

112TH CONGRESS
2D SESSION

H. R. 6672

To reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2012

Mr. ROGERS of Michigan (for himself, Mr. WAXMAN, Mr. PALLONE, Ms. ESHOO, Mr. BURGESS, Mr. TOWNS, Mr. GENE GREEN of Texas, Mr. PITTS, and Mr. UPTON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

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

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

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Pandemic and All-Hazards Preparedness Reauthoriza-
 4 tion Act of 2012”.

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

Sec. 1. Short title; table of contents.

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

Sec. 101. National Health Security Strategy.
 Sec. 102. Assistant Secretary for Preparedness and Response.
 Sec. 103. National Advisory Committee on Children and Disasters.
 Sec. 104. Modernization of the National Disaster Medical System.
 Sec. 105. Continuing the role of the Department of Veterans Affairs.

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

Sec. 201. Temporary redeployment of federally funded personnel during a pub-
 lic health emergency.
 Sec. 202. Improving State and local public health security.
 Sec. 203. Hospital preparedness and medical surge capacity.
 Sec. 204. Enhancing situational awareness and biosurveillance.
 Sec. 205. Eliminating duplicative Project Bioshield reports.

TITLE III—ENHANCING MEDICAL COUNTERMEASURE REVIEW

Sec. 301. Special protocol assessment.
 Sec. 302. Authorization for medical products for use in emergencies.
 Sec. 303. Definitions.
 Sec. 304. Enhancing medical countermeasure activities.
 Sec. 305. Regulatory management plans.
 Sec. 306. Report.
 Sec. 307. Pediatric medical countermeasures.

**TITLE IV—ACCELERATING MEDICAL COUNTERMEASURE
 ADVANCED RESEARCH AND DEVELOPMENT**

Sec. 401. BioShield.
 Sec. 402. Biomedical Advanced Research and Development Authority.
 Sec. 403. Strategic National Stockpile.
 Sec. 404. National Biodefense Science Board.

1 **TITLE I—STRENGTHENING NA-**
2 **TIONAL PREPAREDNESS AND**
3 **RESPONSE FOR PUBLIC**
4 **HEALTH EMERGENCIES**

5 **SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.**

6 (a) IN GENERAL.—Section 2802 of the Public Health
7 Service Act (42 U.S.C. 300hh–1) is amended—

8 (1) in subsection (a)(1), by striking “2009” and
9 inserting “2014”; and

10 (2) in subsection (b)—

11 (A) in paragraph (1)(A), by inserting “,
12 including drills and exercises to ensure medical
13 surge capacity for events without notice” after
14 “exercises”; and

15 (B) in paragraph (3)—

16 (i) in the matter preceding subpara-
17 graph (A)—

18 (I) by striking “facilities), and
19 trauma care” and inserting “and am-
20 bulatory care facilities and which may
21 include dental health facilities), and
22 trauma care, critical care,”; and

23 (II) by inserting “(including re-
24 lated availability, accessibility, and co-

1 ordination)” after “public health
2 emergencies”;

3 (ii) in subparagraph (A), by inserting
4 “and trauma” after “medical”;

5 (iii) in subparagraph (B), by striking
6 “Medical evacuation and fatality manage-
7 ment” and inserting “Fatality manage-
8 ment”;

9 (iv) by redesignating subparagraphs
10 (C), (D), and (E) as subparagraphs (D),
11 (E), and (F), respectively;

12 (v) by inserting after subparagraph
13 (B), the following the new subparagraph:

14 “(C) Coordinated medical triage and evac-
15 uation to appropriate medical institutions based
16 on patient medical need, taking into account re-
17 gionalized systems of care.”;

18 (vi) in subparagraph (E), as redesign-
19 ated by clause (iv), by inserting “(which
20 may include such dental health assets)”
21 after “medical assets”; and

22 (vii) by adding at the end the fol-
23 lowing:

24 “(G) Optimizing a coordinated and flexible
25 approach to the medical surge capacity of hos-

1 pitals, other health care facilities, critical care,
2 and trauma care (which may include trauma
3 centers) and emergency medical systems.”;

4 (C) in paragraph (4)—

5 (i) in subparagraph (A), by inserting
6 “, including the unique needs and consider-
7 ations of individuals with disabilities,”
8 after “medical needs of at-risk individ-
9 uals”; and

10 (ii) in subparagraph (B), by inserting
11 “the” before “purpose of this section”; and

12 (D) by adding at the end the following:

13 “(7) COUNTERMEASURES.—

14 “(A) Promoting strategic initiatives to ad-
15 vance countermeasures to diagnose, mitigate,
16 prevent, or treat harm from any biological
17 agent or toxin, chemical, radiological, or nuclear
18 agent or agents, whether naturally occurring,
19 unintentional, or deliberate.

20 “(B) For purposes of this paragraph, the
21 term ‘countermeasures’ has the same meaning
22 as the terms ‘qualified countermeasures’ under
23 section 319F–1, ‘qualified pandemic and epi-
24 demic products’ under section 319F–3, and ‘se-
25 curity countermeasures’ under section 319F–2.

1 “(8) MEDICAL AND PUBLIC HEALTH COMMU-
 2 NITY RESILIENCY.—Strengthening the ability of
 3 States, local communities, and tribal communities to
 4 prepare for, respond to, and be resilient in the event
 5 of public health emergencies, whether naturally oc-
 6 curring, unintentional, or deliberate by—

7 “(A) optimizing alignment and integration
 8 of medical and public health preparedness and
 9 response planning and capabilities with and into
 10 routine daily activities; and

11 “(B) promoting familiarity with local med-
 12 ical and public health systems.”.

13 (b) AT-RISK INDIVIDUALS.—Section 2814 of the
 14 Public Health Service Act (42 U.S.C. 300hh–16) is
 15 amended—

16 (1) by striking paragraphs (5), (7), and (8);

17 (2) in paragraph (4), by striking
 18 “2811(b)(3)(B)” and inserting “2802(b)(4)(B)”;

19 (3) by redesignating paragraphs (1) through
 20 (4) as paragraphs (2) through (5), respectively;

21 (4) by inserting before paragraph (2) (as so re-
 22 designated), the following:

23 “(1) monitor emerging issues and concerns as
 24 they relate to medical and public health prepared-
 25 ness and response for at-risk individuals in the event

1 of a public health emergency declared by the Sec-
2 retary under section 319;”;

3 (5) by amending paragraph (2) (as so redesign-
4 nated) to read as follows:

5 “(2) oversee the implementation of the pre-
6 paredness goals described in section 2802(b) with re-
7 spect to the public health and medical needs of at-
8 risk individuals in the event of a public health emer-
9 gency, as described in section 2802(b)(4);”;

10 (6) by inserting after paragraph (6), the fol-
11 lowing:

12 “(7) disseminate and, as appropriate, update
13 novel and best practices of outreach to and care of
14 at-risk individuals before, during, and following pub-
15 lic health emergencies in as timely a manner as is
16 practicable, including from the time a public health
17 threat is identified; and

18 “(8) ensure that public health and medical in-
19 formation distributed by the Department of Health
20 and Human Services during a public health emer-
21 gency is delivered in a manner that takes into ac-
22 count the range of communication needs of the in-
23 tended recipients, including at-risk individuals.”.

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

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

5 (1) in subsection (b)—

6 (A) in paragraph (3), by inserting “, secu-
7 rity countermeasures (as defined in section
8 319F–2),” after “qualified countermeasures (as
9 defined in section 319F–1”;

10 (B) in paragraph (4), by adding at the end
11 the following:

12 “(D) POLICY COORDINATION AND STRA-
13 TEGIC DIRECTION.—Provide integrated policy
14 coordination and strategic direction with re-
15 spect to all matters related to Federal public
16 health and medical preparedness and execution
17 and deployment of the Federal response for
18 public health emergencies and incidents covered
19 by the National Response Plan developed pur-
20 suant to section 504(6) of the Homeland Secu-
21 rity Act of 2002, or any successor plan, before,
22 during, and following public health emergencies.

23 “(E) IDENTIFICATION OF INEFFICIEN-
24 CIES.—Identify and minimize gaps, duplication,
25 and other inefficiencies in medical and public
26 health preparedness and response activities and

1 the actions necessary to overcome these obsta-
2 cles.

3 “(F) COORDINATION OF GRANTS AND
4 AGREEMENTS.—Align and coordinate medical
5 and public health grants and cooperative agree-
6 ments as applicable to preparedness and re-
7 sponse activities authorized under this Act, to
8 the extent possible, including program require-
9 ments, timelines, and measurable goals, and in
10 consultation with the Secretary of Homeland
11 Security, to—

12 “(i) optimize and streamline medical
13 and public health preparedness and re-
14 sponse capabilities and the ability of local
15 communities to respond to public health
16 emergencies; and

17 “(ii) gather and disseminate best
18 practices among grant and cooperative
19 agreement recipients, as appropriate.

20 “(G) DRILL AND OPERATIONAL EXER-
21 CISES.—Carry out drills and operational exer-
22 cises, in consultation with the Department of
23 Homeland Security, the Department of De-
24 fense, the Department of Veterans Affairs, and
25 other applicable Federal departments and agen-

1 cies, as necessary and appropriate, to identify,
2 inform, and address gaps in and policies related
3 to all-hazards medical and public health pre-
4 paredness and response, including exercises
5 based on—

6 “(i) identified threats for which coun-
7 termeasures are available and for which no
8 countermeasures are available; and

9 “(ii) unknown threats for which no
10 countermeasures are available.

11 “(H) NATIONAL SECURITY PRIORITY.—On
12 a periodic basis consult with, as applicable and
13 appropriate, the Assistant to the President for
14 National Security Affairs, to provide an update
15 on, and discuss, medical and public health pre-
16 paredness and response activities pursuant to
17 this Act and the Federal Food, Drug, and Cos-
18 metic Act, including progress on the develop-
19 ment, approval, clearance, and licensure of
20 medical countermeasures.”; and

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

22 “(7) COUNTERMEASURES BUDGET PLAN.—De-
23 velop, and update on an annual basis, a coordinated
24 5-year budget plan based on the medical counter-

1 measure priorities described in subsection (d). Each
2 such plan shall—

3 “(A) include consideration of the entire
4 medical countermeasures enterprise, includ-
5 ing—

6 “(i) basic research and advanced re-
7 search and development;

8 “(ii) approval, clearance, licensure,
9 and authorized uses of products; and

10 “(iii) procurement, stockpiling, main-
11 tenance, and replenishment of all products
12 in the Strategic National Stockpile;

13 “(B) inform prioritization of resources and
14 include measurable outputs and outcomes to
15 allow for the tracking of the progress made to-
16 ward identified priorities;

17 “(C) identify medical countermeasure life-
18 cycle costs to inform planning, budgeting, and
19 anticipated needs within the continuum of the
20 medical countermeasure enterprise consistent
21 with section 319F-2; and

22 “(D) be made available to the appropriate
23 committees of Congress upon request.”;

24 (2) by striking subsection (c) and inserting the
25 following:

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

3 “(1) have lead responsibility within the Depart-
4 ment of Health and Human Services for emergency
5 preparedness and response policy coordination and
6 strategic direction;

7 “(2) have authority over and responsibility
8 for—

9 “(A) the National Disaster Medical System
10 pursuant to section 2812;

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

14 “(C) the Biomedical Advanced Research
15 and Development Authority pursuant to section
16 319L;

17 “(D) the Medical Reserve Corps pursuant
18 to section 2813;

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

22 “(F) administering grants and related au-
23 thorities related to trauma care under parts A
24 through C of title XII, such authority to be
25 transferred by the Secretary from the Adminis-

1 trator of the Health Resources and Services Ad-
2 ministration to such Assistant Secretary;

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

6 “(A) the Public Health Emergency Pre-
7 paredness Cooperative Agreement Program pur-
8 suant to section 319C–1;

9 “(B) the Strategic National Stockpile pur-
10 suant to section 319F–2; and

11 “(C) the Cities Readiness Initiative; and

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

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

15 “(d) PUBLIC HEALTH EMERGENCY MEDICAL COUN-
16 TERMEASURES ENTERPRISE STRATEGY AND IMPLEMEN-
17 TATION PLAN.—

18 “(1) IN GENERAL.—Not later than 180 days
19 after the date of enactment of this subsection, and
20 every year thereafter, the Assistant Secretary for
21 Preparedness and Response shall develop and submit
22 to the appropriate committees of Congress a coordi-
23 nated strategy and accompanying implementation
24 plan for medical countermeasures to address chem-
25 ical, biological, radiological, and nuclear threats. In

1 developing such a plan, the Assistant Secretary for
2 Preparedness and Response shall consult with the
3 Director of the Biomedical Advanced Research and
4 Development Authority, the Director of the National
5 Institutes of Health, the Director of the Centers for
6 Disease Control and Prevention, and the Commis-
7 sioner of Food and Drugs. Such strategy and plan
8 shall be known as the ‘Public Health Emergency
9 Medical Countermeasures Enterprise Strategy and
10 Implementation Plan’.

11 “(2) REQUIREMENTS.—The plan under para-
12 graph (1) shall—

13 “(A) describe the chemical, biological, radi-
14 ological, and nuclear agent or agents that may
15 present a threat to the Nation and the cor-
16 responding efforts to develop qualified counter-
17 measures (as defined in section 319F–1), secu-
18 rity countermeasures (as defined in section
19 319F–2), or qualified pandemic or epidemic
20 products (as defined in section 319F–3) for
21 each threat;

22 “(B) evaluate the progress of all activities
23 with respect to such countermeasures or prod-
24 ucts, including research, advanced research, de-

1 velopment, procurement, stockpiling, deploy-
2 ment, distribution, and utilization;

3 “(C) identify and prioritize near-, mid-,
4 and long-term needs with respect to such coun-
5 termeasures or products to address a chemical,
6 biological, radiological, and nuclear threat or
7 threats;

8 “(D) identify, with respect to each cat-
9 egory of threat, a summary of all awards and
10 contracts, including advanced research and de-
11 velopment and procurement, that includes—

12 “(i) the time elapsed from the
13 issuance of the initial solicitation or re-
14 quest for a proposal to the adjudication
15 (such as the award, denial of award, or so-
16 licitation termination); and

17 “(ii) an identification of projected
18 timelines, anticipated funding allocations,
19 benchmarks, and milestones for each med-
20 ical countermeasure priority under sub-
21 paragraph (C), including projected needs
22 with regard to replenishment of the Stra-
23 tegic National Stockpile;

1 “(E) be informed by the recommendations
2 of the National Biodefense Science Board pur-
3 suant to section 319M;

4 “(F) evaluate progress made in meeting
5 timelines, allocations, benchmarks, and mile-
6 stones identified under subparagraph (D)(ii);

7 “(G) report on the amount of funds avail-
8 able for procurement in the special reserve fund
9 as defined in section 319F–2(h) and the impact
10 this funding will have on meeting the require-
11 ments under section 319F–2;

12 “(H) incorporate input from Federal,
13 State, local, and tribal stakeholders;

14 “(I) identify the progress made in meeting
15 the medical countermeasure priorities for at-
16 risk individuals (as defined in 2802(b)(4)(B)),
17 as applicable under subparagraph (C), including
18 with regard to the projected needs for related
19 stockpiling and replenishment of the Strategic
20 National Stockpile, including by addressing the
21 needs of pediatric populations with respect to
22 such countermeasures and products in the Stra-
23 tegic National Stockpile, including—

1 “(i) a list of such countermeasures
2 and products necessary to address the
3 needs of pediatric populations;

4 “(ii) a description of measures taken
5 to coordinate with the Office of Pediatric
6 Therapeutics of the Food and Drug Ad-
7 ministration to maximize the labeling, dos-
8 ages, and formulations of such counter-
9 measures and products for pediatric popu-
10 lations;

11 “(iii) a description of existing gaps in
12 the Strategic National Stockpile and the
13 development of such countermeasures and
14 products to address the needs of pediatric
15 populations; and

16 “(iv) an evaluation of the progress
17 made in addressing priorities identified
18 pursuant to subparagraph (C);

19 “(J) identify the use of authority and ac-
20 tivities undertaken pursuant to sections 319F-
21 1(b)(1), 319F-1(b)(2), 319F-1(b)(3), 319F-
22 1(c), 319F-1(d), 319F-1(e), 319F-
23 2(c)(7)(C)(iii), 319F-2 (c)(7)(C)(iv), and
24 319F-2(c)(7)(C)(v) of this Act, and subsections
25 (a)(1), (b)(1), and (e) of section 564 of the

1 Federal Food, Drug, and Cosmetic Act, by
2 summarizing—

3 “(i) the particular actions that were
4 taken under the authorities specified, in-
5 cluding, as applicable, the identification of
6 the threat agent, emergency, or the bio-
7 medical countermeasure with respect to
8 which the authority was used;

9 “(ii) the reasons underlying the deci-
10 sion to use such authorities, including, as
11 applicable, the options that were consid-
12 ered and rejected with respect to the use of
13 such authorities;

14 “(iii) the number of, nature of, and
15 other information concerning the persons
16 and entities that received a grant, coopera-
17 tive agreement, or contract pursuant to the
18 use of such authorities, and the persons
19 and entities that were considered and re-
20 jected for such a grant, cooperative agree-
21 ment, or contract, except that the report
22 need not disclose the identity of any such
23 person or entity;

24 “(iv) whether, with respect to each
25 procurement that is approved by the Presi-

1 dent under section 319F–2(c)(6), a con-
2 tract was entered into within one year
3 after such approval by the President; and

4 “(v) with respect to section 319F–
5 1(d), for the one-year period for which the
6 report is submitted, the number of persons
7 who were paid amounts totaling \$100,000
8 or greater and the number of persons who
9 were paid amounts totaling at least
10 \$50,000 but less than \$100,000; and

11 “(K) be made publicly available.

12 “(3) GAO REPORT.—

13 “(A) IN GENERAL.—Not later than 1 year
14 after the date of the submission to the Congress
15 of the first Public Health Emergency Medical
16 Countermeasures Enterprise Strategy and Im-
17 plementation Plan, the Comptroller General of
18 the United States shall conduct an independent
19 evaluation, and submit to the appropriate com-
20 mittees of Congress a report, concerning such
21 Strategy and Implementation Plan.

22 “(B) CONTENT.—The report described in
23 subparagraph (A) shall review and assess—

24 “(i) the near-term, mid-term, and
25 long-term medical countermeasure needs

1 and identified priorities of the Federal
2 Government pursuant to paragraph (2)(C);

3 “(ii) the activities of the Department
4 of Health and Human Services with re-
5 spect to advanced research and develop-
6 ment pursuant to section 319L; and

7 “(iii) the progress made toward meet-
8 ing the timelines, allocations, benchmarks,
9 and milestones identified in the Public
10 Health Emergency Medical Counter-
11 measures Enterprise Strategy and Imple-
12 mentation Plan under this subsection.

13 “(e) PROTECTION OF NATIONAL SECURITY.—In car-
14 rying out subsections (b)(7) and (d), the Secretary shall
15 ensure that information and items that could compromise
16 national security, contain confidential commercial infor-
17 mation, or contain proprietary information are not dis-
18 closed.”.

19 (b) INTERAGENCY COORDINATION PLAN.—In the
20 first Public Health Emergency Countermeasures Enter-
21 prise Strategy and Implementation Plan submitted under
22 subsection (d) of section 2811 of the Public Health Service
23 Act (42 U.S.C. 300hh–10) (as added by subsection
24 (a)(3)), the Secretary of Health and Human Services, in
25 consultation with the Secretary of Defense, shall include

1 a description of the manner in which the Department of
 2 Health and Human Services is coordinating with the De-
 3 partment of Defense regarding countermeasure activities
 4 to address chemical, biological, radiological, and nuclear
 5 threats. Such report shall include information with respect
 6 to—

7 (1) the research, advanced research, develop-
 8 ment, procurement, stockpiling, and distribution of
 9 countermeasures to meet identified needs; and

10 (2) the coordination of efforts between the De-
 11 partment of Health and Human Services and the
 12 Department of Defense to address countermeasure
 13 needs for various segments of the population.

14 **SEC. 103. NATIONAL ADVISORY COMMITTEE ON CHILDREN**
 15 **AND DISASTERS.**

16 Subtitle B of title XXVIII of the Public Health Serv-
 17 ice Act (42 U.S.C. 300hh et seq.) is amended by inserting
 18 after section 2811 the following:

19 **“SEC. 2811A. NATIONAL ADVISORY COMMITTEE ON CHIL-**
 20 **DREN AND DISASTERS.**

21 “(a) ESTABLISHMENT.—The Secretary, in consulta-
 22 tion with the Secretary of Homeland Security, shall estab-
 23 lish an advisory committee to be known as the ‘National
 24 Advisory Committee on Children and Disasters’ (referred
 25 to in this section as the ‘Advisory Committee’).

1 “(b) DUTIES.—The Advisory Committee shall—

2 “(1) provide advice and consultation with re-
3 spect to the activities carried out pursuant to section
4 2814, as applicable and appropriate;

5 “(2) evaluate and provide input with respect to
6 the medical and public health needs of children as
7 they relate to preparation for, response to, and re-
8 covery from all-hazards emergencies; and

9 “(3) provide advice and consultation with re-
10 spect to State emergency preparedness and response
11 activities and children, including related drills and
12 exercises pursuant to the preparedness goals under
13 section 2802(b).

14 “(c) ADDITIONAL DUTIES.—The Advisory Committee
15 may provide advice and recommendations to the Secretary
16 with respect to children and the medical and public health
17 grants and cooperative agreements as applicable to pre-
18 paredness and response activities authorized under this
19 title and title III.

20 “(d) MEMBERSHIP.—

21 “(1) IN GENERAL.—The Secretary, in consulta-
22 tion with such other Secretaries as may be appro-
23 priate, shall appoint not to exceed 15 members to
24 the Advisory Committee. In appointing such mem-
25 bers, the Secretary shall ensure that the total mem-

1 bership of the Advisory Committee is an odd num-
2 ber.

3 “(2) REQUIRED MEMBERS.—The Secretary, in
4 consultation with such other Secretaries as may be
5 appropriate, may appoint to the Advisory Committee
6 under paragraph (1) such individuals as may be ap-
7 propriate to perform the duties described in sub-
8 sections (b) and (c), which may include—

9 “(A) the Assistant Secretary for Prepared-
10 ness and Response;

11 “(B) the Director of the Biomedical Ad-
12 vanced Research and Development Authority;

13 “(C) the Director of the Centers for Dis-
14 ease Control and Prevention;

15 “(D) the Commissioner of Food and
16 Drugs;

17 “(E) the Director of the National Insti-
18 tutes of Health;

19 “(F) the Assistant Secretary of the Admin-
20 istration for Children and Families;

21 “(G) the Administrator of the Federal
22 Emergency Management Agency;

23 “(H) at least two non-Federal health care
24 professionals with expertise in pediatric medical

1 disaster planning, preparedness, response, or
2 recovery;

3 “(I) at least two representatives from
4 State, local, territorial, or tribal agencies with
5 expertise in pediatric disaster planning, pre-
6 paredness, response, or recovery; and

7 “(J) representatives from such Federal
8 agencies (such as the Department of Education
9 and the Department of Homeland Security) as
10 determined necessary to fulfill the duties of the
11 Advisory Committee, as established under sub-
12 sections (b) and (c).

13 “(e) MEETINGS.—The Advisory Committee shall
14 meet not less than biannually.

15 “(f) SUNSET.—The Advisory Committee shall termi-
16 nate on the date that is 5 years after the date of enact-
17 ment of the Pandemic and All-Hazards Preparedness Re-
18 authorization Act of 2012.”.

19 **SEC. 104. MODERNIZATION OF THE NATIONAL DISASTER**
20 **MEDICAL SYSTEM.**

21 Section 2812 of the Public Health Service Act (42
22 U.S.C. 300hh–11) is amended—

23 (1) in subsection (a)(3)—

24 (A) in subparagraph (A), in clause (i) by
25 inserting “, including at-risk individuals as ap-

1 plicable” after “victims of a public health emer-
2 gency”;

3 (B) by redesignating subparagraph (C) as
4 subparagraph (E); and

5 (C) by inserting after subparagraph (B),
6 the following:

7 “(C) CONSIDERATIONS FOR AT-RISK POPU-
8 LATIONS.—The Secretary shall take steps to
9 ensure that an appropriate specialized and fo-
10 cused range of public health and medical capa-
11 bilities are represented in the National Disaster
12 Medical System, which take into account the
13 needs of at-risk individuals, in the event of a
14 public health emergency.”.

15 “(D) ADMINISTRATION.—The Secretary
16 may determine and pay claims for reimburse-
17 ment for services under subparagraph (A) di-
18 rectly or through contracts that provide for
19 payment in advance or by way of reimburse-
20 ment.”; and

21 (2) in subsection (g), by striking “such sums as
22 may be necessary for each of the fiscal years 2007
23 through 2011” and inserting “\$52,700,000 for each
24 of fiscal years 2013 through 2017”.

1 **SEC. 105. CONTINUING THE ROLE OF THE DEPARTMENT OF**
2 **VETERANS AFFAIRS.**

3 Section 8117(g) of title 38, United States Code, is
4 amended by striking “such sums as may be necessary to
5 carry out this section for each of fiscal years 2007 through
6 2011” and inserting “\$155,300,000 for each of fiscal
7 years 2013 through 2017 to carry out this section”.

8 **TITLE II—OPTIMIZING STATE**
9 **AND LOCAL ALL-HAZARDS**
10 **PREPAREDNESS AND RE-**
11 **SPONSE**

12 **SEC. 201. TEMPORARY REDEPLOYMENT OF FEDERALLY**
13 **FUNDED PERSONNEL DURING A PUBLIC**
14 **HEALTH EMERGENCY.**

15 Section 319 of the Public Health Service Act (42
16 U.S.C. 247d) is amended by adding at the end the fol-
17 lowing:

18 “(e) TEMPORARY REDEPLOYMENT OF FEDERALLY
19 FUNDED PERSONNEL DURING A PUBLIC HEALTH EMER-
20 GENCY.—

21 “(1) EMERGENCY REDEPLOYMENT OF FEDER-
22 ALLY FUNDED PERSONNEL.—Notwithstanding any
23 other provision of law, and subject to paragraph (2),
24 upon request by the Governor of a State or the chief
25 of a tribe or such Governor or chief’s designee, the
26 Secretary may authorize the requesting State or

1 tribe to temporarily redeploy, for purposes of imme-
2 diately addressing a public health emergency in the
3 State or tribe, non-Federal personnel funded in
4 whole or in part through, as appropriate, programs
5 under this Act.

6 “(2) ACTIVATION OF EMERGENCY REDEPLOY-
7 MENT.—

8 “(A) PUBLIC HEALTH EMERGENCY.—The
9 Secretary may authorize a temporary redeploy-
10 ment of personnel under paragraph (1) only
11 during the period of a public health emergency
12 determined pursuant to subsection (a).

13 “(B) CONTENTS OF REQUEST.—To seek
14 authority for a temporary redeployment of per-
15 sonnel under paragraph (1), the Governor of a
16 State or the chief of a tribe shall submit to the
17 Secretary a request for such authority and shall
18 include in the request each of the following:

19 “(i) An assurance that the public
20 health emergency in the geographic area of
21 the requesting State or tribe cannot be
22 adequately and appropriately addressed by
23 the public health workforce otherwise avail-
24 able.

1 “(ii) An assurance that the public
2 health emergency would be addressed more
3 efficiently and effectively through the re-
4 quested temporary redeployment of per-
5 sonnel.

6 “(iii) An assurance that the requested
7 temporary redeployment of personnel is
8 consistent with the any applicable All-Haz-
9 ards Public Health Emergency Prepared-
10 ness and Response Plan under section
11 319C–1.

12 “(iv) An identification of—

13 “(I) each Federal program from
14 which personnel would be temporarily
15 redeployed pursuant to the requested
16 authority; and

17 “(II) the number of personnel
18 who would be so redeployed from each
19 such program.

20 “(v) Such other information and as-
21 surances as the Secretary may require.

22 “(C) CONSIDERATION.—In reviewing a re-
23 quest for temporary redeployment under para-
24 graph (1) of personnel funded through a Fed-
25 eral program, the Secretary shall consider the

1 degree to which the program would be adversely
2 affected by the redeployment.

3 “(D) TERMINATION AND EXTENSION.—

4 “(i) TERMINATION.—A State or
5 tribe’s authority for a temporary redeploy-
6 ment of personnel under paragraph (1)
7 shall terminate upon the earlier of the fol-
8 lowing:

9 “(I) The Secretary’s determina-
10 tion that the public health emergency
11 no longer exists.

12 “(II) Subject to clause (ii), the
13 expiration of the 30-day period fol-
14 lowing the date on which the Sec-
15 retary approved the State or tribe’s
16 request for such authority.

17 “(ii) EXTENSION AUTHORITY.—The
18 Secretary may extend the authority to au-
19 thorize a temporary redeployment of per-
20 sonnel under paragraph (1) beyond the
21 date otherwise applicable under clause
22 (i)(II) if the public health emergency still
23 exists as of such date, but only if—

24 “(I) the State or tribe that sub-
25 mitted the initial request for authority

1 for a temporary redeployment of per-
2 sonnel submits a request for an exten-
3 sion of such authority; and

4 “(II) the request for an extension
5 contains the same type of information
6 and assurances necessary for the ap-
7 proval of an initial request for such
8 authority.

9 “(3) NOTICE TO PERSONNEL OF POSSIBILITY
10 OF REDEPLOYMENT.—The Secretary shall ensure
11 that, if a State or tribe receives Federal funds for
12 personnel who are subject to the Secretary’s rede-
13 deployment authority under this subsection, the State
14 or tribe gives notice to such personnel of the possi-
15 bility of redeployment—

16 “(A) at the time of hiring; or

17 “(B) in the case of personnel hired before
18 the date of the enactment of this subsection, as
19 soon as practicable.

20 “(4) NOTICE TO CONGRESS.—The Secretary
21 shall give notice to the Congress in conjunction with
22 the approval under this subsection of—

23 “(A) any initial request for authority for a
24 temporary redeployment of personnel; and

1 “(B) any request for an extension of such
2 authority.

3 “(5) GUIDANCE.—The Secretary shall—

4 “(A) not later than 6 months after the en-
5 actment of this subsection, issue proposed guid-
6 ance on the temporary redeployment of per-
7 sonnel under this subsection; and

8 “(B) after providing notice and a 60-day
9 period for public comment, finalize such guid-
10 ance.

11 “(6) REPORT TO CONGRESS.—Not later than 4
12 years after the date of enactment of the Pandemic
13 and All-Hazards Preparedness Reauthorization Act
14 of 2012, the Comptroller General of the United
15 States shall conduct an independent evaluation, and
16 submit to the appropriate committees of the Con-
17 gress a report, on the Secretary’s authority under
18 this subsection, including—

19 “(A) a description of how, and under what
20 circumstances, such authority has been used by
21 States and tribes;

22 “(B) an analysis of how such authority has
23 assisted States and tribes in responding to pub-
24 lic health emergencies;

1 “(C) an evaluation of how such authority
2 has improved operational efficiencies in re-
3 sponding to public health emergencies;

4 “(D) an analysis of the extent to which, if
5 any, Federal programs from which personnel
6 have been temporarily redeployed pursuant to
7 such authority have been adversely affected by
8 the redeployment; and

9 “(E) recommendations on how such au-
10 thority could be improved to further assist in
11 responding to public health emergencies.

12 “(7) DEFINITION.—In this subsection, the term
13 ‘State’ includes, in addition to the entities listed in
14 the definition of such term in section 2, the Freely
15 Associated States.

16 “(8) SUNSET.—The authority under this sub-
17 section shall terminate on the date that is 5 years
18 after the date of enactment of the Pandemic and
19 All-Hazards Preparedness Reauthorization Act of
20 2012.”.

21 **SEC. 202. IMPROVING STATE AND LOCAL PUBLIC HEALTH**
22 **SECURITY.**

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

1 (1) in subsection (b)(1)(C), by striking “consor-
2 tium of entities described in subparagraph (A)” and
3 inserting “consortium of States”;

4 (2) in subsection (b)(2)—

5 (A) in subparagraph (A)—

6 (i) by striking clauses (i) and (ii) and
7 inserting the following:

8 “(i) a description of the activities such
9 entity will carry out under the agreement
10 to meet the goals identified under section
11 2802, including with respect to chemical,
12 biological, radiological, or nuclear threats,
13 whether naturally occurring, unintentional,
14 or deliberate;

15 “(ii) a description of the activities
16 such entity will carry out with respect to
17 pandemic influenza, as a component of the
18 activities carried out under clause (i), and
19 consistent with the requirements of para-
20 graphs (2) and (5) of subsection (g);”;

21 (ii) in clause (iv), by striking “and” at
22 the end; and

23 (iii) by adding at the end the fol-
24 lowing:

1 “(vi) a description of how, as appro-
2 priate, the entity may partner with rel-
3 evant public and private stakeholders in
4 public health emergency preparedness and
5 response;

6 “(vii) a description of how the entity,
7 as applicable and appropriate, will coordi-
8 nate with State emergency preparedness
9 and response plans in public health emer-
10 gency preparedness, including State edu-
11 cational agencies (as defined in section
12 9101(41) of the Elementary and Sec-
13 ondary Education Act of 1965) and State
14 child care lead agencies (designated under
15 section 658D of the Child Care and Devel-
16 opment Block Grant Act of 1990);

17 “(viii) in the case of entities that op-
18 erate on the United States-Mexico border
19 or the United States-Canada border, a de-
20 scription of the activities such entity will
21 carry out under the agreement that are
22 specific to the border area including dis-
23 ease detection, identification, investigation,
24 and preparedness and response activities
25 related to emerging diseases and infectious

1 disease outbreaks whether naturally occur-
2 ring or due to bioterrorism, consistent with
3 the requirements of this section; and

4 “(ix) a description of any activities
5 that such entity will use to analyze real-
6 time clinical specimens for pathogens of
7 public health or bioterrorism significance,
8 including any utilization of poison control
9 centers;”; and

10 (B) in subparagraph (C), by inserting “,
11 including addressing the needs of at-risk indi-
12 viduals,” after “capabilities of such entity”;

13 (3) in subsection (f)—

14 (A) in paragraph (2), by adding “and” at
15 the end;

16 (B) in paragraph (3), by striking “; and”
17 and inserting a period; and

18 (C) by striking paragraph (4);

19 (4) in subsection (g)—

20 (A) in paragraph (1), by striking subpara-
21 graph (A) and inserting the following:

22 “(A) include outcome goals representing
23 operational achievements of the National Pre-
24 paredness Goals developed under section
25 2802(b) with respect to all-hazards, including

1 chemical, biological, radiological, or nuclear
2 threats; and”; and

3 (B) in paragraph (2)(A), by adding at the
4 end the following: “The Secretary shall periodically
5 update, as necessary and appropriate,
6 such pandemic influenza plan criteria and shall
7 require the integration of such criteria into the
8 benchmarks and standards described in paragraph
9 (1).”;

10 (5) by striking subsection (h);

11 (6) in subsection (i)—

12 (A) in paragraph (1)—

13 (i) in subparagraph (A)—

14 (I) by striking “\$824,000,000 for
15 fiscal year 2007, of which
16 \$35,000,000 shall be used to carry
17 out subsection (h),” and inserting
18 “\$641,900,000 for fiscal year 2013”;
19 and

20 (II) by striking “such sums as
21 may be necessary for each of fiscal
22 years 2008 through 2011” and inserting
23 “\$641,900,000 for each of fiscal
24 years 2014 through 2017”;

25 (ii) by striking subparagraph (B);

1 (iii) by redesignating subparagraphs
 2 (C) and (D) as subparagraphs (B) and
 3 (C), respectively; and

4 (iv) in subparagraph (C), as so rededesignated, by striking “subparagraph (C)”
 5 and inserting “subparagraph (B)”;

6 (B) in subparagraphs (C) and (D) of paragraph (3), by striking “(1)(A)(i)(I)” each place
 7 it appears and inserting “(1)(A)”;

8 (C) in paragraph (4)(B), by striking “subsection (c)” and inserting “subsection (b)”;

9 (D) by adding at the end the following:

10 “(7) AVAILABILITY OF COOPERATIVE AGREEMENT FUNDS.—

11 “(A) IN GENERAL.—Amounts provided to
 12 an eligible entity under a cooperative agreement
 13 under subsection (a) for a fiscal year and remaining unobligated at the end of such year
 14 shall remain available to such entity for the
 15 next fiscal year for the purposes for which such
 16 funds were provided.

17 “(B) FUNDS CONTINGENT ON ACHIEVING BENCHMARKS.—The continued availability of
 18 funds under subparagraph (A) with respect to
 19 an entity shall be contingent upon such entity

1 achieving the benchmarks and submitting the
 2 pandemic influenza plan as described in sub-
 3 section (g).”; and

4 (7) in subsection (j), by striking paragraph (3).

5 (b) VACCINE TRACKING AND DISTRIBUTION.—Sec-
 6 tion 319A(e) of the Public Health Service Act (42 U.S.C.
 7 247d–1(e)) is amended by striking “such sums for each
 8 of fiscal years 2007 through 2011” and inserting
 9 “\$30,800,000 for each of fiscal years 2013 through
 10 2017”.

11 **SEC. 203. HOSPITAL PREPAREDNESS AND MEDICAL SURGE**
 12 **CAPACITY.**

13 (a) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL
 14 RESPONSE CURRICULA AND TRAINING.—Section
 15 319F(a)(5)(B) of the Public Health Service Act (42
 16 U.S.C. 247d–6(a)(5)(B)) is amended by striking “public
 17 health or medical” and inserting “public health, medical,
 18 or dental”.

19 (b) ENCOURAGING HEALTH PROFESSIONAL VOLUN-
 20 TEERS.—

21 (1) EMERGENCY SYSTEM FOR ADVANCE REG-
 22 ISTRATION OF VOLUNTEER HEALTH PROFES-
 23 SIONALS.—Section 319I(k) of the Public Health
 24 Service Act (42 U.S.C. 247d–7b(k)) is amended by
 25 striking “\$2,000,000 for fiscal year 2002, and such

1 sums as may be necessary for each of the fiscal
2 years 2003 through 2011” and inserting
3 “\$5,000,000 for each of fiscal years 2013 through
4 2017”.

5 (2) VOLUNTEERS.—Section 2813 of the Public
6 Health Service Act (42 U.S.C. 300hh–15) is amend-
7 ed—

8 (A) in subsection (d)(2), by adding at the
9 end the following: “Such training exercises
10 shall, as appropriate and applicable, incorporate
11 the needs of at-risk individuals in the event of
12 a public health emergency.”; and

13 (B) in subsection (i), by striking
14 “\$22,000,000 for fiscal year 2007, and such
15 sums as may be necessary for each of fiscal
16 years 2008 through 2011” and inserting
17 “\$11,200,000 for each of fiscal years 2013
18 through 2017”.

19 (c) PARTNERSHIPS FOR STATE AND REGIONAL PRE-
20 PAREDNESS TO IMPROVE SURGE CAPACITY.—Section
21 319C–2 of the Public Health Service Act (42 U.S.C.
22 247d–3b) is amended—

23 (1) in subsection (a), by inserting “, including
24 capacity and preparedness to address the needs of

1 pediatric and other at-risk populations” before the
2 period at the end;

3 (2) in subsection (b)(1)(A)(ii), by striking “cen-
4 ters, primary” and inserting “centers, community
5 health centers, primary”;

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

8 “(c) USE OF FUNDS.—An award under subsection
9 (a) shall be expended for activities to achieve the prepared-
10 ness goals described under paragraphs (1), (3), (4), (5),
11 and (6) of section 2802(b) with respect to all-hazards, in-
12 cluding chemical, biological, radiological, or nuclear
13 threats.”;

14 (4) by striking subsection (g) and inserting the
15 following:

16 “(g) COORDINATION.—

17 “(1) LOCAL RESPONSE CAPABILITIES.—An eli-
18 gible entity shall, to the extent practicable, ensure
19 that activities carried out under an award under
20 subsection (a) are coordinated with activities of rel-
21 evant local Metropolitan Medical Response Systems,
22 local Medical Reserve Corps, the local Cities Readiness Initiative, and local emergency plans.

23 “(2) NATIONAL COLLABORATION.—Partner-
24 ships consisting of one or more eligible entities
25

1 under this section may, to the extent practicable,
2 collaborate with other partnerships consisting of one
3 or more eligible entities under this section for pur-
4 poses of national coordination and collaboration with
5 respect to activities to achieve the preparedness
6 goals described under paragraphs (1), (3), (4), (5),
7 and (6) of section 2802(b).”;

8 (5) in subsection (i)—

9 (A) by striking “The requirements of” and
10 inserting the following:

11 “(1) IN GENERAL.—The requirements of”; and

12 (B) by adding at the end the following:

13 “(2) MEETING GOALS OF NATIONAL HEALTH
14 SECURITY STRATEGY.—The Secretary shall imple-
15 ment objective, evidence-based metrics to ensure that
16 entities receiving awards under this section are
17 meeting, to the extent practicable, the applicable
18 goals of the National Health Security Strategy
19 under section 2802.”; and

20 (6) in subsection (j)—

21 (A) by amending paragraph (1) to read as
22 follows:

23 “(1) IN GENERAL.—For purposes of carrying
24 out this section, there is authorized to be appro-

1 priated \$374,700,000 for each of fiscal years 2013
 2 through 2017.”; and

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

4 “(4) AVAILABILITY OF COOPERATIVE AGREE-
 5 MENT FUNDS.—

6 “(A) IN GENERAL.—Amounts provided to
 7 an eligible entity under a cooperative agreement
 8 under subsection (a) for a fiscal year and re-
 9 maining unobligated at the end of such year
 10 shall remain available to such entity for the
 11 next fiscal year for the purposes for which such
 12 funds were provided.

13 “(B) FUNDS CONTINGENT ON ACHIEVING
 14 BENCHMARKS.—The continued availability of
 15 funds under subparagraph (A) with respect to
 16 an entity shall be contingent upon such entity
 17 achieving the benchmarks and submitting the
 18 pandemic influenza plan as required under sub-
 19 section (i).”.

20 **SEC. 204. ENHANCING SITUATIONAL AWARENESS AND BIO-**
 21 **SURVEILLANCE.**

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

24 (1) in subsection (b)—

1 (A) in paragraph (1)(B), by inserting “poi-
 2 son control centers,” after “hospitals,”;

3 (B) in paragraph (2), by inserting before
 4 the period at the end the following: “, allowing
 5 for coordination to maximize all-hazards med-
 6 ical and public health preparedness and re-
 7 sponse and to minimize duplication of effort”;
 8 and

9 (C) in paragraph (3), by inserting before
 10 the period at the end the following: “and up-
 11 date such standards as necessary”;

12 (2) by striking subsection (c); and

13 (3) in subsection (d)—

14 (A) in the subsection heading, by striking
 15 “PUBLIC HEALTH SITUATIONAL AWARENESS”
 16 and inserting “MODERNIZING PUBLIC HEALTH
 17 SITUATIONAL AWARENESS AND BIOSURVEIL-
 18 LANCE”;

19 (B) in paragraph (1)—

20 (i) by striking “Pandemic and All-
 21 Hazards Preparedness Act” and inserting
 22 “Pandemic and All-Hazards Preparedness
 23 Reauthorization Act of 2012”; and

24 (ii) by inserting “, novel emerging
 25 threats,” after “disease outbreaks”;

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

3 “(2) STRATEGY AND IMPLEMENTATION
4 PLAN.—Not later than 180 days after the date of
5 enactment of the Pandemic and All-Hazards Pre-
6 paredness Reauthorization Act of 2012, the Sec-
7 retary shall submit to the appropriate committees of
8 Congress a coordinated strategy and an accom-
9 panying implementation plan that identifies and
10 demonstrates the measurable steps the Secretary will
11 carry out to—

12 “(A) develop, implement, and evaluate the
13 network described in paragraph (1), utilizing
14 the elements described in paragraph (3);

15 “(B) modernize and enhance biosurveil-
16 lance activities; and

17 “(C) improve information sharing, coordi-
18 nation, and communication among disparate
19 biosurveillance systems supported by the De-
20 partment of Health and Human Services.”;

21 (D) in paragraph (3)(D), by inserting
22 “community health centers, health centers”
23 after “poison control,”;

24 (E) in paragraph (5), by striking subpara-
25 graph (A) and inserting the following:

“(A) utilize applicable interoperability standards as determined by the Secretary, and in consultation with the Office of the National Coordinator for Health Information Technology, through a joint public and private sector process;” and

(F) by adding at the end the following:

“(6) CONSULTATION WITH THE NATIONAL BIODEFENSE SCIENCE BOARD.—In carrying out this section and consistent with section 319M, the National Biodefense Science Board shall provide expert advice and guidance, including recommendations, regarding the measurable steps the Secretary should take to modernize and enhance biosurveillance activities pursuant to the efforts of the Department of Health and Human Services to ensure comprehensive, real-time, all-hazards biosurveillance capabilities. In complying with the preceding sentence, the National Biodefense Science Board shall—

“(A) identify the steps necessary to achieve a national biosurveillance system for human health, with international connectivity, where appropriate, that is predicated on State, regional, and community level capabilities and creates a networked system to allow for two-

1 way information flow between and among Fed-
2 eral, State, and local government public health
3 authorities and clinical health care providers;

4 “(B) identify any duplicative surveillance
5 programs under the authority of the Secretary,
6 or changes that are necessary to existing pro-
7 grams, in order to enhance and modernize such
8 activities, minimize duplication, strengthen and
9 streamline such activities under the authority of
10 the Secretary, and achieve real-time and appro-
11 priate data that relate to disease activity, both
12 human and zoonotic; and

13 “(C) coordinate with applicable existing
14 advisory committees of the Director of the Cen-
15 ters for Disease Control and Prevention, includ-
16 ing such advisory committees consisting of rep-
17 resentatives from State, local, and tribal public
18 health authorities and appropriate public and
19 private sector health care entities and academic
20 institutions, in order to provide guidance on
21 public health surveillance activities.”;

22 (4) in subsection (e)(5), by striking “4 years
23 after the date of enactment of the Pandemic and
24 All-Hazards Preparedness Act” and inserting “3
25 years after the date of enactment of the Pandemic

1 and All-Hazards Preparedness Reauthorization Act
2 of 2012”;

3 (5) in subsection (g), by striking “such sums as
4 may be necessary in each of fiscal years 2007
5 through 2011” and inserting “\$138,300,000 for
6 each of fiscal years 2013 through 2017”; and

7 (6) by adding at the end the following:

8 “(h) DEFINITION.—For purposes of this section the
9 term ‘biosurveillance’ means the process of gathering near
10 real-time biological data that relates to human and
11 zoonotic disease activity and threats to human or animal
12 health, in order to achieve early warning and identification
13 of such health threats, early detection and prompt ongoing
14 tracking of health events, and overall situational aware-
15 ness of disease activity.”.

16 **SEC. 205. ELIMINATING DUPLICATIVE PROJECT BIOSHIELD**
17 **REPORTS.**

18 Section 5 of the Project Bioshield Act of 2004 (42
19 U.S.C. 247d–6c) is repealed.

20 **TITLE III—ENHANCING MEDICAL**
21 **COUNTERMEASURE REVIEW**

22 **SEC. 301. SPECIAL PROTOCOL ASSESSMENT.**

23 Section 505(b)(5)(B) of the Federal Food, Drug, and
24 Cosmetic Act (21 U.S.C. 355(b)(5)(B)) is amended by
25 striking “size of clinical trials intended” and all that fol-

1 lows through “. The sponsor or applicant” and inserting
 2 the following: “size—

3 “(i)(I) of clinical trials intended to form the
 4 primary basis of an effectiveness claim; or

5 “(II) in the case where human efficacy studies
 6 are not ethical or feasible, of animal and any associ-
 7 ated clinical trials which, in combination, are in-
 8 tended to form the primary basis of an effectiveness
 9 claim; or

10 “(ii) with respect to an application for approval
 11 of a biological product under section 351(k) of the
 12 Public Health Service Act, of any necessary clinical
 13 study or studies.

14 The sponsor or applicant”.

15 **SEC. 302. AUTHORIZATION FOR MEDICAL PRODUCTS FOR**
 16 **USE IN EMERGENCIES.**

17 (a) IN GENERAL.—Section 564 of the Federal Food,
 18 Drug, and Cosmetic Act (21 U.S.C. 360bbb–3) is amend-
 19 ed—

20 (1) in subsection (a)—

21 (A) in paragraph (1), by striking “sections
 22 505, 510(k), and 515 of this Act” and inserting
 23 “any provision of this Act”;

24 (B) in paragraph (2)(A), by striking
 25 “under a provision of law referred to in such

1 paragraph” and inserting “under section 505,
2 510(k), or 515 of this Act or section 351 of the
3 Public Health Service Act”; and

4 (C) in paragraph (3), by striking “a provi-
5 sion of law referred to in such paragraph” and
6 inserting “a section of this Act or the Public
7 Health Service Act referred to in paragraph
8 (2)(A)”;

9 (2) in subsection (b)—

10 (A) in the subsection heading, by striking
11 “EMERGENCY” and inserting “EMERGENCY OR
12 THREAT JUSTIFYING EMERGENCY AUTHOR-
13 IZED USE”;

14 (B) in paragraph (1)—

15 (i) in the matter preceding subpara-
16 graph (A), by striking “may declare an
17 emergency” and inserting “may make a
18 declaration that the circumstances exist”;

19 (ii) in subparagraph (A), by striking
20 “specified”;

21 (iii) in subparagraph (B)—

22 (I) by striking “specified”; and

23 (II) by striking “; or” and insert-
24 ing a semicolon;

1 (iv) by amending subparagraph (C) to
2 read as follows:

3 “(C) a determination by the Secretary that
4 there is a public health emergency, or a signifi-
5 cant potential for a public health emergency,
6 that affects, or has a significant potential to af-
7 fect, national security or the health and security
8 of United States citizens living abroad, and that
9 involves a biological, chemical, radiological, or
10 nuclear agent or agents, or a disease or condi-
11 tion that may be attributable to such agent or
12 agents; or”; and

13 (v) by adding at the end the following:

14 “(D) the identification of a material threat
15 pursuant to section 319F–2 of the Public
16 Health Service Act sufficient to affect national
17 security or the health and security of United
18 States citizens living abroad.”;

19 (C) in paragraph (2)—

20 (i) in subparagraph (A), by amending
21 clause (ii) to read as follows:

22 “(ii) a change in the approval status
23 of the product such that the circumstances
24 described in subsection (a)(2) have ceased
25 to exist.”;

1 (ii) by striking subparagraph (B); and

2 (iii) by redesignating subparagraph

3 (C) as subparagraph (B);

4 (D) in paragraph (4), by striking “advance

5 notice of termination, and renewal under this

6 subsection.” and inserting “, and advance no-

7 tice of termination under this subsection.”; and

8 (E) by adding at the end the following:

9 “(5) EXPLANATION BY SECRETARY.—If an au-

10 thorization under this section with respect to an un-

11 approved product or an unapproved use of an ap-

12 proved product has been in effect for more than 1

13 year, the Secretary shall provide in writing to the

14 sponsor of such product an explanation of the sci-

15 entific, regulatory, or other obstacles to approval, li-

16 censure, or clearance of such product or use, includ-

17 ing specific actions to be taken by the Secretary and

18 the sponsor to overcome such obstacles.”;

19 (3) in subsection (c)—

20 (A) in the matter preceding paragraph

21 (1)—

22 (i) by inserting “the Assistant Sec-

23 retary for Preparedness and Response,”

24 after “consultation with”;

1 (ii) by striking “Health and” and in-
2 serting “Health, and”; and

3 (iii) by striking “circumstances of the
4 emergency involved” and inserting “appli-
5 cable circumstances described in subsection
6 (b)(1)”;

7 (B) in paragraph (1), by striking “speci-
8 fied” and inserting “referred to”; and

9 (C) in paragraph (2)(B), by inserting “,
10 taking into consideration the material threat
11 posed by the agent or agents identified in a dec-
12 laration under subsection (b)(1)(D), if applica-
13 ble” after “risks of the product”;

14 (4) in subsection (d)(3), by inserting “, to the
15 extent practicable given the circumstances of the
16 emergency,” after “including”;

17 (5) in subsection (e)—

18 (A) in paragraph (1)(A), by striking “cir-
19 cumstances of the emergency” and inserting
20 “applicable circumstances described in sub-
21 section (b)(1)”;

22 (B) in paragraph (1)(B), by amending
23 clause (iii) to read as follows:

24 “(iii) Appropriate conditions with re-
25 spect to collection and analysis of informa-

tion concerning the safety and effectiveness of the product with respect to the use of such product during the period when the authorization is in effect and a reasonable time following such period.”;

(C) in paragraph (2)—

(i) in subparagraph (A)—

(I) by striking “manufacturer of the product” and inserting “person”;

(II) by striking “circumstances of the emergency” and inserting “applicable circumstances described in subsection (b)(1)”; and

(III) by inserting at the end before the period “or in paragraph (1)(B)”;

(ii) in subparagraph (B)(i), by inserting before the period at the end “, except as provided in section 564A with respect to authorized changes to the product expiration date”; and

(iii) by amending subparagraph (C) to read as follows:

“(C) In establishing conditions under this paragraph with respect to the distribution and

1 administration of the product for the unap-
2 proved use, the Secretary shall not impose con-
3 ditions that would restrict distribution or ad-
4 ministration of the product when distributed or
5 administered for the approved use.”; and

6 (D) by amending paragraph (3) to read as
7 follows:

8 “(3) GOOD MANUFACTURING PRACTICE; PRE-
9 SCRIPTION.—With respect to the emergency use of a
10 product for which an authorization under this sec-
11 tion is issued (whether an unapproved product or an
12 unapproved use of an approved product), the Sec-
13 retary may waive or limit, to the extent appropriate
14 given the applicable circumstances described in sub-
15 section (b)(1)—

16 “(A) requirements regarding current good
17 manufacturing practice otherwise applicable to
18 the manufacture, processing, packing, or hold-
19 ing of products subject to regulation under this
20 Act, including such requirements established
21 under section 501 or 520(f)(1), and including
22 relevant conditions prescribed with respect to
23 the product by an order under section
24 520(f)(2);

1 “(B) requirements established under sec-
2 tion 503(b); and

3 “(C) requirements established under sec-
4 tion 520(e).”;
5 (6) in subsection (g)—

6 (A) in the subsection heading, by inserting
7 “REVIEW AND” before “REVOCATION”;

8 (B) in paragraph (1), by inserting after
9 the period at the end the following: “As part of
10 such review, the Secretary shall regularly review
11 the progress made with respect to the approval,
12 licensure, or clearance of—

13 “(A) an unapproved product for which an
14 authorization was issued under this section; or

15 “(B) an unapproved use of an approved
16 product for which an authorization was issued
17 under this section.”; and

18 (C) by amending paragraph (2) to read as
19 follows:

20 “(2) REVISION AND REVOCATION.—The Sec-
21 retary may revise or revoke an authorization under
22 this section if—

23 “(A) the circumstances described under
24 subsection (b)(1) no longer exist;

1 “(B) the criteria under subsection (c) for
2 issuance of such authorization are no longer
3 met; or

4 “(C) other circumstances make such revi-
5 sion or revocation appropriate to protect the
6 public health or safety.”;

7 (7) in subsection (h)(1), by adding after the pe-
8 riod at the end the following: “The Secretary shall
9 make any revisions to an authorization under this
10 section available on the Internet Web site of the
11 Food and Drug Administration.”;

12 (8) by adding at the end of subsection (j) the
13 following:

14 “(4) Nothing in this section shall be construed
15 as authorizing a delay in the review or other consid-
16 eration by the Secretary of any application or sub-
17 mission pending before the Food and Drug Adminis-
18 tration for a product for which an authorization
19 under this section is issued.”; and

20 (9) by adding at the end the following:

21 “(m) CATEGORIZATION OF LABORATORY TESTS AS-
22 SOCIATED WITH DEVICES SUBJECT TO AUTHORIZA-
23 TION.—

24 “(1) IN GENERAL.—In issuing an authorization
25 under this section with respect to a device, the Sec-

1 retary may, subject to the provisions of this section,
2 determine that a laboratory examination or proce-
3 dure associated with such device shall be deemed, for
4 purposes of section 353 of the Public Health Service
5 Act, to be in a particular category of examinations
6 and procedures (including the category described by
7 subsection (d)(3) of such section) if, based on the to-
8 tality of scientific evidence available to the Sec-
9 retary—

10 “(A) such categorization would be bene-
11 ficial to protecting the public health; and

12 “(B) the known and potential benefits of
13 such categorization under the circumstances of
14 the authorization outweigh the known and po-
15 tential risks of the categorization.

16 “(2) CONDITIONS OF DETERMINATION.—The
17 Secretary may establish appropriate conditions on
18 the performance of the examination or procedure
19 pursuant to such determination.

20 “(3) EFFECTIVE PERIOD.—A determination
21 under this subsection shall be effective for purposes
22 of section 353 of the Public Health Service Act not-
23 withstanding any other provision of that section dur-
24 ing the effective period of the relevant declaration
25 under subsection (b).”.

1 (b) EMERGENCY USE OF MEDICAL PRODUCTS.—
2 Subchapter E of chapter V of the Federal Food, Drug,
3 and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended
4 by inserting after section 564 the following:

5 **“SEC. 564A. EMERGENCY USE OF MEDICAL PRODUCTS.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) ELIGIBLE PRODUCT.—The term ‘eligible
8 product’ means a product that—

9 “(A) is approved or cleared under this
10 chapter or licensed under section 351 of the
11 Public Health Service Act;

12 “(B)(i) is intended for use to prevent, di-
13 agnose, or treat a disease or condition involving
14 a biological, chemical, radiological, or nuclear
15 agent or agents; or

16 “(ii) is intended for use to prevent, diag-
17 nose, or treat a serious or life-threatening dis-
18 ease or condition caused by a product described
19 in clause (i); and

20 “(C) is intended for use during the cir-
21 cumstances under which—

22 “(i) a determination described in sub-
23 paragraph (A), (B), or (C) of section
24 564(b)(1) has been made by the Secretary

1 of Homeland Security, the Secretary of
2 Defense, or the Secretary, respectively; or
3 “(ii) the identification of a material
4 threat described in subparagraph (D) of
5 section 564(b)(1) has been made pursuant
6 to section 319F–2 of the Public Health
7 Service Act.

8 “(2) PRODUCT.—The term ‘product’ means a
9 drug, device, or biological product.

10 “(b) EXPIRATION DATING.—

11 “(1) IN GENERAL.—The Secretary may extend
12 the expiration date and authorize the introduction or
13 delivery for introduction into interstate commerce of
14 an eligible product after the expiration date provided
15 by the manufacturer if—

16 “(A) the expiration date extension is in-
17 tended to support the United States ability to
18 protect—

19 “(i) the public health; or

20 “(ii) military preparedness and effec-
21 tiveness; and

22 “(B) the expiration date extension is sup-
23 ported by an appropriate scientific evaluation
24 that is conducted or accepted by the Secretary.

1 “(2) REQUIREMENTS AND CONDITIONS.—Any
2 extension of an expiration date under paragraph (1)
3 shall, as part of the extension, identify—

4 “(A) each specific lot, batch, or other unit
5 of the product for which extended expiration is
6 authorized;

7 “(B) the duration of the extension; and

8 “(C) any other requirements or conditions
9 as the Secretary may deem appropriate for the
10 protection of the public health, which may in-
11 clude requirements for, or conditions on, prod-
12 uct sampling, storage, packaging or repack-
13 aging, transport, labeling, notice to product re-
14 cipients, recordkeeping, periodic testing or re-
15 testing, or product disposition.

16 “(3) EFFECT.—Notwithstanding any other pro-
17 vision of this Act or the Public Health Service Act,
18 an eligible product shall not be considered an unap-
19 proved product (as defined in section 564(a)(2)(A))
20 and shall not be deemed adulterated or misbranded
21 under this Act because, with respect to such prod-
22 uct, the Secretary has, under paragraph (1), ex-
23 tended the expiration date and authorized the intro-
24 duction or delivery for introduction into interstate

1 commerce of such product after the expiration date
2 provided by the manufacturer.

3 “(4) EXPIRATION DATE.—For purposes of this
4 subsection, the term ‘expiration date’ means the
5 date established through appropriate stability testing
6 required by the regulations issued by the Secretary
7 to ensure that the product meets applicable stand-
8 ards of identity, strength, quality, and purity at the
9 time of use.

10 “(c) CURRENT GOOD MANUFACTURING PRACTICE.—

11 “(1) IN GENERAL.—The Secretary may, when
12 the circumstances of a domestic, military, or public
13 health emergency or material threat described in
14 subsection (a)(1)(C) so warrant, authorize, with re-
15 spect to an eligible product, deviations from current
16 good manufacturing practice requirements otherwise
17 applicable to the manufacture, processing, packing,
18 or holding of products subject to regulation under
19 this Act, including requirements under section 501
20 or 520(f)(1) or applicable conditions prescribed with
21 respect to the eligible product by an order under sec-
22 tion 520(f)(2).

23 “(2) EFFECT.—Notwithstanding any other pro-
24 vision of this Act or the Public Health Service Act,
25 an eligible product shall not be considered an unap-

1 proved product (as defined in section 564(a)(2)(A))
2 and shall not be deemed adulterated or misbranded
3 under this Act because, with respect to such prod-
4 uct, the Secretary has authorized deviations from
5 current good manufacturing practices under para-
6 graph (1).

7 “(d) EMERGENCY DISPENSING.—The requirements
8 of sections 503(b) and 520(e) shall not apply to an eligible
9 product, and the product shall not be considered an unap-
10 proved product (as defined in section 564(a)(2)(A)) and
11 shall not be deemed adulterated or misbranded under this
12 Act because it is dispensed without an individual prescrip-
13 tion, if—

14 “(1) the product is dispensed during the cir-
15 cumstances described in subsection (a)(1)(C); and

16 “(2) such dispensing without an individual pre-
17 scription occurs—

18 “(A) as permitted under the law of the
19 State in which the product is dispensed; or

20 “(B) in accordance with an order issued by
21 the Secretary, for the purposes and duration of
22 the circumstances described in subsection
23 (a)(1)(C).

24 “(e) EMERGENCY USE INSTRUCTIONS.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through an appropriate official within the Depart-
3 ment of Health and Human Services, may create
4 and issue emergency use instructions to inform
5 health care providers or individuals to whom an eli-
6 gible product is to be administered concerning such
7 product’s approved, licensed, or cleared conditions of
8 use.

9 “(2) EFFECT.—Notwithstanding any other pro-
10 visions of this Act or the Public Health Service Act,
11 a product shall not be considered an unapproved
12 product and shall not be deemed adulterated or mis-
13 branded under this Act because of the issuance of
14 emergency use instructions under paragraph (1)
15 with respect to such product or the introduction or
16 delivery for introduction of such product into inter-
17 state commerce accompanied by such instructions—

18 “(A) during an emergency response to an
19 actual emergency that is the basis for a deter-
20 mination described in subsection (a)(1)(C)(i); or

21 “(B) by a government entity (including a
22 Federal, State, local, or tribal government enti-
23 ty), or a person acting on behalf of such a gov-
24 ernment entity, in preparation for an emer-
25 gency response.”.

1 (c) RISK EVALUATION AND MITIGATION STRATE-
2 GIES.—Section 505–1 of the Federal Food, Drug, and
3 Cosmetic Act (21 U.S.C. 355–1), is amended—

4 (1) in subsection (f), by striking paragraph (7);
5 and

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

7 “(k) WAIVER IN PUBLIC HEALTH EMERGENCIES.—
8 The Secretary may waive any requirement of this section
9 with respect to a qualified countermeasure (as defined in
10 section 319F–1(a)(2) of the Public Health Service Act)
11 to which a requirement under this section has been ap-
12 plied, if the Secretary determines that such waiver is re-
13 quired to mitigate the effects of, or reduce the severity
14 of, the circumstances under which—

15 “(1) a determination described in subparagraph
16 (A), (B), or (C) of section 564(b)(1) has been made
17 by the Secretary of Homeland Security, the Sec-
18 retary of Defense, or the Secretary, respectively; or

19 “(2) the identification of a material threat de-
20 scribed in subparagraph (D) of section 564(b)(1)
21 has been made pursuant to section 319F–2 of the
22 Public Health Service Act.”.

23 (d) PRODUCTS HELD FOR EMERGENCY USE.—The
24 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301

1 et seq.) is amended by inserting after section 564A, as
2 added by subsection (b), the following:

3 **“SEC. 564B. PRODUCTS HELD FOR EMERGENCY USE.**

4 “It is not a violation of any section of this Act or
5 of the Public Health Service Act for a government entity
6 (including a Federal, State, local, or tribal government en-
7 tity), or a person acting on behalf of such a government
8 entity, to introduce into interstate commerce a product (as
9 defined in section 564(a)(4)) intended for emergency use,
10 if that product—

11 “(1) is intended to be held and not used; and

12 “(2) is held and not used, unless and until that
13 product—

14 “(A) is approved, cleared, or licensed
15 under section 505, 510(k), or 515 of this Act
16 or section 351 of the Public Health Service Act;

17 “(B) is authorized for investigational use
18 under section 505 or 520 of this Act or section
19 351 of the Public Health Service Act; or

20 “(C) is authorized for use under section
21 564.”.

22 **SEC. 303. DEFINITIONS.**

23 Section 565 of the Federal Food, Drug, and Cosmetic
24 Act (21 U.S.C. 360bbb–4) is amended by striking “The
25 Secretary, in consultation” and inserting the following:

1 “(a) DEFINITIONS.—In this section—

2 “(1) the term ‘countermeasure’ means a quali-
3 fied countermeasure, a security countermeasure, and
4 a qualified pandemic or epidemic product;

5 “(2) the term ‘qualified countermeasure’ has
6 the meaning given such term in section 319F–1 of
7 the Public Health Service Act;

8 “(3) the term ‘security countermeasure’ has the
9 meaning given such term in section 319F–2 of such
10 Act; and

11 “(4) the term ‘qualified pandemic or epidemic
12 product’ means a product that meets the definition
13 given such term in section 319F–3 of the Public
14 Health Service Act and—

15 “(A) that has been identified by the De-
16 partment of Health and Human Services or the
17 Department of Defense as receiving funding di-
18 rectly related to addressing chemical, biological,
19 radiological, or nuclear threats, including pan-
20 demic influenza; or

21 “(B) is included under this paragraph pur-
22 suant to a determination by the Secretary.

23 “(b) GENERAL DUTIES.—The Secretary, in consulta-
24 tion”.

1 **SEC. 304. ENHANCING MEDICAL COUNTERMEASURE AC-**
2 **TIVITIES.**

3 Section 565 of the Federal Food, Drug, and Cosmetic
4 Act (21 U.S.C. 360bbb–4), as amended by section 303,
5 is further amended—

6 (1) in the section heading, by striking “**TECH-**
7 **NICAL ASSISTANCE**” and inserting “**COUNTER-**
8 **MEASURE DEVELOPMENT, REVIEW, AND TECH-**
9 **NICAL ASSISTANCE**”;

10 (2) in subsection (b), by striking the subsection
11 enumerator and all that follows through “shall es-
12 tablish” and inserting the following:

13 “(b) GENERAL DUTIES.—In order to accelerate the
14 development, stockpiling, approval, licensure, and clear-
15 ance of qualified countermeasures, security counter-
16 measures, and qualified pandemic or epidemic products,
17 the Secretary, in consultation with the Assistant Secretary
18 for Preparedness and Response, shall—

19 “(1) ensure the appropriate involvement of
20 Food and Drug Administration personnel in inter-
21 agency activities related to countermeasure advanced
22 research and development, consistent with sections
23 319F, 319F–1, 319F–2, 319F–3, 319L, and 2811
24 of the Public Health Service Act;

25 “(2) ensure the appropriate involvement and
26 consultation of Food and Drug Administration per-

1 sonnel in any flexible manufacturing activities car-
2 ried out under section 319L of the Public Health
3 Service Act, including with respect to meeting regu-
4 latory requirements set forth in this Act;

5 “(3) promote countermeasure expertise within
6 the Food and Drug Administration by—

7 “(A) ensuring that Food and Drug Admin-
8 istration personnel involved in reviewing coun-
9 termeasures for approval, licensure, or clear-
10 ance are informed by the Assistant Secretary
11 for Preparedness and Response on the material
12 threat assessment conducted under section
13 319F-2 of the Public Health Service Act for
14 the agent or agents for which the counter-
15 measure under review is intended;

16 “(B) training Food and Drug Administra-
17 tion personnel regarding review of counter-
18 measures for approval, licensure, or clearance;

19 “(C) holding public meetings at least twice
20 annually to encourage the exchange of scientific
21 ideas; and

22 “(D) establishing protocols to ensure that
23 countermeasure reviewers have sufficient train-
24 ing or experience with countermeasures;

1 “(4) maintain teams, composed of Food and
2 Drug Administration personnel with expertise on
3 countermeasures, including specific counter-
4 measures, populations with special clinical needs (in-
5 cluding children and pregnant women that may use
6 countermeasures, as applicable and appropriate),
7 classes or groups of countermeasures, or other coun-
8 termeasure-related technologies and capabilities, that
9 shall—

10 “(A) consult with countermeasure experts,
11 including countermeasure sponsors and appli-
12 cants, to identify and help resolve scientific
13 issues related to the approval, licensure, or
14 clearance of countermeasures, through work-
15 shops or public meetings; and

16 “(B) improve and advance the science re-
17 lating to the development of new tools, stand-
18 ards, and approaches to assessing and evalu-
19 ating countermeasures—

20 “(i) in order to inform the process for
21 countermeasure approval, clearance, and li-
22 censure; and

23 “(ii) with respect to the development
24 of countermeasures for populations with
25 special clinical needs, including children

1 and pregnant women, in order to meet the
2 needs of such populations, as necessary
3 and appropriate; and

4 “(5) establish”; and

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

6 “(c) FINAL GUIDANCE ON DEVELOPMENT OF ANI-
7 MAL MODELS.—

8 “(1) IN GENERAL.—Not later than 1 year after
9 the date of the enactment of the Pandemic and All-
10 Hazards Preparedness Reauthorization Act of 2012,
11 the Secretary shall provide final guidance to indus-
12 try regarding the development of animal models to
13 support approval, clearance, or licensure of counter-
14 measures referred to in subsection (a) when human
15 efficacy studies are not ethical or feasible.

16 “(2) AUTHORITY TO EXTEND DEADLINE.—The
17 Secretary may extend the deadline for providing
18 final guidance under paragraph (1) by not more
19 than 6 months upon submission by the Secretary of
20 a report on the status of such guidance to the Com-
21 mittee on Energy and Commerce of the House of
22 Representatives and the Committee on Health, Edu-
23 cation, Labor, and Pensions of the Senate.

24 “(d) DEVELOPMENT AND ANIMAL MODELING PRO-
25 CEDURES.—

1 “(1) AVAILABILITY OF ANIMAL MODEL MEET-
2 INGS.—To facilitate the timely development of ani-
3 mal models and support the development, stock-
4 piling, licensure, approval, and clearance of counter-
5 measures, the Secretary shall, not later than 180
6 days after the enactment of this subsection, establish
7 a procedure by which a sponsor or applicant that is
8 developing a countermeasure for which human effi-
9 cacy studies are not ethical or practicable, and that
10 has an approved investigational new drug application
11 or investigational device exemption, may request and
12 receive—

13 “(A) a meeting to discuss proposed animal
14 model development activities; and

15 “(B) a meeting prior to initiating pivotal
16 animal studies.

17 “(2) PEDIATRIC MODELS.—To facilitate the de-
18 velopment and selection of animal models that could
19 translate to pediatric studies, any meeting conducted
20 under paragraph (1) shall include discussion of ani-
21 mal models for pediatric populations, as appropriate.

22 “(e) REVIEW AND APPROVAL OF COUNTER-
23 MEASURES.—

24 “(1) MATERIAL THREAT.—When evaluating an
25 application or submission for approval, licensure, or

1 clearance of a countermeasure, the Secretary shall
2 take into account the material threat posed by the
3 chemical, biological, radiological, or nuclear agent or
4 agents identified under section 319F–2 of the Public
5 Health Service Act for which the countermeasure
6 under review is intended.

7 “(2) REVIEW EXPERTISE.—When practicable
8 and appropriate, teams of Food and Drug Adminis-
9 tration personnel reviewing applications or submis-
10 sions described under paragraph (1) shall include a
11 reviewer with sufficient training or experience with
12 countermeasures pursuant to the protocols estab-
13 lished under subsection (b)(3)(D).”.

14 **SEC. 305. REGULATORY MANAGEMENT PLANS.**

15 Section 565 of the Federal Food, Drug, and Cosmetic
16 Act (21 U.S.C. 360bbb–4), as amended by section 304,
17 is further amended by adding at the end the following:

18 “(f) REGULATORY MANAGEMENT PLAN.—

19 “(1) DEFINITION.—In this subsection, the term
20 ‘eligible countermeasure’ means—

21 “(A) a security countermeasure with re-
22 spect to which the Secretary has entered into a
23 procurement contract under section 319F–2(c)
24 of the Public Health Service Act; or

1 “(B) a countermeasure with respect to
2 which the Biomedical Advanced Research and
3 Development Authority has provided funding
4 under section 319L of the Public Health Serv-
5 ice Act for advanced research and development.

6 “(2) REGULATORY MANAGEMENT PLAN PROC-
7 ESS.—The Secretary, in consultation with the As-
8 sistant Secretary for Preparedness and Response
9 and the Director of the Biomedical Advanced Re-
10 search and Development Authority, shall establish a
11 formal process for obtaining scientific feedback and
12 interactions regarding the development and regu-
13 latory review of eligible countermeasures by facili-
14 tating the development of written regulatory man-
15 agement plans in accordance with this subsection.

16 “(3) SUBMISSION OF REQUEST AND PROPOSED
17 PLAN BY SPONSOR OR APPLICANT.—

18 “(A) IN GENERAL.—A sponsor or appli-
19 cant of an eligible countermeasure may initiate
20 the process described under paragraph (2) upon
21 submission of a written request to the Sec-
22 retary. Such request shall include a proposed
23 regulatory management plan.

24 “(B) TIMING OF SUBMISSION.—A sponsor
25 or applicant may submit a written request

1 under subparagraph (A) after the eligible coun-
2 termeasure has an investigational new drug or
3 investigational device exemption in effect.

4 “(C) RESPONSE BY SECRETARY.—The
5 Secretary shall direct the Food and Drug Ad-
6 ministration, upon submission of a written re-
7 quest by a sponsor or applicant under subpara-
8 graph (A), to work with the sponsor or appli-
9 cant to agree on a regulatory management plan
10 within a reasonable time not to exceed 90 days.
11 If the Secretary determines that no plan can be
12 agreed upon, the Secretary shall provide to the
13 sponsor or applicant, in writing, the scientific
14 or regulatory rationale why such agreement
15 cannot be reached.

16 “(4) PLAN.—The content of a regulatory man-
17 agement plan agreed to by the Secretary and a spon-
18 sor or applicant shall include—

19 “(A) an agreement between the Secretary
20 and the sponsor or applicant regarding develop-
21 mental milestones that will trigger responses by
22 the Secretary as described in subparagraph (B);

23 “(B) performance targets and goals for
24 timely and appropriate responses by the Sec-
25 retary to the triggers described under subpara-

graph (A), including meetings between the Secretary and the sponsor or applicant, written feedback, decisions by the Secretary, and other activities carried out as part of the development and review process; and

“(C) an agreement on how the plan shall be modified, if needed.

“(5) MILESTONES AND PERFORMANCE TARGETS.—The developmental milestones described in paragraph (4)(A) and the performance targets and goals described in paragraph (4)(B) shall include—

“(A) feedback from the Secretary regarding the data required to support the approval, clearance, or licensure of the eligible countermeasure involved;

“(B) feedback from the Secretary regarding the data necessary to inform any authorization under section 564;

“(C) feedback from the Secretary regarding the data necessary to support the positioning and delivery of the eligible countermeasure, including to the Strategic National Stockpile;

“(D) feedback from the Secretary regarding the data necessary to support the submis-

1 sion of protocols for review under section
2 505(b)(5)(B);

3 “(E) feedback from the Secretary regard-
4 ing any gaps in scientific knowledge that will
5 need resolution prior to approval, licensure, or
6 clearance of the eligible countermeasure and
7 plans for conducting the necessary scientific re-
8 search;

9 “(F) identification of the population for
10 which the countermeasure sponsor or applicant
11 seeks approval, licensure, or clearance and the
12 population for which desired labeling would not
13 be appropriate, if known; and

14 “(G) as necessary and appropriate, and to
15 the extent practicable, a plan for demonstrating
16 safety and effectiveness in pediatric popu-
17 lations, and for developing pediatric dosing, for-
18 mulation, and administration with respect to
19 the eligible countermeasure, provided that such
20 plan would not delay authorization under sec-
21 tion 564, approval, licensure, or clearance for
22 adults.

23 “(6) PRIORITIZATION.—

24 “(A) PLANS FOR SECURITY COUNTER-
25 MEASURES.—The Secretary shall establish reg-

1 ulatory management plans for all security coun-
2 termeasures for which a request is submitted
3 under paragraph (3)(A).

4 “(B) PLANS FOR OTHER ELIGIBLE COUN-
5 TERMEASURES.—The Secretary shall determine
6 whether resources are available to establish reg-
7 ulatory management plans for eligible counter-
8 measures that are not security counter-
9 measures. If resources are available to establish
10 regulatory management plans for eligible coun-
11 termeasures that are not security counter-
12 measures, and if resources are not available to
13 establish regulatory management plans for all
14 eligible countermeasures for which requests
15 have been submitted, the Director of the Bio-
16 medical Advanced Research and Development
17 Authority, in consultation with the Commis-
18 sioner, shall prioritize which eligible counter-
19 measures may receive regulatory management
20 plans.”.

21 **SEC. 306. REPORT.**

22 Section 565 of the Federal Food, Drug, and Cosmetic
23 Act (21 U.S.C. 360bbb–4), as amended by section 305,
24 is further amended by adding at the end the following:

1 “(g) ANNUAL REPORT.—Not later than 180 days
2 after the date of enactment of this subsection, and annu-
3 ally thereafter, the Secretary shall make publicly available
4 on the Web site of the Food and Drug Administration a
5 report that details the countermeasure development and
6 review activities of the Food and Drug Administration, in-
7 cluding—

8 “(1) with respect to the development of new
9 tools, standards, and approaches to assess and
10 evaluate countermeasures—

11 “(A) the identification of the priorities of
12 the Food and Drug Administration and the
13 progress made on such priorities; and

14 “(B) the identification of scientific gaps
15 that impede the development, approval, licen-
16 sure, or clearance of countermeasures for popu-
17 lations with special clinical needs, including
18 children and pregnant women, and the progress
19 made on resolving these challenges;

20 “(2) with respect to countermeasures for which
21 a regulatory management plan has been agreed upon
22 under subsection (f), the extent to which the per-
23 formance targets and goals set forth in subsection
24 (f)(4)(B) and the regulatory management plan have
25 been met, including, for each such countermeasure—

1 “(A) whether the regulatory management
2 plan was completed within the required time-
3 frame, and the length of time taken to complete
4 such plan;

5 “(B) whether the Secretary adhered to the
6 timely and appropriate response times set forth
7 in such plan; and

8 “(C) explanations for any failure to meet
9 such performance targets and goals;

10 “(3) the number of regulatory teams estab-
11 lished pursuant to subsection (b)(4), the number of
12 products, classes of products, or technologies as-
13 signed to each such team, and the number of, type
14 of, and any progress made as a result of consulta-
15 tions carried out under subsection (b)(4)(A);

16 “(4) an estimate of resources obligated to coun-
17 termeasure development and regulatory assessment,
18 including—

19 “(A) Center-specific objectives and accom-
20 plishments; and

21 “(B) the number of full-time equivalent
22 employees of the Food and Drug Administra-
23 tion who directly support the review of counter-
24 measures;

1 “(5) the number of countermeasure applications
2 and submissions submitted, the number of counter-
3 measures approved, licensed, or cleared, the status
4 of remaining submitted applications and submis-
5 sions, and the number of each type of authorization
6 issued pursuant to section 564;

7 “(6) the number of written requests for a regu-
8 latory management plan submitted under subsection
9 (f)(3)(A), the number of regulatory management
10 plans developed, and the number of such plans de-
11 veloped for security countermeasures; and

12 “(7) the number, type, and frequency of meet-
13 ings between the Food and Drug Administration
14 and—

15 “(A) sponsors of a countermeasure as de-
16 fined in subsection (a); or

17 “(B) another agency engaged in develop-
18 ment or management of portfolios for such
19 countermeasures, including the Centers for Dis-
20 ease Control and Prevention, the Biomedical
21 Advanced Research and Development Authority,
22 the National Institutes of Health, and the ap-
23 propriate agencies of the Department of De-
24 fense.”.

1 **SEC. 307. PEDIATRIC MEDICAL COUNTERMEASURES.**

2 (a) PEDIATRIC STUDIES OF DRUGS.—Section 505A
3 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
4 355a) is amended—

5 (1) in subsection (d), by adding at the end the
6 following:

7 “(5) CONSULTATION.—With respect to a drug
8 that is a qualified countermeasure (as defined in sec-
9 tion 319F–1 of the Public Health Service Act), a se-
10 curity countermeasure (as defined in section 319F–
11 2 of the Public Health Service Act), or a qualified
12 pandemic or epidemic product (as defined in section
13 319F–3 of the Public Health Service Act), the Sec-
14 retary shall solicit input from the Assistant Sec-
15 retary for Preparedness and Response regarding the
16 need for and, from the Director of the Biomedical
17 Advanced Research and Development Authority re-
18 garding the conduct of, pediatric studies under this
19 section.”; and

20 (2) in subsection (n)(1), by adding at the end
21 the following:

22 “(C) For a drug that is a qualified coun-
23 termeasure (as defined in section 319F–1 of the
24 Public Health Service Act), a security counter-
25 measure (as defined in section 319F–2 of the
26 Public Health Service Act), or a qualified pan-

1 demic or epidemic product (as defined in sec-
2 tion 319F–3 of such Act), in addition to any
3 action with respect to such drug under subpara-
4 graph (A) or (B), the Secretary shall notify the
5 Assistant Secretary for Preparedness and Re-
6 sponse and the Director of the Biomedical Ad-
7 vanced Research and Development Authority of
8 all pediatric studies in the written request
9 issued by the Commissioner of Food and
10 Drugs.”.

11 (b) ADDITION TO PRIORITY LIST CONSIDER-
12 ATIONS.—Section 409I of the Public Health Service Act
13 (42 U.S.C. 284m) is amended—

14 (1) by striking subsection (a)(2) and inserting
15 the following:

16 “(2) CONSIDERATION OF AVAILABLE INFORMA-
17 TION.—In developing and prioritizing the list under
18 paragraph (1), the Secretary—

19 “(A) shall consider—

20 “(i) therapeutic gaps in pediatrics
21 that may include developmental pharma-
22 cology, pharmacogenetic determinants of
23 drug response, metabolism of drugs and
24 biologics in children, and pediatric clinical
25 trials;

1 “(ii) particular pediatric diseases, dis-
2 orders or conditions where more complete
3 knowledge and testing of therapeutics, in-
4 cluding drugs and biologics, may be bene-
5 ficial in pediatric populations; and

6 “(iii) the adequacy of necessary infra-
7 structure to conduct pediatric pharma-
8 cological research, including research net-
9 works and trained pediatric investigators;
10 and

11 “(B) may consider the availability of quali-
12 fied countermeasures (as defined in section
13 319F–1), security countermeasures (as defined
14 in section 319F–2), and qualified pandemic or
15 epidemic products (as defined in section 319F–
16 3) to address the needs of pediatric populations,
17 in consultation with the Assistant Secretary for
18 Preparedness and Response, consistent with the
19 purposes of this section.”; and

20 (2) in subsection (b), by striking “subsection
21 (a)” and inserting “paragraphs (1) and (2)(A) of
22 subsection (a)”.

23 (c) ADVICE AND RECOMMENDATIONS OF THE PEDI-
24 ATRIC ADVISORY COMMITTEE REGARDING COUNTER-
25 MEASURES FOR PEDIATRIC POPULATIONS.—Subsection

1 (b)(2) of section 14 of the Best Pharmaceuticals for Chil-
 2 dren Act (42 U.S.C. 284m note) is amended—

3 (1) in subparagraph (C), by striking the period
 4 and inserting “; and”; and

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

6 “(D) the development of countermeasures
 7 (as defined in section 565(a) of the Federal
 8 Food, Drug, and Cosmetic Act) for pediatric
 9 populations.”.

10 **TITLE IV—ACCELERATING MED-**
 11 **ICAL COUNTERMEASURE AD-**
 12 **VANCED RESEARCH AND DE-**
 13 **VELOPMENT**

14 **SEC. 401. BIOSHIELD.**

15 (a) PROCUREMENT OF COUNTERMEASURES.—Sec-
 16 tion 319F–2(c) of the Public Health Service Act (42
 17 U.S.C. 247d–6b(c)) is amended—

18 (1) in paragraph (1)(B)(i)(III)(bb), by striking
 19 “eight years” and inserting “10 years”;

20 (2) in paragraph (2)(C), by striking “the des-
 21 ignated congressional committees (as defined in
 22 paragraph (10))” and inserting “the appropriate
 23 committees of Congress”;

24 (3) in paragraph (5)(B)(ii), by striking “eight
 25 years” and inserting “10 years”;

1 (4) in subparagraph (C) of paragraph (6)—

2 (A) in the subparagraph heading, by strik-
3 ing “DESIGNATED CONGRESSIONAL COMMIT-
4 TEES” and inserting “APPROPRIATE CONGRES-
5 SIONAL COMMITTEES”; and

6 (B) by striking “the designated congres-
7 sional committees” and inserting “the appro-
8 priate congressional committees”; and

9 (5) in paragraph (7)(C)—

10 (A) in clause (i)(I), by inserting “including
11 advanced research and development,” after “as
12 may reasonably be required,”;

13 (B) in clause (ii)—

14 (i) in subclause (III), by striking
15 “eight years” and inserting “10 years”;
16 and

17 (ii) by striking subclause (IX) and in-
18 serting the following:

19 “(IX) CONTRACT TERMS.—The
20 Secretary, in any contract for procure-
21 ment under this section—

22 “(aa) may specify—

23 “(AA) the dosing and
24 administration requirements

1 for the countermeasure to be
2 developed and procured;

3 “(BB) the amount of
4 funding that will be dedi-
5 cated by the Secretary for
6 advanced research, develop-
7 ment, and procurement of
8 the countermeasure; and

9 “(CC) the specifications
10 the countermeasure must
11 meet to qualify for procure-
12 ment under a contract under
13 this section; and

14 “(bb) shall provide a clear
15 statement of defined Government
16 purpose limited to uses related to
17 a security countermeasure, as de-
18 fined in paragraph (1)(B).”; and

19 (C) by adding at the end the following:

20 “(viii) FLEXIBILITY.—In carrying out
21 this section, the Secretary may, consistent
22 with the applicable provisions of this sec-
23 tion, enter into contracts and other agree-
24 ments that are in the best interest of the
25 Government in meeting identified security

1 countermeasure needs, including with re-
 2 spect to reimbursement of the cost of ad-
 3 vanced research and development as a rea-
 4 sonable, allowable, and allocable direct cost
 5 of the contract involved.”.

6 (b) REAUTHORIZATION OF THE SPECIAL RESERVE
 7 FUND.—Section 319F–2 of the Public Health Service Act
 8 (42 U.S.C. 247d–6b) is amended—

9 (1) in subsection (c)—

10 (A) by striking “special reserve fund under
 11 paragraph (10)” each place it appears and in-
 12 serting “special reserve fund as defined in sub-
 13 section (h)”;

14 (B) by striking paragraphs (9) and (10);
 15 and

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

17 “(g) SPECIAL RESERVE FUND.—

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—In
 19 addition to amounts appropriated to the special re-
 20 serve fund prior to the date of the enactment of this
 21 subsection, there is authorized to be appropriated,
 22 for the procurement of security countermeasures
 23 under subsection (c) and for carrying out section
 24 319L (relating to the Biomedical Advanced Research
 25 and Development Authority), \$2,800,000,000 for the

1 period of fiscal years 2014 through 2018. Amounts
2 appropriated pursuant to the preceding sentence are
3 authorized to remain available until September 30,
4 2019.

5 “(2) USE OF SPECIAL RESERVE FUND FOR AD-
6 VANCED RESEARCH AND DEVELOPMENT.—The Sec-
7 retary may utilize not more than 50 percent of the
8 amounts authorized to be appropriated under para-
9 graph (1) to carry out section 319L (related to the
10 Biomedical Advanced Research and Development
11 Authority). Amounts authorized to be appropriated
12 under this subsection to carry out section 319L are
13 in addition to amounts otherwise authorized to be
14 appropriated to carry out such section.

15 “(3) RESTRICTIONS ON USE OF FUNDS.—
16 Amounts in the special reserve fund shall not be
17 used to pay costs other than payments made by the
18 Secretary to a vendor for advanced development
19 (under section 319L) or for procurement of a secu-
20 rity countermeasure under subsection (c)(7).

21 “(4) REPORT.—Not later than 30 days after
22 any date on which the Secretary determines that the
23 amount of funds in the special reserve fund available
24 for procurement is less than \$1,500,000,000, the
25 Secretary shall submit to the appropriate committees

1 of Congress a report detailing the amount of such
 2 funds available for procurement and the impact such
 3 reduction in funding will have—

4 “(A) in meeting the security counter-
 5 measure needs identified under this section; and

6 “(B) on the annual Public Health Emer-
 7 gency Medical Countermeasures Enterprise and
 8 Strategy Implementation Plan (pursuant to sec-
 9 tion 2811(d)).

10 “(h) DEFINITIONS.—In this section:

11 “(1) The term ‘advanced research and develop-
 12 ment’ has the meaning given such term in section
 13 319L(a).

14 “(2) The term ‘special reserve fund’ means the
 15 ‘Biodefense Countermeasures’ appropriations ac-
 16 count, any appropriation made available pursuant to
 17 section 521(a) of the Homeland Security Act of
 18 2002, and any appropriation made available pursu-
 19 ant to subsection (g)(1).”.

20 **SEC. 402. BIOMEDICAL ADVANCED RESEARCH AND DEVEL-**
 21 **OPMENT AUTHORITY.**

22 (a) DUTIES.—Section 319L(c)(4) of the Public
 23 Health Service Act (42 U.S.C. 247d–7e(c)(4)) is amend-
 24 ed—

1 (1) in subparagraph (B)(iii), by inserting
2 “(which may include advanced research and develop-
3 ment for purposes of fulfilling requirements under
4 the Federal Food, Drug, and Cosmetic Act or sec-
5 tion 351 of this Act)” after “development”; and

6 (2) in subparagraph (D)(iii), by striking “and
7 vaccine manufacturing technologies” and inserting
8 “vaccine-manufacturing technologies, dose-sparing
9 technologies, efficacy-increasing technologies, and
10 platform technologies”.

11 (b) TRANSACTION AUTHORITIES.—Section
12 319L(c)(5) of the Public Health Service Act (42 U.S.C.
13 247d–7e(c)(5)) is amended by adding at the end the fol-
14 lowing:

15 “(G) GOVERNMENT PURPOSE.—In award-
16 ing contracts, grants, and cooperative agree-
17 ments under this section, the Secretary shall
18 provide a clear statement of defined Govern-
19 ment purpose related to activities included in
20 subsection (a)(6)(B) for a qualified counter-
21 measure or qualified pandemic or epidemic
22 product.”.

23 (c) FUND.—Paragraph (2) of section 319L(d) of the
24 Public Health Service Act (42 U.S.C. 247d–7e(d)(2)) is
25 amended to read as follows:

1 “(2) FUNDING.—To carry out the purposes of
2 this section, there is authorized to be appropriated
3 to the Fund \$415,000,000 for each of fiscal years
4 2013 through 2017, such amounts to remain avail-
5 able until expended.”.

6 (d) CONTINUED INAPPLICABILITY OF CERTAIN PRO-
7 VISIONS.—Section 319L(e)(1)(C) of the Public Health
8 Service Act (42 U.S.C. 247d–7e(e)(1)(C)) is amended by
9 striking “7 years” and inserting “11 years”.

10 (e) EXTENSION OF LIMITED ANTITRUST EXEMP-
11 TION.—Section 405(b) of the Pandemic and All-Hazards
12 Preparedness Act (42 U.S.C. 247d–6a note) is amended
13 by striking “6-year” and inserting “11-year”.

14 (f) INDEPENDENT EVALUATION.—Section 319L of
15 the Public Health Service Act (42 U.S.C. 247d–7e) is
16 amended by adding at the end the following:

17 “(f) INDEPENDENT EVALUATION.—

18 “(1) IN GENERAL.—Not later than 180 days
19 after the date of enactment of this subsection, the
20 Comptroller General of the United States shall con-
21 duct an independent evaluation of the activities car-
22 ried out to facilitate flexible manufacturing capacity
23 pursuant to this section.

24 “(2) REPORT.—Not later than 1 year after the
25 date of enactment of this subsection, the Comp-

1 troller General of the United States shall submit to
2 the appropriate committees of Congress a report
3 concerning the results of the evaluation conducted
4 under paragraph (1). Such report shall review and
5 assess—

6 “(A) the extent to which flexible manufac-
7 turing capacity under this section is dedicated
8 to chemical, biological, radiological, and nuclear
9 threats;

10 “(B) the activities supported by flexible
11 manufacturing initiatives; and

12 “(C) the ability of flexible manufacturing
13 activities carried out under this section to—

14 “(i) secure and leverage leading tech-
15 nical expertise with respect to counter-
16 measure advanced research, development,
17 and manufacturing processes; and

18 “(ii) meet the surge manufacturing
19 capacity needs presented by novel and
20 emerging threats, including chemical, bio-
21 logical, radiological, and nuclear agents.”.

22 (g) DEFINITIONS.—

23 (1) QUALIFIED COUNTERMEASURE.—Section
24 319F–1(a)(2)(A) of the Public Health Service Act
25 (42 U.S.C. 247d–6a(a)(2)(A)) is amended—

(A) in the matter preceding clause (i), by striking “to—” and inserting “—”;

(B) in clause (i)—

(i) by striking “diagnose” and inserting “to diagnose”; and

(ii) by striking “; or” and inserting a semicolon;

(C) in clause (ii)—

(i) by striking “diagnose” and inserting “to diagnose”; and

(ii) by striking the period at the end and inserting “; or”; and

(D) by adding at the end the following:

“(iii) is a product or technology intended to enhance the use or effect of a drug, biological product, or device described in clause (i) or (ii).”.

(2) QUALIFIED PANDEMIC OR EPIDEMIC PRODUCT.—Section 319F–3(i)(7)(A) of the Public Health Service Act (42 U.S.C. 247d–6d(i)(7)(A)) is amended—

(A) in clause (i)(II), by striking “; or” and inserting “;”;

(B) in clause (ii), by striking “; and” and inserting “; or”; and

1 (C) by adding at the end the following:

2 “(iii) a product or technology intended
3 to enhance the use or effect of a drug, bio-
4 logical product, or device described in
5 clause (i) or (ii); and”.

6 (3) TECHNICAL AMENDMENTS.—Section 319F–
7 3(i) of the Public Health Service Act (42 U.S.C.
8 247d–6d(i)) is amended—

9 (A) in paragraph (1)(C), by inserting “,
10 564A, or 564B” after “564”; and

11 (B) in paragraph (7)(B)(iii), by inserting
12 “, 564A, or 564B” after “564”.

13 **SEC. 403. STRATEGIC NATIONAL STOCKPILE.**

14 Section 319F–2 of the Public Health Service Act (42
15 U.S.C. 247d–6b) is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (1)—

18 (i) by inserting “consistent with sec-
19 tion 2811” before “by the Secretary to be
20 appropriate”; and

21 (ii) by inserting before the period at
22 the end of the second sentence the fol-
23 lowing: “and shall submit such review an-
24 nually to the appropriate congressional
25 committees of jurisdiction to the extent

1 that disclosure of such information does
2 not compromise national security”; and

3 (B) in paragraph (2)(D), by inserting be-
4 fore the semicolon at the end the following:
5 “and that the potential depletion of counter-
6 measures currently in the stockpile is identified
7 and appropriately addressed, including through
8 necessary replenishment”; and

9 (2) in subsection (f)(1), by striking
10 “\$640,000,000 for fiscal year 2002, and such sums
11 as may be necessary for each of fiscal years 2003
12 through 2006. Such authorization is in addition to
13 amounts in the special reserve fund referred to in
14 subsection (c)(10)(A).” and inserting “\$533,800,000
15 for each of fiscal years 2013 through 2017. Such
16 authorization is in addition to amounts in the special
17 reserve fund referred to in subsection (h).”.

18 **SEC. 404. NATIONAL BIODEFENSE SCIENCE BOARD.**

19 Section 319M(a) of the Public Health Service Act (42
20 U.S.C. 247d–f(a)) is amended—

21 (1) in paragraph (2)—

22 (A) in subparagraph (D)—

23 (i) in clause (i), by striking “and” at
24 the end;

1 (ii) in clause (ii), by striking the pe-
 2 riod and inserting a semicolon; and

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

5 “(iii) one such member shall be an in-
 6 dividual with pediatric subject matter ex-
 7 pertise; and

8 “(iv) one such member shall be a
 9 State, tribal, territorial, or local public
 10 health official.”; and

11 (B) by adding at the end the following
 12 flush sentence:

13 “Nothing in this paragraph shall preclude a member
 14 of the Board from satisfying two or more of the re-
 15 quirements described in subparagraph (D).”; and

16 (2) in paragraph (5)—

17 (A) in subparagraph (B), by striking
 18 “and” at the end;

19 (B) in subparagraph (C), by striking the
 20 period and inserting “; and”; and

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

22 “(D) provide any recommendation, finding,
 23 or report provided to the Secretary under this

1 paragraph to the appropriate committees of
2 Congress.”.

○