Account-*  
19 *ability Act of 1996. None of such information provided by*  
20 *a manufacturer, wholesaler, or distributor shall be disclosed*  
21 *without its consent to another manufacturer, wholesaler, or*  
22 *distributor, or shall be used in any manner to give a manu-*  
23 *facturer, wholesaler, or distributor a proprietary advan-*  
24 *tage.*

1           “(d) *GUIDELINES.*—*The Secretary, in order to main-*  
2 *tain the confidentiality of relevant information and ensure*  
3 *that none of the information contained in the systems in-*  
4 *volved may be used to provide proprietary advantage with-*  
5 *in the vaccine market, while allowing State, local, and trib-*  
6 *al health officials access to such information to maximize*  
7 *the delivery and availability of vaccines to high priority*  
8 *populations, during times of influenza pandemics, vaccine*  
9 *shortages, and supply disruptions, in consultation with*  
10 *manufacturers, distributors, wholesalers and State, local,*  
11 *and tribal health departments, shall develop guidelines for*  
12 *subsections (a) and (b).*

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

16           “(f) *REPORT TO CONGRESS.*—*As part of the National*  
17 *Health Security Strategy described in section 2802, the Sec-*  
18 *retary shall provide an update on the implementation of*  
19 *subsections (a) through (d).”.*

20 **SEC. 205. NATIONAL SCIENCE ADVISORY BOARD FOR BIO-**  
21 **SECURITY.**

22           *The National Science Advisory Board for Biosecurity*  
23 *shall, when requested by the Secretary of Health and*  
24 *Human Services, provide to relevant Federal departments*

1 *and agencies, advice, guidance, or recommendations con-*  
 2 *cerning—*

3           (1) *a core curriculum and training requirements*  
 4 *for workers in maximum containment biological lab-*  
 5 *oratories; and*

6           (2) *periodic evaluations of maximum contain-*  
 7 *ment biological laboratory capacity nationwide and*  
 8 *assessments of the future need for increased laboratory*  
 9 *capacity;*

10           ***TITLE III—ALL-HAZARDS***  
 11           ***MEDICAL SURGE CAPACITY***

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

13           (a) *NATIONAL DISASTER MEDICAL SYSTEM.—Section*  
 14 *2812 of subtitle B of title XXVIII of the Public Health Serv-*  
 15 *ice Act (42 U.S.C. 300hh–11 et seq.), as redesignated by*  
 16 *section 102, is amended—*

17           (1) *by striking the section heading and inserting*  
 18 ***“NATIONAL DISASTER MEDICAL SYSTEM”***;

19           (2) *by striking subsection (a);*

20           (3) *by redesignating subsections (b) through (h)*  
 21 *as subsections (a) through (g);*

22           (4) *in subsection (a), as so redesignated—*

23           (A) *in paragraph (2)(B), by striking “Fed-*  
 24 *eral Emergency Management Agency” and in-*

1           serting “Department of Homeland Security”;  
2           and

3                   (B) in paragraph (3)(C), by striking “Public  
4           Health Security and Bioterrorism Prepared-  
5           ness and Response Act of 2002” and inserting  
6           “Pandemic and All-Hazards Preparedness Act”;  
7           (5) in subsection (b), as so redesignated, by—

8                   (A) striking the subsection heading and in-  
9           serting “MODIFICATIONS”;

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

12                   (C) striking paragraph (1) and inserting  
13           the following:

14                   “(1) *IN GENERAL.*—Taking into account the  
15           findings from the joint review described under para-  
16           graph (2), the Secretary shall modify the policies of  
17           the National Disaster Medical System as necessary.

18                   “(2) *JOINT REVIEW AND MEDICAL SURGE CAPAC-*  
19           *ITY STRATEGIC PLAN.*—Not later than 180 days after  
20           the date of enactment of the Pandemic and All-Haz-  
21           ards Preparedness Act, the Secretary, in coordination  
22           with the Secretary of Homeland Security, the Sec-  
23           retary of Defense, and the Secretary of Veterans Af-  
24           fairs, shall conduct a joint review of the National  
25           Disaster Medical System. Such review shall include

1        *an evaluation of medical surge capacity, as described*  
2        *by section 2804(a). As part of the National Health*  
3        *Security Strategy under section 2802, the Secretary*  
4        *shall update the findings from such review and fur-*  
5        *ther modify the policies of the National Disaster Med-*  
6        *ical System as necessary.”;*

7                *(6) by striking “subsection (b)” each place it ap-*  
8                *pears and inserting “subsection (a)”;*

9                *(7) by striking “subsection (d)” each place it ap-*  
10                *pears and inserting “subsection (c)”;* and

11                *(8) in subsection (g), as so redesignated, by strik-*  
12                *ing “2002 through 2006” and inserting “2007*  
13                *through 2011”.*

14        *(b) TRANSFER OF NATIONAL DISASTER MEDICAL SYS-*  
15        *TEM TO THE DEPARTMENT OF HEALTH AND HUMAN SERV-*  
16        *ICES.—There shall be transferred to the Secretary of Health*  
17        *and Human Services the functions, personnel, assets, and*  
18        *liabilities of the National Disaster Medical System of the*  
19        *Department of Homeland Security, including the functions*  
20        *of the Secretary of Homeland Security and the Under Sec-*  
21        *retary for Emergency Preparedness and Response relating*  
22        *thereto.*

23        *(c) CONFORMING AMENDMENTS TO THE HOMELAND*  
24        *SECURITY ACT OF 2002.—The Homeland Security Act of*  
25        *2002 (6 U.S.C. 312(3)(B), 313(5)) is amended—*

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

3           (2) *in section 503(5), by striking “, the National*  
4           *Disaster Medical System”.*

5           (d) *UPDATE OF CERTAIN PROVISION.—Section*  
6           *319F(b)(2) of the Public Health Service Act (42 U.S.C.*  
7           *247d–6(b)(2)) is amended—*

8           (1) *in the paragraph heading, by striking*  
9           *“CHILDREN AND TERRORISM” and inserting “AT-*  
10           *RISK INDIVIDUALS AND PUBLIC HEALTH EMER-*  
11           *GENCIES”;*

12           (2) *in subparagraph (A), by striking “Children*  
13           *and Terrorism” and inserting “At-Risk Individuals*  
14           *and Public Health Emergencies”;*

15           (3) *in subparagraph (B)—*

16           (A) *in clause (i), by striking “bioterrorism*  
17           *as it relates to children” and inserting “public*  
18           *health emergencies as they relate to at-risk indi-*  
19           *viduals”;*

20           (B) *in clause (ii), by striking “children”*  
21           *and inserting “at-risk individuals”; and*

22           (C) *in clause (iii), by striking “children”*  
23           *and inserting “at-risk individuals”;*

1           (4) *in subparagraph (C), by striking “children”*  
 2           *and all that follows through the period and inserting*  
 3           *“at-risk populations.”; and*

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

6           (e)           **CONFORMING            AMENDMENT.**—*Section*  
 7           *319F(b)(3)(B) of the Public Health Service Act (42 U.S.C.*  
 8           *247d–6(b)(3)(B)) is amended by striking “and the working*  
 9           *group under subsection (a)”.*

10          (f) **EFFECTIVE DATE.**—*The amendments made by sub-*  
 11          *sections (b) and (c) shall take effect on January 1, 2007.*

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

13          (a) **IN GENERAL.**—*Title XXVIII of the Public Health*  
 14          *Service Act (300hh–11 et seq.), as amended by section 103,*  
 15          *is amended by inserting after section 2802 the following:*

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

17          **“(a) STUDY OF ENHANCING MEDICAL SURGE CAPAC-**  
 18          **ITY.**—*As part of the joint review described in section*  
 19          *2812(b), the Secretary shall evaluate the benefits and feasi-*  
 20          *bility of improving the capacity of the Department of*  
 21          *Health and Human Services to provide additional medical*  
 22          *surge capacity to local communities in the event of a public*  
 23          *health emergency. Such study shall include an assessment*  
 24          *of the need for and feasibility of improving surge capacity*  
 25          *through—*

1           “(1) *acquisition and operation of mobile medical*  
2           *assets by the Secretary to be deployed, on a contin-*  
3           *gency basis, to a community in the event of a public*  
4           *health emergency; and*

5           “(2) *other strategies to improve such capacity as*  
6           *determined appropriate by the Secretary.*

7           “(b) *AUTHORITY TO ACQUIRE AND OPERATE MOBILE*  
8           *MEDICAL ASSETS.—In addition to any other authority to*  
9           *acquire, deploy, and operate mobile medical assets, the Sec-*  
10          *retary may acquire, deploy, and operate mobile medical as-*  
11          *sets if, taking into consideration the evaluation conducted*  
12          *under subsection (a), such acquisition, deployment, and op-*  
13          *eration is determined to be beneficial and feasible in im-*  
14          *proving the capacity of the Department of Health and*  
15          *Human Services to provide additional medical surge capac-*  
16          *ity to local communities in the event of a public health*  
17          *emergency.*

18          “(c) *USING FEDERAL FACILITIES TO ENHANCE MED-*  
19          *ICAL SURGE CAPACITY.—*

20                 “(1) *ANALYSIS.—The Secretary shall conduct an*  
21                 *analysis of whether there are Federal facilities which,*  
22                 *in the event of a public health emergency, could prac-*  
23                 *tically be used as facilities in which to provide health*  
24                 *care.*

1           “(2) *MEMORANDA OF UNDERSTANDING.*—If,  
2           *based on the analysis conducted under paragraph (1),*  
3           *the Secretary determines that there are Federal facili-*  
4           *ties which, in the event of a public health emergency,*  
5           *could be used as facilities in which to provide health*  
6           *care, the Secretary shall, with respect to each such fa-*  
7           *cility, seek to conclude a memorandum of under-*  
8           *standing with the head of the Department or agency*  
9           *that operates such facility that permits the use of such*  
10          *facility to provide health care in the event of a public*  
11          *health emergency.”.*

12          **(b) EMTALA.**—

13                 **(1) IN GENERAL.**—*Section 1135(b) of the Social*  
14          *Security Act (42 U.S.C. 1320b–5(b)) is amended—*

15                         **(A)** *in paragraph (3), by striking subpara-*  
16                         *graph (B) and inserting the following:*

17                                 *“(B) the direction or relocation of an indi-*  
18                                 *vidual to receive medical screening in an alter-*  
19                                 *native location—*

20   *“(i) pursuant to an appropriate State*  
21   *emergency preparedness plan; or*

22   *“(ii) in the case of a public health*  
23   *emergency described in subsection (g)(1)(B)*  
24   *that involves a pandemic infectious disease,*  
25   *pursuant to a State pandemic preparedness*

1            *plan or a plan referred to in clause (i),*  
 2            *whichever is applicable in the State;”;*

3            *(B) in the third sentence, by striking “and*  
 4            *shall be limited to” and inserting “and, except*  
 5            *in the case of a waiver or modification to which*  
 6            *the fifth sentence of this subsection applies, shall*  
 7            *be limited to”; and*

8            *(C) by adding at the end the following: “If*  
 9            *a public health emergency described in subsection*  
 10           *(g)(1)(B) involves a pandemic infectious disease*  
 11           *(such as pandemic influenza), the duration of a*  
 12           *waiver or modification under paragraph (3)*  
 13           *shall be determined in accordance with sub-*  
 14           *section (e) as such subsection applies to public*  
 15           *health emergencies.”.*

16           *(2) EFFECTIVE DATE.—The amendments made*  
 17           *by paragraph (1) shall take effect on the date of the*  
 18           *enactment of this Act and shall apply to public health*  
 19           *emergencies declared pursuant to section 319 of the*  
 20           *Public Health Service Act (42 U.S.C. 247d) on or*  
 21           *after such date.*

22 **SEC. 303. ENCOURAGING HEALTH PROFESSIONAL VOLUN-**  
 23 **TEERS.**

24           *(a) VOLUNTEER MEDICAL RESERVE CORPS.—Title*  
 25 *XXVIII of the Public Health Service Act (42 U.S.C. 300hh–*

1 11 et seq.), as amended by this Act, is amended by inserting  
2 after section 2812 the following:

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

4       “(a) *IN GENERAL.*—Not later than 180 days after the  
5 date of enactment of the Pandemic and All-Hazards Pre-  
6 paredness Act, the Secretary, in collaboration with State,  
7 local, and tribal officials, shall build on State, local, and  
8 tribal programs in existence on the date of enactment of  
9 such Act to establish and maintain a Medical Reserve Corps  
10 (referred to in this section as the ‘Corps’) to provide for  
11 an adequate supply of volunteers in the case of a Federal,  
12 State, local, or tribal public health emergency. The Corps  
13 shall be headed by a Director who shall be appointed by  
14 the Secretary and shall oversee the activities of the Corps  
15 chapters that exist at the State, local, and tribal levels.

16       “(b) *STATE, LOCAL, AND TRIBAL COORDINATION.*—  
17 The Corps shall be established using existing State, local,  
18 and tribal teams and shall not alter such teams.

19       “(c) *COMPOSITION.*—The Corps shall be composed of  
20 individuals who—

21               “(1)(A) are health professionals who have appro-  
22 priate professional training and expertise as deter-  
23 mined appropriate by the Director of the Corps; or

24               “(B) are non-health professionals who have an  
25 interest in serving in an auxiliary or support capac-

1 *ity to facilitate access to health care services in a*  
2 *public health emergency;*

3 *“(2) are certified in accordance with the certifi-*  
4 *cation program developed under subsection (d);*

5 *“(3) are geographically diverse in residence;*

6 *“(4) have registered and carry out training exer-*  
7 *cises with a local chapter of the Medical Reserve*  
8 *Corps; and*

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

12 *“(d) CERTIFICATION; DRILLS.—*

13 *“(1) CERTIFICATION.—The Director, in collabo-*  
14 *ration with State, local, and tribal officials, shall es-*  
15 *tablish a process for the periodic certification of indi-*  
16 *viduals who volunteer for the Corps, as determined by*  
17 *the Secretary, which shall include the completion by*  
18 *each individual of the core training programs devel-*  
19 *oped under section 319F, as required by the Director.*  
20 *Such certification shall not supercede State licensing*  
21 *or credentialing requirements.*

22 *“(2) DRILLS.—In conjunction with the core*  
23 *training programs referred to in paragraph (1), and*  
24 *in order to facilitate the integration of trained volun-*  
25 *teers into the health care system at the local level,*

1        *Corps members shall engage in periodic training exer-*  
2        *cises to be carried out at the local level.*

3        “(e) *DEPLOYMENT.*—*During a public health emer-*  
4        *gency, the Secretary shall have the authority to activate and*  
5        *deploy willing members of the Corps to areas of need, taking*  
6        *into consideration the public health and medical expertise*  
7        *required, with the concurrence of the State, local, or tribal*  
8        *officials from the area where the members reside.*

9        “(f) *EXPENSES AND TRANSPORTATION.*—*While en-*  
10       *gaged in performing duties as a member of the Corps pursu-*  
11       *ant to an assignment by the Secretary (including periods*  
12       *of travel to facilitate such assignment), members of the*  
13       *Corps who are not otherwise employed by the Federal Gov-*  
14       *ernment shall be allowed travel or transportation expenses,*  
15       *including per diem in lieu of subsistence.*

16       “(g) *IDENTIFICATION.*—*The Secretary, in cooperation*  
17       *and consultation with the States, shall develop a Medical*  
18       *Reserve Corps Identification Card that describes the licen-*  
19       *sure and certification information of Corps members, as*  
20       *well as other identifying information determined necessary*  
21       *by the Secretary.*

22       “(h) *INTERMITTENT DISASTER-RESPONSE PER-*  
23       *SONNEL.*—

24                “(1) *IN GENERAL.*—*For the purpose of assisting*  
25        *the Corps in carrying out duties under this section,*

1        *during a public health emergency, the Secretary may*  
2        *appoint selected individuals to serve as intermittent*  
3        *personnel of such Corps in accordance with applicable*  
4        *civil service laws and regulations. In all other cases,*  
5        *members of the Corps are subject to the laws of the*  
6        *State in which the activities of the Corps are under-*  
7        *taken.*

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

13                *“(3) LIMITATION.—State, local, and tribal offi-*  
14        *cials shall have no authority to designate a member*  
15        *of the Corps as Federal intermittent disaster-response*  
16        *personnel, but may request the services of such mem-*  
17        *bers.*

18                *“(i) AUTHORIZATION OF APPROPRIATIONS.—There is*  
19        *authorized to be appropriated to carry out this section,*  
20        *\$22,000,000 for fiscal year 2007, and such sums as may*  
21        *be necessary for each of fiscal years 2008 through 2011.”.*

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

1           (1) *by redesignating subsections (e) and (f) as*  
2           *subsections (j) and (k), respectively;*

3           (2) *by striking subsections (a) and (b) and in-*  
4           *serting the following:*

5           “(a) *IN GENERAL.—Not later than 12 months after the*  
6           *date of enactment of the Pandemic and All-Hazards Pre-*  
7           *paredness Act, the Secretary shall link existing State*  
8           *verification systems to maintain a single national inter-*  
9           *operable network of systems, each system being maintained*  
10          *by a State or group of States, for the purpose of verifying*  
11          *the credentials and licenses of health care professionals who*  
12          *volunteer to provide health services during a public health*  
13          *emergency (such network shall be referred to in this section*  
14          *as the ‘verification network’).*

15          “(b) *REQUIREMENTS.—The interoperable network of*  
16          *systems established under subsection (a) shall include—*

17                  “(1) *with respect to each volunteer health profes-*  
18                  *sional included in the system—*

19                          “(A) *information necessary for the rapid*  
20                          *identification of, and communication with, such*  
21                          *professionals; and*

22                          “(B) *the credentials, certifications, licenses,*  
23                          *and relevant training of such individuals; and*

24                  “(2) *the name of each member of the Medical Re-*  
25          *serve Corps, the National Disaster Medical System,*

1       *and any other relevant federally-sponsored or admin-*  
2       *istered programs determined necessary by the Sec-*  
3       *retary.”;*

4             (3) *in subsection (c), strike “system” and insert*  
5       *“network”;*

6             (4) *by striking subsection (d) and inserting the*  
7       *following:*

8             “(d) *ACCESSIBILITY.—The Secretary shall ensure that*  
9       *the network established under subsection (a) is electroni-*  
10       *cally accessible by State, local, and tribal health depart-*  
11       *ments and can be linked with the identification cards under*  
12       *section 2813.*

13            “(e) *CONFIDENTIALITY.—The Secretary shall establish*  
14       *and require the application of and compliance with meas-*  
15       *ures to ensure the effective security of, integrity of, and ac-*  
16       *cess to the data included in the network.*

17            “(f) *COORDINATION.—The Secretary shall coordinate*  
18       *with the Secretary of Veterans Affairs and the Secretary*  
19       *of Homeland Security to assess the feasibility of integrating*  
20       *the verification network under this section with the VetPro*  
21       *system of the Department of Veterans Affairs and the Na-*  
22       *tional Emergency Responder Credentialing System of the*  
23       *Department of Homeland Security. The Secretary shall, if*  
24       *feasible, integrate the verification network under this sec-*

1 *tion with such VetPro system and the National Emergency*  
2 *Responder Credentialing System.*

3       “(g) *UPDATING OF INFORMATION.—The States that*  
4 *are participants in the network established under subsection*  
5 *(a) shall, on at least a quarterly basis, work with the Direc-*  
6 *tor to provide for the updating of the information contained*  
7 *in such network.*

8       “(h) *CLARIFICATION.—Inclusion of a health profes-*  
9 *sional in the verification network established pursuant to*  
10 *this section shall not constitute appointment of such indi-*  
11 *vidual as a Federal employee for any purpose, either under*  
12 *section 2812(c) or otherwise. Such appointment may only*  
13 *be made under section 2812 or 2813.*

14       “(i) *HEALTH CARE PROVIDER LICENSES.—The Sec-*  
15 *retary shall encourage States to establish and implement*  
16 *mechanisms to waive the application of licensing require-*  
17 *ments applicable to health professionals, who are seeking*  
18 *to provide medical services (within their scope of practice),*  
19 *during a national, State, local, or tribal public health emer-*  
20 *gency upon verification that such health professionals are*  
21 *licensed and in good standing in another State and have*  
22 *not been disciplined by any State health licensing or dis-*  
23 *ciplinary board.”; and*

24               (5) *in subsection (k) (as so redesignated), by*  
25       *striking “2006” and inserting “2011”.*

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

2 *Section 319F of the Public Health Service Act (42*  
3 *U.S.C. 247d-6) is amended—*

4 *(1) by striking subsection (a) and inserting the*  
5 *following;*

6 *“(a) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL*  
7 *RESPONSE CURRICULA AND TRAINING.—*

8 *“(1) IN GENERAL.—The Secretary, in collabora-*  
9 *tion with the Secretary of Defense, and in consulta-*  
10 *tion with relevant public and private entities, shall*  
11 *develop core health and medical response curricula*  
12 *and trainings by adapting applicable existing cur-*  
13 *ricula and training programs to improve responses to*  
14 *public health emergencies.*

15 *“(2) CURRICULUM.—The public health and med-*  
16 *ical response training program may include course*  
17 *work related to—*

18 *“(A) medical management of casualties,*  
19 *taking into account the needs of at-risk individ-*  
20 *uals;*

21 *“(B) public health aspects of public health*  
22 *emergencies;*

23 *“(C) mental health aspects of public health*  
24 *emergencies;*

25 *“(D) national incident management, in-*  
26 *cluding coordination among Federal, State,*

1           *local, tribal, international agencies, and other*  
2           *entities; and*

3           “(E) *protecting health care workers and*  
4           *health care first responders from workplace expo-*  
5           *sure during a public health emergency.*

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

10          “(4) *CREDIT.—The Secretary and the Secretary*  
11          *of Defense shall—*

12           “(A) *take into account continuing profes-*  
13           *sional education requirements of public health*  
14           *and healthcare professions; and*

15           “(B) *cooperate with State, local, and tribal*  
16           *accrediting agencies and with professional asso-*  
17           *ciations in arranging for students enrolled in the*  
18           *program to obtain continuing professional edu-*  
19           *cation credit for program courses.*

20          “(5) *DISSEMINATION AND TRAINING.—*

21           “(A) *IN GENERAL.—The Secretary may*  
22           *provide for the dissemination and teaching of the*  
23           *materials described in paragraphs (1) and (2) by*  
24           *appropriate means, as determined by the Sec-*  
25           *retary.*

1           “(B) *CERTAIN ENTITIES.*—*The education*  
2           *and training activities described in subpara-*  
3           *graph (A) may be carried out by Federal public*  
4           *health or medical entities, appropriate edu-*  
5           *cational entities, professional organizations and*  
6           *societies, private accrediting organizations, and*  
7           *other nonprofit institutions or entities meeting*  
8           *criteria established by the Secretary.*

9           “(C) *GRANTS AND CONTRACTS.*—*In car-*  
10          *rying out this subsection, the Secretary may*  
11          *carry out activities directly or through the*  
12          *award of grants and contracts, and may enter*  
13          *into interagency agreements with other Federal*  
14          *agencies.”;*

15          (2) *by striking subsections (c) through (g) and*  
16          *inserting the following:*

17          “(c) *EXPANSION OF EPIDEMIC INTELLIGENCE SERV-*  
18          *ICE PROGRAM.*—*The Secretary may establish 20 officer po-*  
19          *sitions in the Epidemic Intelligence Service Program, in*  
20          *addition to the number of the officer positions offered under*  
21          *such Program in 2006, for individuals who agree to partici-*  
22          *pate, for a period of not less than 2 years, in the Career*  
23          *Epidemiology Field Officer program in a State, local, or*  
24          *tribal health department that serves a health professional*  
25          *shortage area (as defined under section 332(a)), a medically*

1 *underserved population (as defined under section*  
2 *330(b)(3)), or a medically underserved area or area at high*  
3 *risk of a public health emergency as designated by the Sec-*  
4 *retary.*

5       “(d) *CENTERS FOR PUBLIC HEALTH PREPAREDNESS;*  
6 *CORE CURRICULA AND TRAINING.—*

7               “(1) *IN GENERAL.—The Secretary may establish*  
8 *at accredited schools of public health, Centers for Pub-*  
9 *lic Health Preparedness (hereafter referred to in this*  
10 *section as the ‘Centers’).*

11               “(2) *ELIGIBILITY.—To be eligible to receive an*  
12 *award under this subsection to establish a Center, an*  
13 *accredited school of public health shall agree to con-*  
14 *duct activities consistent with the requirements of this*  
15 *subsection.*

16               “(3) *CORE CURRICULA.—The Secretary, in col-*  
17 *laboration with the Centers and other public or pri-*  
18 *vate entities shall establish core curricula based on es-*  
19 *tablished competencies leading to a 4-year bachelor’s*  
20 *degree, a graduate degree, a combined bachelor and*  
21 *master’s degree, or a certificate program, for use by*  
22 *each Center. The Secretary shall disseminate such*  
23 *curricula to other accredited schools of public health*  
24 *and other health professions schools determined ap-*

1     *appropriate by the Secretary, for voluntary use by such*  
2     *schools.*

3             “(4) *CORE COMPETENCY-BASED TRAINING PRO-*  
4     *GRAM.—The Secretary, in collaboration with the Cen-*  
5     *ters and other public or private entities shall facili-*  
6     *tate the development of a competency-based training*  
7     *program to train public health practitioners. The*  
8     *Centers shall use such training program to train pub-*  
9     *lic health practitioners. The Secretary shall dissemi-*  
10    *nate such training program to other accredited*  
11    *schools of public health, health professions schools, and*  
12    *other public or private entities as determined by the*  
13    *Secretary, for voluntary use by such entities.*

14            “(5) *CONTENT OF CORE CURRICULA AND TRAIN-*  
15    *ING PROGRAM.—The Secretary shall ensure that the*  
16    *core curricula and training program established pur-*  
17    *suant to this subsection respond to the needs of State,*  
18    *local, and tribal public health authorities and inte-*  
19    *grate and emphasize essential public health security*  
20    *capabilities consistent with section 2802(b)(2).*

21            “(6) *ACADEMIC-WORKFORCE COMMUNICATION.—*  
22    *As a condition of receiving funding from the Sec-*  
23    *retary under this subsection, a Center shall collabo-*  
24    *rate with a State, local, or tribal public health de-*  
25    *partment to—*

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

3           “(B) assess the extent to which such needs  
4           are fulfilled by existing preparedness and re-  
5           sponse activities of such school or health depart-  
6           ment, and how such activities may be improved;

7           “(C) prior to developing new materials or  
8           trainings, evaluate and utilize relevant materials  
9           and trainings developed by others Centers; and

10           “(D) evaluate community impact and the  
11           effectiveness of any newly developed materials or  
12           trainings.

13           “(7) *PUBLIC HEALTH SYSTEMS RESEARCH.*—In  
14           consultation with relevant public and private entities,  
15           the Secretary shall define the existing knowledge base  
16           for public health preparedness and response systems,  
17           and establish a research agenda based on Federal,  
18           State, local, and tribal public health preparedness  
19           priorities. As a condition of receiving funding from  
20           the Secretary under this subsection, a Center shall  
21           conduct public health systems research that is con-  
22           sistent with the agenda described under this para-  
23           graph.”;

24           (3) by redesignating subsection (h) as subsection  
25           (e);

1           (4) by inserting after subsection (e) (as so redesi-  
2           gnated), the following:

3           “(f) *AUTHORIZATION OF APPROPRIATIONS.*—

4           “(1) *FISCAL YEAR 2007.*—There are authorized to  
5           be appropriated to carry out this section for fiscal  
6           year 2007—

7           “(A) to carry out subsection (a)—

8           “(i) \$5,000,000 to carry out para-  
9           graphs (1) through (4); and

10           “(ii) \$7,000,000 to carry out para-  
11           graph (5);

12           “(B) to carry out subsection (c), \$3,000,000;

13           and

14           “(C) to carry out subsection (d),  
15           \$31,000,000, of which \$5,000,000 shall be used to  
16           carry out paragraphs (3) through (5) of such  
17           subsection.

18           “(2) *SUBSEQUENT FISCAL YEARS.*—There are  
19           authorized to be appropriated such sums as may be  
20           necessary to carry out this section for fiscal year 2008  
21           and each subsequent fiscal year.”; and

22           (5) by striking subsections (i) and (j).

1 **SEC. 305. PARTNERSHIPS FOR STATE AND REGIONAL HOS-**  
 2 **PITAL PREPAREDNESS TO IMPROVE SURGE**  
 3 **CAPACITY.**

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

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

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

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

16 *“(1)(A) be a partnership consisting of—*

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

20 *“(ii) one or more other local health care fa-*  
 21 *cilities, including clinics, health centers, primary*  
 22 *care facilities, mental health centers, mobile med-*  
 23 *ical assets, or nursing homes; and*

24 *“(iii)(I) one or more political subdivisions;*

25 *“(II) one or more States; or*

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

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

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

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

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

23          “(d) *PREFERENCES.*—

24          “(1) *REGIONAL COORDINATION.*—In making  
25          awards under subsection (a), the Secretary shall give

1       *preference to eligible entities that submit applications*  
2       *that, in the determination of the Secretary—*

3               “(A) *will enhance coordination—*

4                       “(i) *among the entities described in*  
5                       *subsection (b)(1)(A)(i); and*

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

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

13              “(2) *OTHER PREFERENCES.—In making awards*  
14              *under subsection (a), the Secretary shall give pref-*  
15              *erence to eligible entities that, in the determination of*  
16              *the Secretary—*

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

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

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

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 with an applicable State All-Hazards Public Health*  
9           *Emergency Preparedness and Response Plan and relevant*  
10          *local plans, as determined by the Secretary in consultation*  
11          *with relevant State health officials.*

12          “(f) *LIMITATION ON AWARDS.—A political subdivision*  
13          *shall not participate in more than one partnership de-*  
14          *scribed in subsection (b)(1).*

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

22          “(h) *MAINTENANCE OF FUNDING.—*

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

1        *than the average level of such expenditures main-*  
2        *tained by the entity for the preceding 2 year period.*

3            “(2) *RULE OF CONSTRUCTION.*—*Nothing in this*  
4        *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 em-*  
7        *ployed by State, local, or tribal agencies who are car-*  
8        *rying out activities supported by such awards (re-*  
9        *gardless of whether the primary assignment of such*  
10       *personnel is to carry out such activities).*

11          “(i) *PERFORMANCE AND ACCOUNTABILITY.*—*The re-*  
12       *quirements of section 319C–1(g) and (i) shall apply to enti-*  
13       *ties receiving awards under this section (regardless of*  
14       *whether such entities are described under subsection*  
15       *(b)(1)(A) or (b)(2)(A)) in the same manner as such require-*  
16       *ments apply to entities under section 319C–1. An entity*  
17       *described in subsection (b)(1)(A) shall make such reports*  
18       *available to the lead health official of the State in which*  
19       *such partnership is located.*

20          “(j) *AUTHORIZATION OF APPROPRIATIONS.*—

21            “(1) *IN GENERAL.*—*For the purpose of carrying*  
22       *out this section, there is authorized to be appropriated*  
23       *\$474,000,000 for fiscal year 2007, and such sums as*  
24       *may be necessary for each of fiscal years 2008 through*  
25       *2011.*

1           “(2) *RESERVATION OF AMOUNTS FOR PARTNER-*  
 2           *SHIPS.—Prior to making awards described in para-*  
 3           *graph (3), the Secretary may reserve from the amount*  
 4           *appropriated under paragraph (1) for a fiscal year,*  
 5           *an amount determined appropriate by the Secretary*  
 6           *for making awards to entities described in subsection*  
 7           *(b)(1)(A).*

8           “(3) *AWARDS TO STATES AND POLITICAL SUB-*  
 9           *DIVISIONS.—*

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

16           “(B) *AMOUNT.—The Secretary shall deter-*  
 17           *mine the amount of an award to each entity de-*  
 18           *scribed in subparagraph (A) in the same manner*  
 19           *as such amounts are determined under section*  
 20           *319C–1(h).”.*

21 **SEC. 306. ENHANCING THE ROLE OF THE DEPARTMENT OF**  
 22 **VETERANS AFFAIRS.**

23           (a) *IN GENERAL.—Section 8117 of title 38, United*  
 24           *States Code, is amended—*

25           (1) *in subsection (a)—*

1           (A) in paragraph (1), by—

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

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

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

11           (B) in paragraph (2)—

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

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

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

18                 “(C) organizing, training, and equipping  
19                 the staff of such centers to support the activities  
20                 carried out by the Secretary of Health and  
21                 Human Services under section 2801 of the Pub-  
22                 lic Health Service Act in the event of a public  
23                 health emergency and incidents covered by the  
24                 National Response Plan developed pursuant to

1           *section 502(6) of the Homeland Security Act of*  
2           *2002, or any successor plan; and*

3           *“(D) providing medical logistical support to*  
4           *the National Disaster Medical System and the*  
5           *Secretary of Health and Human Services as nec-*  
6           *essary, on a reimbursable basis, and in coordina-*  
7           *tion with other designated Federal agencies.”;*

8           *(2) in subsection (c), by striking “a chemical or*  
9           *biological attack or other terrorist attack.” and insert-*  
10          *ing “a public health emergency. The Secretary shall,*  
11          *through existing medical procurement contracts, and*  
12          *on a reimbursable basis, make available as necessary,*  
13          *medical supplies, equipment, and pharmaceuticals in*  
14          *response to a public health emergency in support of*  
15          *the Secretary of Health and Human Services.”;*

16          *(3) in subsection (d), by—*

17                  *(A) striking “develop and”;*

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

21                  *(C) by inserting “consistent with section*  
22                  *319F(a) of the Public Health Service Act” before*  
23                  *the period; and*

24          *(4) in subsection (e)—*

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

3                   (B) in paragraph (2)—

4                   (i) by striking “bioterrorism and  
5                   other”; and

6                   (ii) by striking “319F(a)” and insert-  
7                   ing “319F”.

8           (b) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
9 8117 of title 38, United States Code, is amended by adding  
10 at the end the following:

11           “(g) *AUTHORIZATION OF APPROPRIATIONS.*—There  
12 are authorized to be appropriated, such sums as may be  
13 necessary to carry out this section for each of fiscal years  
14 2007 through 2011.”.

Calendar No. 583

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 3678**

[Report No. 109-319]

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## **A BILL**

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

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August 3, 2006

Reported with an amendment