

PANDEMIC AND ALL-HAZARDS  
PREPAREDNESS ACT

Mr. BURR. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 583, S.3678.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 3678) to amend the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

S. 3678

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

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

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

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

[Sec. 1. Short title; table of contents.

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

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

[Sec. 102. Assistant Secretary for Preparedness and Response.

[Sec. 103. National Health Security Strategy.

**[TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS**

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

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

[Sec. 203. Public health workforce enhancements.

[Sec. 204. Vaccine tracking and distribution.

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

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

[Sec. 301. National Disaster Medical System.

[Sec. 302. Enhancing medical surge capacity.

[Sec. 303. Encouraging health professional volunteers.

[Sec. 304. Core education and training.

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

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

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

**[SEC. 101. PUBLIC HEALTH AND MEDICAL PREPAREDNESS AND RESPONSE FUNCTIONS OF THE SECRETARY OF HEALTH AND HUMAN SERVICES.**

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

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

**“TITLE XXVIII—NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES”;**

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

**“Subtitle A—National All-Hazards Preparedness and Response Planning, Coordinating, and Reporting**

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

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

[(b) INTERAGENCY AGREEMENT.—The Secretary, in collaboration with the Secretary of Veterans Affairs, the Secretary of Transportation, the Secretary of Defense, the Secretary of Homeland Security, and the head of any other relevant Federal agency, shall establish an interagency agreement, consistent with the National Response Plan or any successor plan, under which agreement the Secretary of Health and Human Services shall assume operational control of emergency public health and medical response assets, as necessary, in the event of a public health emergency.”

**[SEC. 102. ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE.**

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

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

[(2) by redesignating section 2811 as section 2812;

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

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

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

[(b) DUTIES.—Subject to the authority of the Secretary, the Assistant Secretary for Preparedness and Response shall carry out the following functions:

[(1) LEADERSHIP.—Serve as the principal advisor to the Secretary on all matters related to Federal public health and medical preparedness and response for public health emergencies.

[(2) PERSONNEL.—Register, credential, organize, train, equip, and have the authority to deploy Federal public health and medical personnel under the authority of the Secretary, including the National Disaster Medical System, and coordinate such personnel with the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals.

[(3) COUNTERMEASURES.—

[(A) OVERSIGHT.—Oversee advanced research, development, and procurement of qualified countermeasures (as defined in section 319F–1) and qualified pandemic or epidemic products (as defined in section 319F–3).

[(B) STRATEGIC NATIONAL STOCKPILE.—Maintain the Strategic National Stockpile in accordance with section 319F–2, including conducting an annual review (taking into account at-risk individuals) of the contents of the stockpile, including non-pharmaceutical supplies, and make necessary additions or modifications to the contents based on such review.

[(4) COORDINATION.—

[(A) FEDERAL INTEGRATION.—Coordinate with relevant Federal officials to ensure in-

tegration of Federal preparedness and response activities for public health emergencies.

[(B) STATE, LOCAL, AND TRIBAL INTEGRATION.—Coordinate with State, local, and tribal public health officials, the Emergency Management Assistance Compact, health care systems, and emergency medical service systems to ensure effective integration of Federal public health and medical assets during a public health emergency.

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

[(5) LOGISTICS.—In coordination with the Secretary of Veterans Affairs, the Secretary of Homeland Security, the General Services Administration, and other public and private entities, provide logistical support for medical and public health aspects of Federal responses to public health emergencies.

[(6) LEADERSHIP.—Provide leadership in international programs, initiatives, and policies that deal with public health and medical emergency preparedness and response.

[(c) FUNCTIONS.—The Assistant Secretary for Preparedness and Response shall—

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

[(A) the National Disaster Medical System (in accordance with section 301 of the Pandemic and All-Hazards Preparedness Act);

[(B) the Hospital Preparedness Cooperative Agreement Program pursuant to section 319C–2; and

[(C) the Public Health Preparedness Cooperative Agreement Program pursuant to section 319C–1;

[(2) exercise the responsibilities and authorities of the Secretary with respect to the coordination of—

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

[(B) the Emergency System for Advance Registration of Volunteer Health Professionals pursuant to section 319I;

[(C) the Strategic National Stockpile; and

[(D) the Cities Readiness Initiative; and

[(3) assume other duties as determined appropriate by the Secretary.”; and

[(4) by striking “Assistant Secretary for Public Health Emergency Preparedness” each place it appears and inserting “Assistant Secretary for Preparedness and Response”.

[(b) TRANSFER OF FUNCTIONS; REFERENCES.—

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

[(2) REFERENCES.—Any reference in any Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Assistant Secretary for Public Health Emergency Preparedness as in effect the day before the date of enactment of this Act, shall be deemed to be a reference to the Assistant Secretary for Preparedness and Response.

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

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

**["SEC. 2802. NATIONAL HEALTH SECURITY STRATEGY.****["(a) IN GENERAL.—**

["(1) PREPAREDNESS AND RESPONSE REGARDING PUBLIC HEALTH EMERGENCIES.—Beginning in 2009 and every 4 years thereafter, the Secretary shall prepare and submit to the relevant Committees of Congress a coordinated strategy and any revisions thereof, and an accompanying implementation plan for public health emergency preparedness and response. The strategy shall identify the process for achieving the preparedness goals described in subsection (b) and shall be consistent with the National Preparedness Goal, the National Incident Management System, and the National Response Plan developed pursuant to section 502(6) of the Homeland Security Act of 2002, or any successor plan.

["(2) EVALUATION OF PROGRESS.—The National Health Security Strategy shall include an evaluation of the progress made by Federal, State, local, and tribal entities, based on the evidence-based benchmarks and objective standards that measure levels of preparedness established pursuant to section 319C–1(g). Such evaluation shall include aggregate and State-specific breakdowns of obligated funding spent by major category (as defined by the Secretary) for activities funded through awards pursuant to sections 319C–1 and 319C–2.

["(3) PUBLIC HEALTH WORKFORCE.—In 2009, the National Health Security Strategy shall include a national strategy for establishing an effective and prepared public health workforce, including defining the functions, capabilities, and gaps in such workforce, and identifying strategies to recruit, retain, and protect such workforce from workplace exposures during public health emergencies.

["(b) PREPAREDNESS GOALS.—The strategy under subsection (a) shall include provisions in furtherance of the following:

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

["(A) the periodic evaluation of Federal, State, local, and tribal preparedness and response capabilities through drills and exercises; and

["(B) integrating public and private sector public health and medical donations and volunteers.

["(2) PUBLIC HEALTH.—Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following:

["(A) Disease situational awareness domestically and abroad, including detection, identification, and investigation.

["(B) Disease containment including capabilities for isolation, quarantine, social distancing, and decontamination.

["(C) Risk communication and public preparedness.

["(D) Rapid distribution and administration of medical countermeasures.

["(3) MEDICAL.—Increasing the preparedness, response capabilities, and surge capacity of hospitals, other health care facilities (including mental health facilities), and trauma care and emergency medical service systems with respect to public health emergencies, which shall include developing plans for the following:

["(A) Strengthening public health emergency medical management and treatment capabilities.

["(B) Medical evacuation and fatality management.

["(C) Rapid distribution and administration of medical countermeasures.

["(D) Effective utilization of any available public and private mobile medical assets and integration of other Federal assets.

["(E) Protecting health care workers and health care first responders from workplace exposures during a public health emergency.

**["(4) AT-RISK INDIVIDUALS.—**

["(A) Taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency.

["(B) For purpose of this title and section 319, the term ‘at-risk individuals’ means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency, as determined by the Secretary.

["(5) COORDINATION.—Minimizing duplication of, and ensuring coordination between Federal, State, local, and tribal planning, preparedness, and response activities (including the State Emergency Management Assistance Compact). Such planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goal.

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

**["TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS****["SEC. 201. IMPROVING STATE AND LOCAL PUBLIC HEALTH SECURITY.**

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

["(1) by amending the heading to read as follows: “**IMPROVING STATE AND LOCAL PUBLIC HEALTH SECURITY.**”;

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

["(a) IN GENERAL.—To enhance the security of the United States with respect to public health emergencies, the Secretary shall award cooperative agreements to eligible entities to enable such entities to conduct the activities described in subsection (d).

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

["(1)(A) be a State;

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

["(C) be a consortium of entities described in subparagraph (A); and

["(2) prepare and submit to the Secretary an application at such time, and in such manner, and containing such information as the Secretary may require, including—

["(A) an All-Hazards Public Health Emergency Preparedness and Response Plan which shall include—

["(i) a description of the activities such entity will carry out under the agreement to meet the goals identified under section 2802;

["(ii) a pandemic influenza plan consistent with the requirements of paragraphs (2) and (5) of subsection (g);

["(iii) preparedness and response strategies and capabilities that take into account the medical and public health needs of at-risk individuals in the event of a public health emergency;

["(iv) a description of the mechanism the entity will implement to utilize the Emergency Management Assistance Compact or other mutual aid agreements for medical and public health mutual aid; and

["(v) a description of how the entity will include the State Area Agency on Aging in public health emergency preparedness;

["(B) an assurance that the entity will report to the Secretary on an annual basis (or more frequently as determined by the Secretary) on the evidence-based benchmarks

and objective standards established by the Secretary to evaluate the preparedness and response capabilities of such entity;

["(C) an assurance that the entity will conduct, on at least an annual basis, an exercise or drill that meets any criteria established by the Secretary to test the preparedness and response capabilities of such entity, and that the entity will report back to the Secretary within the application of the following year on the strengths and weaknesses identified through such exercise or drill, and corrective actions taken to address material weaknesses;

["(D) an assurance that the entity will provide to the Secretary the data described under section 319D(d)(3) as determined feasible by the Secretary;

["(E) an assurance that the entity will conduct activities to inform and educate the hospitals within the jurisdiction of such entity on the role of such hospitals in the plan required under subparagraph (A);

["(F) an assurance that the entity, with respect to the plan described under subparagraph (A), has developed and will implement an accountability system to ensure that such entity make satisfactory annual improvement and describe such system in the plan under subparagraph (A);

["(G) a description of the means by which to obtain public comment and input on the plan described in subparagraph (A) and on the implementation of such plan, that shall include an advisory committee or other similar mechanism for obtaining comment from the public and from other State, local, and tribal stakeholders; and

["(H) as relevant, a description of the process used by the entity to consult with local departments of public health to reach consensus, approval, or concurrence on the relative distribution of amounts received under this section.

["(c) LIMITATION.—Beginning in fiscal year 2009, the Secretary may not award a cooperative agreement to a State unless such State is a participant in the Emergency System for Advance Registration of Volunteer Health Professionals described in section 319I.

**["(d) USE OF FUNDS.—**

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

["(2) EFFECT OF SECTION.—Nothing in this subsection may be construed as establishing new regulatory authority or as modifying any existing regulatory authority.

["(e) COORDINATION WITH LOCAL RESPONSE CAPABILITIES.—An entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant Metropolitan Medical Response Systems, local public health departments, the Cities Readiness Initiative, and local emergency plans.

["(f) CONSULTATION WITH HOMELAND SECURITY.—In making awards under subsection (a), the Secretary shall consult with the Secretary of Homeland Security to—

["(1) ensure maximum coordination of public health and medical preparedness and response activities with the Metropolitan Medical Response System, and other relevant activities;

["(2) minimize duplicative funding of programs and activities;

["(3) analyze activities, including exercises and drills, conducted under this section to develop recommendations and guidance on best practices for such activities, and

["(4) disseminate such recommendations and guidance, including through expanding existing lessons learned information system to create a single Internet-based point of access for sharing and distributing medical and

public health best practices and lessons learned from drills, exercises, disasters, and other emergencies.

[(g) ACHIEVEMENT OF MEASURABLE EVIDENCE-BASED BENCHMARKS AND OBJECTIVE STANDARDS.—

[(1) IN GENERAL.—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary shall develop or where appropriate adopt, and require the application of measurable evidence-based benchmarks and objective standards that measure levels of preparedness with respect to the activities described in this section and with respect to activities described in section 319C-2. In developing such benchmarks and standards, the Secretary shall consult with and seek comments from State, local, and tribal officials and private entities, as appropriate. Where appropriate, the Secretary shall incorporate existing objective standards. Such benchmarks and standards shall, at a minimum, require entities to—

[(A) demonstrate progress toward achieving the preparedness goals described in section 2802 in a reasonable timeframe determined by the Secretary;

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

[(C) at least annually, test and exercise the public health and medical emergency preparedness and response capabilities of the grantee, based on criteria established by the Secretary.

[(2) CRITERIA FOR PANDEMIC INFLUENZA PLANS.—

[(A) IN GENERAL.—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary shall develop and disseminate to the chief executive officer of each State criteria for an effective State plan for responding to pandemic influenza.

[(B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the duplication of Federal efforts with respect to the development of criteria or standards, without regard to whether such efforts were carried out prior to or after the date of enactment of this section.

[(3) TECHNICAL ASSISTANCE.—The Secretary shall, as determined appropriate by the Secretary, provide to a State, upon request, technical assistance in meeting the requirements of this section, including the provision of advice by experts in the development of high-quality assessments, the setting of State objectives and assessment methods, the development of measures of satisfactory annual improvement that are valid and reliable, and other relevant areas.

[(4) NOTIFICATION OF FAILURES.—The Secretary shall develop and implement a process to notify entities that are determined by the Secretary to have failed to meet the requirements of paragraph (1) or (2). Such process shall provide such entities with the opportunity to correct such noncompliance. An entity that fails to correct such noncompliance shall be subject to paragraph (5).

[(5) WITHHOLDING OF AMOUNTS FROM ENTITIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUBMIT INFLUENZA PLAN.—Beginning with fiscal year 2009, and in each succeeding fiscal year, the Secretary shall—

[(A) withhold from each entity that has failed substantially to meet the benchmarks and performance measures described in paragraph (1) for a previous fiscal year (beginning with fiscal year 2008), pursuant to the process developed under paragraph (4), the amount described in paragraph (6); and

[(B) withhold from each entity that has failed to submit to the Secretary a plan for responding to pandemic influenza that meets the criteria developed under paragraph (2), the amount described in paragraph (6).

[(6) AMOUNTS DESCRIBED.—

[(A) IN GENERAL.—The amounts described in this paragraph are the following amounts that are payable to an entity for activities described in section 319C-1 or 319C-2:

[(i) For the fiscal year immediately following a fiscal year in which an entity experienced a failure described in subparagraph (A) or (B) of paragraph (5) by the entity, an amount equal to 10 percent of the amount the entity was eligible to receive for such fiscal year.

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

[(iii) For the fiscal year immediately following three consecutive fiscal years in which an entity experienced such a failure, an amount equal to 20 percent of the amount the entity was eligible to receive for such fiscal year, taking into account the withholding of funds for the immediately preceding fiscal years under clauses (i) and (ii).

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

[(B) SEPARATE ACCOUNTING.—Each failure described in subparagraph (A) or (B) of paragraph (5) shall be treated as a separate failure for purposes of calculating amounts withheld under subparagraph (A).

[(7) REALLOCATION OF AMOUNTS WITHHELD.—

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

[(B) PREFERENCE IN REALLOCATION.—In making awards under section 319C-2 with amounts described in subparagraph (A), the Secretary shall give preference to eligible entities (as described in section 319C-2(b)(1)) that are located in whole or in part in States from which amounts have been withheld under paragraph (6).

[(8) WAIVER OR REDUCE WITHHOLDING.—The Secretary may waive or reduce the withholding described in paragraph (6), for a single entity or for all entities in a fiscal year, if the Secretary determines that mitigating conditions exist that justify the waiver or reduction.”;

[(3) by redesignating subsection (j) as subsection (h);

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

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

[(1) AUTHORIZATION OF APPROPRIATIONS.—

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

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

[(C) REQUIREMENT FOR STATE MATCHING FUNDS.—Beginning in fiscal year 2009, in the

case of any State or consortium of two or more States, the Secretary may not award a cooperative agreement under this section unless the State or consortium of States agree that, with respect to the amount of the cooperative agreement awarded by the Secretary, the State or consortium of States will make available (directly or through donations from public or private entities) non-Federal contributions in an amount equal to—

[(i) for the first fiscal year of the cooperative agreement, not less than 5 percent of such costs (\$1 for each \$20 of Federal funds provided in the cooperative agreement); and

[(ii) for any second fiscal year of the cooperative agreement, and for any subsequent fiscal year of such cooperative agreement, not less than 10 percent of such costs (\$1 for each \$10 of Federal funds provided in the cooperative agreement).

[(D) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTIONS.—As determined by the Secretary, non-Federal contributions required in subparagraph (C) may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the Federal government, or services assisted or subsidized to any significant extent by the Federal government, may not be included in determining the amount of such non-Federal contributions.

[(2) MAINTAINING STATE FUNDING.—

[(A) IN GENERAL.—An entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding 2 year period.

[(B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prohibit the use of awards under this section to pay salary and related expenses of public health and other professionals employed by State, local, or tribal public health agencies who are carrying out activities supported by such awards (regardless of whether the primary assignment of such personnel is to carry out such activities).

[(3) DETERMINATION OF AMOUNT.—

[(A) IN GENERAL.—The Secretary shall award cooperative agreements under subsection (a) to each State or consortium of 2 or more States that submits to the Secretary an application that meets the criteria of the Secretary for the receipt of such an award and that meets other implementation conditions established by the Secretary for such awards.”;

[(B) in paragraph (4)(A)—

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

[(ii) by striking “(A)(i)(I)”;

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

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

[(E) by striking paragraph (6) and inserting the following:

[(6) FUNDING OF LOCAL ENTITIES.—The Secretary shall, in making awards under this section, ensure that with respect to the cooperative agreement awarded, the entity make available appropriate portions of such award to political subdivisions and local departments of public health through a process involving the consensus, approval or concurrence with such local entities.”; and

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

[(i) ADMINISTRATIVE AND FISCAL RESPONSIBILITY.—

[(1) ANNUAL REPORTING REQUIREMENTS.—Each entity shall prepare and submit to the Secretary annual reports on its activities under this section and section 319C-2. Each

such report shall be prepared by, or in consultation with, the health department. In order to properly evaluate and compare the performance of different entities assisted under this section and section 319C-2 and to assure the proper expenditure of funds under this section and section 319C-2, such reports shall be in such standardized form and contain such information as the Secretary determines (after consultation with the States) to be necessary to—

["(A) secure an accurate description of those activities;

["(B) secure a complete record of the purposes for which funds were spent, and of the recipients of such funds;

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

["(D) determine the extent to which funds were expended consistent with the entity's application transmitted under this section or section 319C-2.

["(2) AUDITS; IMPLEMENTATION.—

["(A) IN GENERAL.—Each entity receiving funds under this section or section 319C-2 shall, not less often than once every 2 years, audit its expenditures from amounts received under this section or section 319C-2. Such audits shall be conducted by an entity independent of the agency administering a program funded under this section or section 319C-2 in accordance with the Comptroller General's standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 30 days following the completion of each audit report, the entity shall submit a copy of that audit report to the Secretary.

["(B) REPAYMENT.—Each entity shall repay to the United States amounts found by the Secretary, after notice and opportunity for a hearing to the entity, not to have been expended in accordance with this section or section 319C-2 and, if such repayment is not made, the Secretary may offset such amounts against the amount of any allotment to which the entity is or may become entitled under this section or section 319C-2 or may otherwise recover such amounts.

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

["(3) MAXIMUM CARRYOVER AMOUNT.—

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

["(B) AMOUNT EXCEEDED.—For each fiscal year, if the percentage amount of an award under this section unexpended by an entity exceeds the maximum percentage permitted by the Secretary under subparagraph (A), the entity shall return to the Secretary the portion of the unexpended amount that exceeds the maximum amount permitted to be carried over by the Secretary.

["(C) ACTION BY SECRETARY.—The Secretary shall make amounts returned to the Secretary under subparagraph (B) available for awards under section 319C-2(b)(1). In making awards under section 319C-2(b)(1) with amounts collected under this paragraph the Secretary shall give preference to entities that are located in whole or in part in States from which amounts have been returned under subparagraph (B).

["(D) WAIVER.—An entity may apply to the Secretary for a waiver of the maximum percentage amount under subparagraph (A). Such an application for a waiver shall include an explanation why such requirement should not apply to the entity and the steps taken by such entity to ensure that all funds under an award under this section will be expended appropriately.

["(E) WAIVE OR REDUCE WITHHOLDING.—The Secretary may waive the application of subparagraph (B) for a single entity pursuant to subparagraph (D) or for all entities in a fiscal year, if the Secretary determines that mitigating conditions exist that justify the waiver or reduction.”

**[SEC. 202. USING INFORMATION TECHNOLOGY TO IMPROVE SITUATIONAL AWARENESS IN PUBLIC HEALTH EMERGENCIES.]**

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

["(1) in subsection (a)(1), by inserting “domestically and abroad” after “public health threats”; and

["(2) by adding at the end the following:

["(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

["(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary, in collaboration with State, local, and tribal public health officials, shall establish a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of rapid response to, and management of, potentially catastrophic infectious disease outbreaks and other public health emergencies that originate domestically or abroad. Such network shall be built on existing State situational awareness systems or enhanced systems that enable such connectivity.

["(2) STRATEGIC PLAN.—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary shall submit to the appropriate committees of Congress, a strategic plan that demonstrates the steps the Secretary will undertake to develop, implement, and evaluate the network described in paragraph (1), utilizing the elements described in paragraph (3).

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

["(A) State, local, and tribal public health entities, including public health laboratories;

["(B) Federal health agencies;

["(C) zoonotic disease monitoring systems;

["(D) public and private sector health care entities, hospitals, pharmacies, poison control centers or professional organizations in the field of poison control, and clinical laboratories, to the extent practicable and provided that such data are voluntarily provided simultaneously to the Secretary and appropriate State, local, and tribal public health agencies; and

["(E) such other sources as the Secretary may deem appropriate.

["(4) RULE OF CONSTRUCTION.—Paragraph (3) shall not be construed as requiring separate reporting of data and information from each source listed.

["(5) REQUIRED ACTIVITIES.—In establishing and operating the network described in paragraph (1), the Secretary shall—

["(A) utilize applicable interoperability standards as determined by the Secretary through a joint public and private sector process;

["(B) define minimal data elements for such network;

["(C) in collaboration with State, local, and tribal public health officials, integrate and build upon existing State, local, and tribal capabilities, ensuring simultaneous sharing of data, information, and analyses from the network described in paragraph (1) with State, local, and tribal public health agencies; and

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

["(e) STATE AND REGIONAL SYSTEMS TO ENHANCE SITUATIONAL AWARENESS IN PUBLIC HEALTH EMERGENCIES.—

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

["(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1), the State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including an assurance that the State will submit to the Secretary—

["(A) reports of such data, information, and metrics as the Secretary may require;

["(B) a report on the effectiveness of the systems funded under the grant; and

["(C) a description of the manner in which grant funds will be used to enhance the timelines and comprehensiveness of efforts to detect, respond to, and manage potentially catastrophic infectious disease outbreaks and public health emergencies.

["(3) USE OF FUNDS.—A State that receives an award under this subsection—

["(A) shall establish, enhance, or operate a coordinated public health situational awareness system for regional or Statewide early detection of, rapid response to, and management of potentially catastrophic infectious disease outbreaks and public health emergencies; and

["(B) may award grants or contracts to entities described in paragraph (1) within or serving such State to assist such entities in improving the operation of information technology systems, facilitating the secure exchange of data and information, and training personnel to enhance the operation of the system described in paragraph (A).

["(4) LIMITATION.—Information technology systems acquired or implemented using grants awarded under this section must be compliant with—

["(A) interoperability and other technological standards, as determined by the Secretary; and

["(B) data collection and reporting requirements for the network described in subsection (d).

["(5) INDEPENDENT EVALUATION.—Not later than 4 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Government Accountability Office shall conduct an independent evaluation, and submit to the Secretary and the appropriate committees of Congress a report, concerning the activities conducted under this subsection and subsection (d).

["(f) GRANTS FOR REAL-TIME SURVEILLANCE IMPROVEMENT.—

“(1) IN GENERAL.—The Secretary may award grants to eligible entities to carry out projects described under paragraph (4).

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

“(A)(i) a hospital, clinical laboratory, university; or

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

“(B) a participant in the network established under subsection (d).

“(3) APPLICATION.—Each eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(4) USE OF FUNDS.—

“(A) IN GENERAL.—An eligible entity described in paragraph (2)(A)(i) that receives a grant under this section shall use the funds awarded pursuant to such grant to carry out a pilot demonstration project to purchase and implement the use of advanced diagnostic medical equipment to analyze real-time clinical specimens for pathogens of public health or bioterrorism significance and report any results from such project to State, local, and tribal public health entities and the network established under subsection (d).

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

“(i) improve the early detection, surveillance, and investigative capabilities of poison control centers for chemical, biological, radiological, and nuclear events by training poison information personnel to improve the accuracy of surveillance data, improving the definitions used by the poison control centers for surveillance, and enhancing timely and efficient investigation of data anomalies;

“(ii) improve the capabilities of poison control centers to provide information to health care providers and the public with regard to chemical, biological, radiological, or nuclear threats or exposures, in consultation with the appropriate State, local, and tribal public health entities; or

“(iii) provide surge capacity in the event of a chemical, biological, radiological, or nuclear event through the establishment of alternative poison control center worksites and the training of nontraditional personnel.

“(g) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

“(a) DEMONSTRATION PROJECT.—Section 338L of the Public Health Service Act (42 U.S.C. 254t) is amended by adding at the end the following:

“(h) PUBLIC HEALTH DEPARTMENTS.—

“(1) IN GENERAL.—To the extent that funds are appropriated under paragraph (5), the Secretary shall establish a demonstration project to provide for the participation of individuals who are eligible for the Loan Repayment Program described in section 338B and who agree to complete their service obligation in a State health department that serves a significant number of health professional shortage areas or areas at risk of a public health emergency, as determined by

the Secretary, or in a local health department that serves a health professional shortage area or an area at risk of a public health emergency.

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

“(A) comply with all rules and requirements described in such section (other than section 338B(f)(1)(B)(iv)); and

“(B) agree to serve for a time period equal to 2 years, or such longer period as the individual may agree to, in a State, local, or tribal health department, consistent with paragraph (1).

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

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

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

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

“(i) PUBLIC HEALTH LOAN REPAYMENT.—

“(1) IN GENERAL.—The Secretary may award grants to States for the purpose of assisting such States in operating loan repayment programs under which such States enter into contracts to repay all or part of the eligible loans borrowed by, or on behalf of, individuals who agree to serve in State, local, or tribal health departments that serve health professional shortage areas or other areas at risk of a public health emergency, as designated by the Secretary.

“(2) LOANS ELIGIBLE FOR REPAYMENT.—To be eligible for repayment under this subsection, a loan shall be a loan made, insured, or guaranteed by the Federal Government that is borrowed by, or on behalf of, an individual to pay the cost of attendance for a program of education leading to a degree appropriate for serving in a State, local, or tribal health department as determined by the Secretary and the chief executive officer of the State in which the grant is administered, at an institution of higher education (as defined in section 102 of the Higher Education Act of 1965), including principal, interest, and related expenses on such loan.

“(3) APPLICABILITY OF EXISTING REQUIREMENTS.—With respect to awards made under paragraph (1)—

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

“(B) the requirements of subsection (c) shall apply to such awards except that with respect to paragraph (1) of such subsection, the State involved may assign an individual only to public and nonprofit private entities that serve health professional shortage areas or areas at risk of a public health emergency, as determined by the Secretary.

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

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

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

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

“(a) TRACKING.—The Secretary, together with relevant manufacturers, wholesalers, and distributors as may agree to cooperate, may track the initial distribution of federally purchased influenza vaccine in an influenza pandemic. Such tracking information shall be used to inform Federal, State, local, and tribal decision makers during an influenza pandemic.

“(b) DISTRIBUTION.—The Secretary shall promote communication between State, local, and tribal public health officials and such manufacturers, wholesalers, and distributors as agree to participate, regarding the effective distribution of seasonal influenza vaccine. Such communication shall include estimates of high priority populations, as determined by the Secretary, in State, local, and tribal jurisdictions in order to inform Federal, State, local, and tribal decision makers during vaccine shortages and supply disruptions.

“(c) CONFIDENTIALITY.—The information submitted to the Secretary or its contractors, if any, under this section or under any other section of this Act related to vaccine distribution information shall remain confidential in accordance with the exception from the public disclosure of trade secrets, commercial or financial information, and information obtained from an individual that is privileged and confidential, as provided for in section 552(b)(4) of title 5, United States Code, and subject to the penalties and exceptions under sections 1832 and 1833 of title 18, United States Code, relating to the protection and theft of trade secrets, and subject to privacy protections that are consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996. None of such information provided by a manufacturer, wholesaler, or distributor shall be disclosed without its consent to another manufacturer, wholesaler, or distributor, or shall be used in any manner to give a manufacturer, wholesaler, or distributor a proprietary advantage.

“(d) GUIDELINES.—The Secretary, in order to maintain the confidentiality of relevant information and ensure that none of the information contained in the systems involved may be used to provide proprietary advantage within the vaccine market, while allowing State, local, and tribal health officials access to such information to maximize the delivery and availability of vaccines to high priority populations, during times of influenza pandemics, vaccine shortages, and supply disruptions, in consultation with manufacturers, distributors, wholesalers and State, local, and tribal health departments, shall develop guidelines for subsections (a) and (b).

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

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

**[SEC. 205. NATIONAL SCIENCE ADVISORY BOARD FOR BIOSECURITY.**

“The National Science Advisory Board for Biosecurity shall, when requested by the Secretary of Health and Human Services, provide to relevant Federal departments and agencies, advice, guidance, or recommendations concerning—

[(1) a core curriculum and training requirements for workers in maximum containment biological laboratories; and

[(2) periodic evaluations of maximum containment biological laboratory capacity nationwide and assessments of the future need for increased laboratory capacity;

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

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

[(a) NATIONAL DISASTER MEDICAL SYSTEM.—Section 2812 of subtitle B of title XXVIII of the Public Health Service Act (42 U.S.C. 300hh–11 et seq.), as redesignated by section 102, is amended—

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

[(2) by striking subsection (a);

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

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

[(A) in paragraph (2)(B), by striking “Federal Emergency Management Agency” and inserting “Department of Homeland Security”]; and

[(B) in paragraph (3)(C), by striking “Public Health Security and Bioterrorism Preparedness and Response Act of 2002” and inserting “Pandemic and All-Hazards Preparedness Act”];

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

[(A) striking the subsection heading and inserting “**MODIFICATIONS**”;

[(B) redesignating paragraph (2) as paragraph (3); and

[(C) striking paragraph (1) and inserting the following:

[(“(1) **IN GENERAL.**—Taking into account the findings from the joint review described under paragraph (2), the Secretary shall modify the policies of the National Disaster Medical System as necessary.

[(“(2) **JOINT REVIEW AND MEDICAL SURGE CAPACITY STRATEGIC PLAN.**—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary, in coordination with the Secretary of Homeland Security, the Secretary of Defense, and the Secretary of Veterans Affairs, shall conduct a joint review of the National Disaster Medical System. Such review shall include an evaluation of medical surge capacity, as described by section 2804(a). As part of the National Health Security Strategy under section 2802, the Secretary shall update the findings from such review and further modify the policies of the National Disaster Medical System as necessary.”];

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

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

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

[(b) **TRANSFER OF NATIONAL DISASTER MEDICAL SYSTEM TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**—There shall be transferred to the Secretary of Health and Human Services the functions, personnel, assets, and liabilities of the National Disaster Medical System of the Department of Homeland Security, including the functions of the Secretary of Homeland Security and the Under Secretary for Emergency Preparedness and Response relating thereto.

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

[(1) in section 502(3)(B), by striking “, the National Disaster Medical System,”; and

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

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

[(1) in the paragraph heading, by striking “CHILDREN AND TERRORISM” and inserting “AT-RISK INDIVIDUALS AND PUBLIC HEALTH EMERGENCIES”];

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

[(3) in subparagraph (B)—

[(A) in clause (i), by striking “bioterrorism as it relates to children” and inserting “public health emergencies as they relate to at-risk individuals”];

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

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

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

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

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

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

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

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

[(“(a) **STUDY OF ENHANCING MEDICAL SURGE CAPACITY.**—As part of the joint review described in section 2812(b), the Secretary shall evaluate the benefits and feasibility of improving the capacity of the Department of Health and Human Services to provide additional medical surge capacity to local communities in the event of a public health emergency. Such study shall include an assessment of the need for and feasibility of improving surge capacity through—

[(“(1) acquisition and operation of mobile medical assets by the Secretary to be deployed, on a contingency basis, to a community in the event of a public health emergency; and

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

[(“(b) **AUTHORITY TO ACQUIRE AND OPERATE MOBILE MEDICAL ASSETS.**—In addition to any other authority to acquire, deploy, and operate mobile medical assets, the Secretary may acquire, deploy, and operate mobile medical assets if, taking into consideration the evaluation conducted under subsection (a), such acquisition, deployment, and operation is determined to be beneficial and feasible in improving the capacity of the Department of Health and Human Services to provide additional medical surge capacity to local communities in the event of a public health emergency.

[(“(c) **USING FEDERAL FACILITIES TO ENHANCE MEDICAL SURGE CAPACITY.**—

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

[(“(2) **MEMORANDA OF UNDERSTANDING.**—If, based on the analysis conducted under paragraph (1), the Secretary determines that there are Federal facilities which, in the event of a public health emergency, could be used as facilities in which to provide health care, the Secretary shall, with respect to each such facility, seek to conclude a memorandum of understanding with the head of the Department or agency that operates such facility that permits the use of such facility to provide health care in the event of a public health emergency.”.

[(b) **EMTALA.**—

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

[(A) in paragraph (3), by striking subparagraph (B) and inserting the following:

[(“(B) the direction or relocation of an individual to receive medical screening in an alternative location—

[(i) pursuant to an appropriate State emergency preparedness plan; or

[(ii) in the case of a public health emergency described in subsection (g)(1)(B) that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan or a plan referred to in clause (i), whichever is applicable in the State.”];

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

[(C) by adding at the end the following: “If a public health emergency described in subsection (g)(1)(B) involves a pandemic infectious disease (such as pandemic influenza), the duration of a waiver or modification under paragraph (3) shall be determined in accordance with subsection (e) as such subsection applies to public health emergencies.”.

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

**[SEC. 303. ENCOURAGING HEALTH PROFESSIONAL VOLUNTEERS.**

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

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

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

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

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

[(“(1)(A) are health professionals who have appropriate professional training and expertise as determined appropriate by the Director of the Corps; or

[(“(B) are non-health professionals who have an interest in serving in an auxiliary or support capacity to facilitate access to health care services in a public health emergency;

[(“(2) are certified in accordance with the certification program developed under subsection (d);

[(“(3) are geographically diverse in residence;

[(“(4) have registered and carry out training exercises with a local chapter of the Medical Reserve Corps; and

[(“(5) indicate whether they are willing to be deployed outside the area in which they

reside in the event of a public health emergency.

[(d) CERTIFICATION; DRILLS.—

[(1) CERTIFICATION.—The Director, in collaboration with State, local, and tribal officials, shall establish a process for the periodic certification of individuals who volunteer for the Corps, as determined by the Secretary, which shall include the completion by each individual of the core training programs developed under section 319F, as required by the Director. Such certification shall not supercede State licensing or credentialing requirements.

[(2) DRILLS.—In conjunction with the core training programs referred to in paragraph (1), and in order to facilitate the integration of trained volunteers into the health care system at the local level, Corps members shall engage in periodic training exercises to be carried out at the local level.

[(e) DEPLOYMENT.—During a public health emergency, the Secretary shall have the authority to activate and deploy willing members of the Corps to areas of need, taking into consideration the public health and medical expertise required, with the concurrence of the State, local, or tribal officials from the area where the members reside.

[(f) EXPENSES AND TRANSPORTATION.—While engaged in performing duties as a member of the Corps pursuant to an assignment by the Secretary (including periods of travel to facilitate such assignment), members of the Corps who are not otherwise employed by the Federal Government shall be allowed travel or transportation expenses, including per diem in lieu of subsistence.

[(g) IDENTIFICATION.—The Secretary, in cooperation and consultation with the States, shall develop a Medical Reserve Corps Identification Card that describes the licensure and certification information of Corps members, as well as other identifying information determined necessary by the Secretary.

[(h) INTERMITTENT DISASTER-RESPONSE PERSONNEL.—

[(1) IN GENERAL.—For the purpose of assisting the Corps in carrying out duties under this section, during a public health emergency, the Secretary may appoint selected individuals to serve as intermittent personnel of such Corps in accordance with applicable civil service laws and regulations. In all other cases, members of the Corps are subject to the laws of the State in which the activities of the Corps are undertaken.

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

[(3) LIMITATION.—State, local, and tribal officials shall have no authority to designate a member of the Corps as Federal intermittent disaster-response personnel, but may request the services of such members.

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

[(b) ENCOURAGING HEALTH PROFESSIONS VOLUNTEERS.—Section 319I of the Public Health Service Act (42 U.S.C. 247d-7b) is amended—

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

[(2) by striking subsections (a) and (b) and inserting the following:

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

each system being maintained by a State or group of States, for the purpose of verifying the credentials and licenses of health care professionals who volunteer to provide health services during a public health emergency (such network shall be referred to in this section as the ‘verification network’).

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

[(1) with respect to each volunteer health professional included in the system—

[(A) information necessary for the rapid identification of, and communication with, such professionals; and

[(B) the credentials, certifications, licenses, and relevant training of such individuals; and

[(2) the name of each member of the Medical Reserve Corps, the National Disaster Medical System, and any other relevant federally-sponsored or administered programs determined necessary by the Secretary.”;

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

[(d) ACCESSIBILITY.—The Secretary shall ensure that the network established under subsection (a) is electronically accessible by State, local, and tribal health departments and can be linked with the identification cards under section 2813.

[(e) CONFIDENTIALITY.—The Secretary shall establish and require the application of and compliance with measures to ensure the effective security of, integrity of, and access to the data included in the network.

[(f) COORDINATION.—The Secretary shall coordinate with the Secretary of Veterans Affairs and the Secretary of Homeland Security to assess the feasibility of integrating the verification network under this section with the VetPro system of the Department of Veterans Affairs and the National Emergency Responder Credentialing System of the Department of Homeland Security. The Secretary shall, if feasible, integrate the verification network under this section with such VetPro system and the National Emergency Responder Credentialing System.

[(g) UPDATING OF INFORMATION.—The States that are participants in the network established under subsection (a) shall, on at least a quarterly basis, work with the Director to provide for the updating of the information contained in such network.

[(h) CLARIFICATION.—Inclusion of a health professional in the verification network established pursuant to this section shall not constitute appointment of such individual as a Federal employee for any purpose, either under section 2812(c) or otherwise. Such appointment may only be made under section 2812 or 2813.

[(i) HEALTH CARE PROVIDER LICENSES.—The Secretary shall encourage States to establish and implement mechanisms to waive the application of licensing requirements applicable to health professionals, who are seeking to provide medical services (within their scope of practice), during a national, State, local, or tribal public health emergency upon verification that such health professionals are licensed and in good standing in another State and have not been disciplined by any State health licensing or disciplinary board.”; and

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

**ISEC. 304. CORE EDUCATION AND TRAINING.**

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

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

[(a) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL RESPONSE CURRICULA AND TRAINING.—

[(1) IN GENERAL.—The Secretary, in collaboration with the Secretary of Defense,

and in consultation with relevant public and private entities, shall develop core health and medical response curricula and trainings by adapting applicable existing curricula and training programs to improve responses to public health emergencies.

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

[(A) medical management of casualties, taking into account the needs of at-risk individuals;

[(B) public health aspects of public health emergencies;

[(C) mental health aspects of public health emergencies;

[(D) national incident management, including coordination among Federal, State, local, tribal, international agencies, and other entities; and

[(E) protecting health care workers and health care first responders from workplace exposures during a public health emergency.

[(3) PEER REVIEW.—On a periodic basis, products prepared as part of the program shall be rigorously tested and peer-reviewed by experts in the relevant fields.

[(4) CREDIT.—The Secretary and the Secretary of Defense shall—

[(A) take into account continuing professional education requirements of public health and healthcare professions; and

[(B) cooperate with State, local, and tribal accrediting agencies and with professional associations in arranging for students enrolled in the program to obtain continuing professional education credit for program courses.

[(5) DISSEMINATION AND TRAINING.—

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

[(B) CERTAIN ENTITIES.—The education and training activities described in subparagraph (A) may be carried out by Federal public health or medical entities, appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.

[(C) GRANTS AND CONTRACTS.—In carrying out this subsection, the Secretary may carry out activities directly or through the award of grants and contracts, and may enter into interagency agreements with other Federal agencies.

[(b) EXPANSION OF EPIDEMIC INTELLIGENCE SERVICE PROGRAM.—The Secretary may establish 20 officer positions in the Epidemic Intelligence Service Program, in addition to the number of the officer positions offered under such Program in 2006 for individuals who agree to participate, for a period of not less than 2 years, in the Career Epidemiology Field Officer program in a State, local, or tribal health department that serves a health professional shortage area (as defined under section 332(a)), a medically underserved population (as defined under section 330(b)(3)), or a medically underserved area or area at high risk of a public health emergency as designated by the Secretary.

[(c) CENTERS FOR PUBLIC HEALTH PREPAREDNESS; CORE CURRICULA AND TRAINING.—

[(1) IN GENERAL.—The Secretary may establish at accredited schools of public health, Centers for Public Health Preparedness (hereafter referred to in this section as the ‘Centers’).

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

“(3) CORE CURRICULA.—The Secretary, in collaboration with the Centers and other public or private entities shall establish core curricula based on established competencies leading to a 4-year bachelor’s degree, a graduate degree, a combined bachelor and master’s degree, or a certificate program, for use by each Center. The Secretary shall disseminate such curricula to other accredited schools of public health and other health professions schools determined appropriate by the Secretary, for voluntary use by such schools.

“(4) CORE COMPETENCY-BASED TRAINING PROGRAM.—The Secretary, in collaboration with the Centers and other public or private entities shall facilitate the development of a competency-based training program to train public health practitioners. The Centers shall use such training program to train public health practitioners. The Secretary shall disseminate such training program to other accredited schools of public health, and other health professions schools as determined by the Secretary, for voluntary use by such schools.

“(5) CONTENT OF CORE CURRICULA AND TRAINING PROGRAM.—The Secretary shall ensure that the core curricula and training program established pursuant to this subsection respond to the needs of State, local, and tribal public health authorities and integrate and emphasize essential public health security capabilities consistent with section 2802(b)(2).

“(6) ACADEMIC-WORKFORCE COMMUNICATION.—As a condition of receiving funding from the Secretary under this subsection, a Center shall collaborate with a State, local, or tribal public health department to—

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

“(B) assess the extent to which such needs are fulfilled by existing preparedness and response activities of such school or health department, and how such activities may be improved;

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

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

“(7) PUBLIC HEALTH SYSTEMS RESEARCH.—In consultation with relevant public and private entities, the Secretary shall define the existing knowledge base for public health preparedness and response systems, and establish a research agenda based on Federal, State, local, and tribal public health preparedness priorities. As a condition of receiving funding from the Secretary under this subsection, a Center shall conduct public health systems research that is consistent with the agenda described under this paragraph.”;

“(2) by redesignating subsection (h) as subsection (d);

“(3) by inserting after subsection (d) (as so redesignated), the following:

“(e) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

**[SEC. 305. PARTNERSHIPS FOR STATE AND REGIONAL HOSPITAL PREPAREDNESS TO IMPROVE SURGE CAPACITY.]**

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

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

“(a) IN GENERAL.—The Secretary shall award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

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

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

“(i) one or more hospitals, at least one of which shall be a designated trauma center, consistent with section 1213(c);

“(ii) one or more other local health care facilities, including clinics, health centers, primary care facilities, mental health centers, mobile medical assets, or nursing homes; and

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

“(II) one or more States; or

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

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

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

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

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

“(d) PREFERENCES.—

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

“(A) will enhance coordination—

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

“(ii) between such entities and the entities described in subsection (b)(1)(A)(ii); and

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

“(2) OTHER PREFERENCES.—In making awards under subsection (a), the Secretary shall give preference to eligible entities that, in the determination of the Secretary—

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

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

“(C) have a significant need for funds to achieve the medical preparedness goals described in section 2802(b)(2).

“(e) CONSISTENCY OF PLANNED ACTIVITIES.—The Secretary may not award a cooperative agreement to an eligible entity described in subsection (b)(1) unless the application submitted by the entity is coordinated and consistent with an applicable State All-Hazards Public Health Emergency Preparedness and Response Plan and relevant local plans, as determined by the Secretary in consultation with relevant State health officials.

“(f) LIMITATION ON AWARDS.—A political subdivision shall not participate in more than one partnership described in subsection (b)(1).

“(g) COORDINATION WITH LOCAL RESPONSE CAPABILITIES.—An eligible entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant local Metropolitan Medical Response Systems, local Medical Reserve Corps, the Cities Readiness Initiative, and local emergency plans.

“(h) MAINTENANCE OF STATE FUNDING.—

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

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

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

“(j) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there is authorized to be appropriated \$474,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.

“(2) RESERVATION OF AMOUNTS FOR PARTNERSHIPS.—Prior to making awards described in paragraph (3), the Secretary may reserve from the amount appropriated under paragraph (1) for a fiscal year, an amount determined appropriate by the Secretary for making awards to entities described in subsection (b)(1)(A).

“(3) AWARDS TO STATES AND POLITICAL SUBDIVISIONS.—

“(A) IN GENERAL.—From amounts appropriated for a fiscal year under paragraph (1) and not reserved under paragraph (2), the Secretary shall make awards to entities described in subsection (b)(2)(A) that have completed an application as described in subsection (b)(2)(B).

“(B) AMOUNT.—The Secretary shall determine the amount of an award to each entity described in subparagraph (A) in the same manner as such amounts are determined under section 319C–1(h).”.

**[SEC. 306. ENHANCING THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS.]**

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

“(1) in subsection (a)—

“(A) in paragraph (1), by—

(i) striking “chemical or biological attack” and inserting “a public health emergency (as defined in section 2801 of the Public Health Service Act)”;

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

(iii) striking “public health emergencies” and inserting “such emergencies”;

[(B) in paragraph (2)—

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

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

(iii) by adding at the end the following:

“(C) organizing, training, and equipping the staff of such centers to support the activities carried out by the Secretary of Health and Human Services under section 2801 of the Public Health Service Act in the event of a public health emergency and incidents covered by the National Response Plan developed pursuant to section 502(6) of the Homeland Security Act of 2002, or any successor plan; and

“(D) providing medical logistical support to the National Disaster Medical System and the Secretary of Health and Human Services as necessary, on a reimbursable basis, and in coordination with other designated Federal agencies.”;

[(2) in subsection (c), by striking “a chemical or biological attack or other terrorist attack.” and inserting “a public health emergency. The Secretary shall, through existing medical procurement contracts, and on a reimbursable basis, make available as necessary, medical supplies, equipment, and pharmaceuticals in response to a public health emergency in support of the Secretary of Health and Human Services.”;

[(3) in subsection (d), by—

[(A) striking “develop and”;

[(B) striking “biological, chemical, or radiological attacks” and inserting “public health emergencies”]; and

[(C) by inserting “consistent with section 319F(a) of the Public Health Service Act” before the period; and

[(4) in subsection (e)—

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

[(B) in paragraph (2)—

[(i) by striking “bioterrorism and other”]; and

[(ii) by striking “319F(a)” and inserting “319F”].

[(b) **AUTHORIZATION OF APPROPRIATIONS.**—Section 8117 of title 38, United States Code, is amended by adding at the end the following:

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

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

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

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

Sec. 1. Short title; table of contents.

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

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

Sec. 102. Assistant Secretary for Preparedness and Response.

Sec. 103. National Health Security Strategy.

**TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS**

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

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

Sec. 203. Public health workforce enhancements.

Sec. 204. Vaccine tracking and distribution.

Sec. 205. National Security Advisory Board for Biosecurity.

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

Sec. 301. National Disaster Medical System.

Sec. 302. Enhancing medical surge capacity.

Sec. 303. Encouraging health professional volunteers.

Sec. 304. Core education and training.

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

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

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

**SEC. 101. PUBLIC HEALTH AND MEDICAL PREPAREDNESS AND RESPONSE FUNCTIONS OF THE SECRETARY OF HEALTH AND HUMAN SERVICES.**

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

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

**“TITLE XXVIII—NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES”;**

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

**“Subtitle A—National All-Hazards Preparedness and Response Planning, Coordinating, and Reporting**

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

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

“(b) **INTERAGENCY AGREEMENT.**—The Secretary, in collaboration with the Secretary of Veterans Affairs, the Secretary of Transportation, the Secretary of Defense, the Secretary of Homeland Security, and the head of any other relevant Federal agency, shall establish an interagency agreement, consistent with the National Response Plan or any successor plan, under which agreement the Secretary of Health and Human Services shall assume operational control of emergency public health and medical response assets, as necessary, in the event of a public health emergency.”.

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

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

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

(2) by redesignating section 2811 as section 2812;

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

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

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

“(b) **DUTIES.**—Subject to the authority of the Secretary, the Assistant Secretary for Prepared-

ness and Response shall carry out the following functions:

“(1) **LEADERSHIP.**—Serve as the principal advisor to the Secretary on all matters related to Federal public health and medical preparedness and response for public health emergencies.

“(2) **PERSONNEL.**—Register, credential, organize, train, equip, and have the authority to deploy Federal public health and medical personnel under the authority of the Secretary, including the National Disaster Medical System, and coordinate such personnel with the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals.

“(3) **COUNTERMEASURES.**—

“(A) **OVERSIGHT.**—Oversee advanced research, development, and procurement of qualified countermeasures (as defined in section 319F–1) and qualified pandemic or epidemic products (as defined in section 319F–3).

“(B) **STRATEGIC NATIONAL STOCKPILE.**—Maintain the Strategic National Stockpile in accordance with section 319F–2, including conducting an annual review (taking into account at-risk individuals) of the contents of the stockpile, including non-pharmaceutical supplies, and make necessary additions or modifications to the contents based on such review.

“(4) **COORDINATION.**—

“(A) **FEDERAL INTEGRATION.**—Coordinate with relevant Federal officials to ensure integration of Federal preparedness and response activities for public health emergencies.

“(B) **STATE, LOCAL, AND TRIBAL INTEGRATION.**—Coordinate with State, local, and tribal public health officials, the Emergency Management Assistance Compact, health care systems, and emergency medical service systems to ensure effective integration of Federal public health and medical assets during a public health emergency.

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

“(5) **LOGISTICS.**—In coordination with the Secretary of Veterans Affairs, the Secretary of Homeland Security, the General Services Administration, and other public and private entities, provide logistical support for medical and public health aspects of Federal responses to public health emergencies.

“(6) **LEADERSHIP.**—Provide leadership in international programs, initiatives, and policies that deal with public health and medical emergency preparedness and response.

“(c) **FUNCTIONS.**—The Assistant Secretary for Preparedness and Response shall—

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

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

“(B) the Hospital Preparedness Cooperative Agreement Program pursuant to section 319C–2; and

“(C) the Public Health Preparedness Cooperative Agreement Program pursuant to section 319C–1;

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

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

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

“(C) the Strategic National Stockpile; and

“(D) the Cities Readiness Initiative; and

“(3) assume other duties as determined appropriate by the Secretary.”; and

(4) by striking “Assistant Secretary for Public Health Emergency Preparedness” each place it appears and inserting “Assistant Secretary for Preparedness and Response”.

(b) TRANSFER OF FUNCTIONS; REFERENCES.—

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

(2) REFERENCES.—Any reference in any Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Assistant Secretary for Public Health Emergency Preparedness as in effect the day before the date of enactment of this Act, shall be deemed to be a reference to the Assistant Secretary for Preparedness and Response.

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

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

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

“(a) IN GENERAL.—

“(1) PREPAREDNESS AND RESPONSE REGARDING PUBLIC HEALTH EMERGENCIES.—Beginning in 2009 and every four years thereafter, the Secretary shall prepare and submit to the relevant Committees of Congress a coordinated strategy and any revisions thereof, and an accompanying implementation plan for public health emergency preparedness and response. The strategy shall identify the process for achieving the preparedness goals described in subsection (b) and shall be consistent with the National Preparedness Goal, the National Incident Management System, and the National Response Plan developed pursuant to section 502(6) of the Homeland Security Act of 2002, or any successor plan.

“(2) EVALUATION OF PROGRESS.—The National Health Security Strategy shall include an evaluation of the progress made by Federal, State, local, and tribal entities, based on the evidence-based benchmarks and objective standards that measure levels of preparedness established pursuant to section 319C–1(g). Such evaluation shall include aggregate and State-specific breakdowns of obligated funding spent by major category (as defined by the Secretary) for activities funded through awards pursuant to sections 319C–1 and 319C–2.

“(3) PUBLIC HEALTH WORKFORCE.—In 2009, the National Health Security Strategy shall include a national strategy for establishing an effective and prepared public health workforce, including defining the functions, capabilities, and gaps in such workforce, and identifying strategies to recruit, retain, and protect such workforce from workplace exposures during public health emergencies.

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

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

“(A) the periodic evaluation of Federal, State, local, and tribal preparedness and response capabilities through drills and exercises; and

“(B) integrating public and private sector public health and medical donations and volunteers.

“(2) PUBLIC HEALTH.—Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following:

“(A) Disease situational awareness domestically and abroad, including detection, identification, and investigation.

“(B) Disease containment including capabilities for isolation, quarantine, social distancing, and decontamination.

“(C) Risk communication and public preparedness.

“(D) Rapid distribution and administration of medical countermeasures.

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

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

“(B) Medical evacuation and fatality management.

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

“(D) Effective utilization of any available public and private mobile medical assets and integration of other Federal assets.

“(E) Protecting health care workers and health care first responders from workplace exposures during a public health emergency.

“(4) AT-RISK INDIVIDUALS.—

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

“(B) For purpose of the Pandemic and All-Hazards Preparedness Act, the term ‘at-risk individuals’ means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency, as determined by the Secretary.

“(5) COORDINATION.—Minimizing duplication of, and ensuring coordination between Federal, State, local, and tribal planning, preparedness, and response activities (including the State Emergency Management Assistance Compact). Such planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goal.

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

**TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS**

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

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

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

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

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

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

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

“(1)(A) be a State;

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

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

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

“(A) an All-Hazards Public Health Emergency Preparedness and Response Plan which shall include—

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

“(ii) a pandemic influenza plan consistent with the requirements of paragraphs (2) and (5) of subsection (g);

“(iii) preparedness and response strategies and capabilities that take into account the med-

ical and public health needs of at-risk individuals in the event of a public health emergency;

“(iv) a description of the mechanism the entity will implement to utilize the Emergency Management Assistance Compact or other mutual aid agreements for medical and public health mutual aid; and

“(v) a description of how the entity will include the State Area Agency on Aging in public health emergency preparedness;

“(B) an assurance that the entity will report to the Secretary on an annual basis (or more frequently as determined by the Secretary) on the evidence-based benchmarks and objective standards established by the Secretary to evaluate the preparedness and response capabilities of such entity;

“(C) an assurance that the entity will conduct, on at least an annual basis, an exercise or drill that meets any criteria established by the Secretary to test the preparedness and response capabilities of such entity, and that the entity will report back to the Secretary within the application of the following year on the strengths and weaknesses identified through such exercise or drill, and corrective actions taken to address material weaknesses;

“(D) an assurance that the entity will provide to the Secretary the data described under section 319D(d)(3) as determined feasible by the Secretary;

“(E) an assurance that the entity will conduct activities to inform and educate the hospitals within the jurisdiction of such entity on the role of such hospitals in the plan required under subparagraph (A);

“(F) an assurance that the entity, with respect to the plan described under subparagraph (A), has developed and will implement an accountability system to ensure that such entity make satisfactory annual improvement and describe such system in the plan under subparagraph (A);

“(G) a description of the means by which to obtain public comment and input on the plan described in subparagraph (A) and on the implementation of such plan, that shall include an advisory committee or other similar mechanism for obtaining comment from the public and from other State, local, and tribal stakeholders; and

“(H) as relevant, a description of the process used by the entity to consult with local departments of public health to reach consensus, approval, or concurrence on the relative distribution of amounts received under this section.

“(c) LIMITATION.—Beginning in fiscal year 2009, the Secretary may not award a cooperative agreement to a State unless such State is a participant in the Emergency System for Advance Registration of Volunteer Health Professionals described in section 3191.

“(d) USE OF FUNDS.—

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

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

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

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

“(1) ensure maximum coordination of public health and medical preparedness and response activities with the Metropolitan Medical Response System, and other relevant activities;

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

“(3) analyze activities, including exercises and drills, conducted under this section to develop recommendations and guidance on best practices for such activities, and

“(4) disseminate such recommendations and guidance, including through expanding existing lessons learned information systems to create a single Internet-based point of access for sharing and distributing medical and public health best practices and lessons learned from drills, exercises, disasters, and other emergencies.

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

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

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

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

“(C) at least annually, test and exercise the public health and medical emergency preparedness and response capabilities of the grantee, based on criteria established by the Secretary.

“(2) CRITERIA FOR PANDEMIC INFLUENZA PLANS.—

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

“(B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the duplication of Federal efforts with respect to the development of criteria or standards, without regard to whether such efforts were carried out prior to or after the date of enactment of this section.

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

“(4) NOTIFICATION OF FAILURES.—The Secretary shall develop and implement a process to notify entities that are determined by the Secretary to have failed to meet the requirements of paragraph (1) or (2). Such process shall provide such entities with the opportunity to correct such noncompliance. An entity that fails to correct such noncompliance shall be subject to paragraph (5).

“(5) WITHHOLDING OF AMOUNTS FROM ENTITIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUBMIT INFLUENZA PLAN.—Beginning with fiscal year 2009, and in each succeeding fiscal year, the Secretary shall—

“(A) withhold from each entity that has failed substantially to meet the benchmarks and performance measures described in paragraph (1) for the immediately preceding fiscal year (begin-

ning with fiscal year 2008), pursuant to the process developed under paragraph (4), the amount described in paragraph (6); and

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

“(6) AMOUNTS DESCRIBED.—

“(A) IN GENERAL.—The amounts described in this paragraph are the following amounts that are payable to an entity for activities described in section 319C-1 or 319C-2:

“(i) For the fiscal year immediately following a fiscal year in which an entity experienced a failure described in subparagraph (A) or (B) of paragraph (5) by the entity, an amount equal to 10 percent of the amount the entity was eligible to receive for such fiscal year.

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

“(iii) For the fiscal year immediately following three consecutive fiscal years in which an entity experienced such a failure, an amount equal to 20 percent of the amount the entity was eligible to receive for such fiscal year, taking into account the withholding of funds for the immediately preceding fiscal years under clauses (i) and (ii).

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

“(B) SEPARATE ACCOUNTING.—Each failure described in subparagraph (A) or (B) of paragraph (5) shall be treated as a separate failure for purposes of calculating amounts withheld under subparagraph (A).

“(7) REALLOCATION OF AMOUNTS WITHHELD.—

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

“(B) PREFERENCE IN REALLOCATION.—In making awards under section 319C-2 with amounts described in subparagraph (A), the Secretary shall give preference to eligible entities (as described in section 319C-2(b)(1)) that are located in whole or in part in States from which amounts have been withheld under paragraph (6).

“(8) WAIVER OR REDUCE WITHHOLDING.—The Secretary may waive or reduce the withholding described in paragraph (6), for a single entity or for all entities in a fiscal year, if the Secretary determines that mitigating conditions exist that justify the waiver or reduction.”;

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

(4) in subsection (h), as so redesignated—  
(A) by striking subparagraphs (1) through (3)(A) and inserting the following:

“(1) AUTHORIZATION OF APPROPRIATIONS.—

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

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

“(C) REQUIREMENT FOR STATE MATCHING FUNDS.—Beginning in fiscal year 2009, in the case of any State or consortium of two or more States, the Secretary may not award a coopera-

tive agreement under this section unless the State or consortium of States agree that, with respect to the amount of the cooperative agreement awarded by the Secretary, the State or consortium of States will make available (directly or through donations from public or private entities) non-Federal contributions in an amount equal to—

“(i) for the first fiscal year of the cooperative agreement, not less than 5 percent of such costs (\$1 for each \$20 of Federal funds provided in the cooperative agreement); and

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

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

“(2) MAINTAINING FUNDING.—

“(A) IN GENERAL.—An entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding 2 year period.

“(B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prohibit the use of awards under this section to pay salary and related expenses of public health and other professionals employed by State, local, or tribal public health agencies who are carrying out activities supported by such awards (regardless of whether the primary assignment of such personnel is to carry out such activities).

“(3) DETERMINATION OF AMOUNT.—

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

(B) in paragraph (4)(A)—  
(i) by striking “2003” and inserting “2007”; and

(ii) by striking “(A)(i)(I)”;

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

(D) in paragraph (5)—  
(i) by striking “2003” and inserting “2007”; and

(ii) By striking “(A)(i)(I)”;

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

“(6) FUNDING OF LOCAL ENTITIES.—The Secretary shall, in making awards under this section, ensure that with respect to the cooperative agreement awarded, the entity make available appropriate portions of such award to political subdivisions and local departments of public health through a process involving the consensus, approval or concurrence with such local entities.”; and

(5) by adding at the end the following:

“(i) ADMINISTRATIVE AND FISCAL RESPONSIBILITY.—

“(I) ANNUAL REPORTING REQUIREMENTS.—Each entity shall prepare and submit to the Secretary annual reports on its activities under this section and section 319C-2. Each such report shall be prepared by, or in consultation with, the health department. In order to properly evaluate and compare the performance of different entities assisted under this section and section 319C-2 and to assure the proper expenditure of funds under this section and section

319C-2, such reports shall be in such standardized form and contain such information as the Secretary determines (after consultation with the States) to be necessary to—

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

“(B) secure a complete record of the purposes for which funds were spent, and of the recipients of such funds;

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

“(D) determine the extent to which funds were expended consistent with the entity’s application transmitted under this section or section 319C-2.

“(2) AUDITS; IMPLEMENTATION.—

“(A) IN GENERAL.—Each entity receiving funds under this section or section 319C-2 shall, not less often than once every 2 years, audit its expenditures from amounts received under this section or section 319C-2. Such audits shall be conducted by an entity independent of the agency administering a program funded under this section or section 319C-2 in accordance with the Comptroller General’s standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 30 days following the completion of each audit report, the entity shall submit a copy of that audit report to the Secretary.

“(B) REPAYMENT.—Each entity shall repay to the United States amounts found by the Secretary, after notice and opportunity for a hearing to the entity, not to have been expended in accordance with this section or section 319C-2 and, if such repayment is not made, the Secretary may offset such amounts against the amount of any allotment to which the entity is or may become entitled under this section or section 319C-2 or may otherwise recover such amounts.

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

“(3) MAXIMUM CARRYOVER AMOUNT.—

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

“(B) AMOUNT EXCEEDED.—For each fiscal year, if the percentage amount of an award under this section unexpended by an entity exceeds the maximum percentage permitted by the Secretary under subparagraph (A), the entity shall return to the Secretary the portion of the unexpended amount that exceeds the maximum amount permitted to be carried over by the Secretary.

“(C) ACTION BY SECRETARY.—The Secretary shall make amounts returned to the Secretary under subparagraph (B) available for awards under section 319C-2(b)(1). In making awards under section 319C-2(b)(1) with amounts collected under this paragraph the Secretary shall give preference to entities that are located in whole or in part in States from which amounts have been returned under subparagraph (B).

“(D) WAIVER.—An entity may apply to the Secretary for a waiver of the maximum percentage amount under subparagraph (A). Such an application for a waiver shall include an explanation why such requirement should not apply to the entity and the steps taken by such entity to ensure that all funds under an award under this section will be expended appropriately.

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

paragraph (D) or for all entities in a fiscal year, if the Secretary determines that mitigating conditions exist that justify the waiver or reduction.”.

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

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

(1) in subsection (a)(1), by inserting “domestically and abroad” after “public health threats”; and

(2) by adding at the end the following:

“(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary, in collaboration with State, local, and tribal public health officials, shall establish a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of rapid response to, and management of, potentially catastrophic infectious disease outbreaks and other public health emergencies that originate domestically or abroad. Such network shall be built on existing State situational awareness systems or enhanced systems that enable such connectivity.

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

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

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

“(B) Federal health agencies;

“(C) zoonotic disease monitoring systems;

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

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

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

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

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

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

“(C) in collaboration with State, local, and tribal public health officials, integrate and build upon existing State, local, and tribal capabilities, ensuring simultaneous sharing of data, information, and analyses from the network described in paragraph (1) with State, local, and tribal public health agencies; and

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

“(e) STATE AND REGIONAL SYSTEMS TO ENHANCE SITUATIONAL AWARENESS IN PUBLIC HEALTH EMERGENCIES.—

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

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

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

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

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

“(C) a description of the manner in which grant funds will be used to enhance the timelines and comprehensiveness of efforts to detect, respond to, and manage potentially catastrophic infectious disease outbreaks and public health emergencies.

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

“(A) shall establish, enhance, or operate a coordinated public health situational awareness system for regional or Statewide early detection of, rapid response to, and management of potentially catastrophic infectious disease outbreaks and public health emergencies; and

“(B) may award grants or contracts to entities described in paragraph (1) within or serving such State to assist such entities in improving the operation of information technology systems, facilitating the secure exchange of data and information, and training personnel to enhance the operation of the system described in paragraph (A).

“(4) LIMITATION.—Information technology systems acquired or implemented using grants awarded under this section must be compliant with—

“(A) interoperability and other technological standards, as determined by the Secretary; and

“(B) data collection and reporting requirements for the network described in subsection (d).

“(5) INDEPENDENT EVALUATION.—Not later than 4 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Government Accountability Office shall conduct an independent evaluation, and submit to the Secretary and the appropriate committees of Congress a report, concerning the activities conducted under this subsection and subsection (d).

“(f) GRANTS FOR REAL-TIME SURVEILLANCE IMPROVEMENT.—

“(1) IN GENERAL.—The Secretary may award grants to eligible entities to carry out projects described under paragraph (4).

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

“(A)(i) a hospital, clinical laboratory, university; or

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

“(B) a participant in the network established under subsection (d).

“(3) APPLICATION.—Each eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(4) USE OF FUNDS.—

“(A) IN GENERAL.—An eligible entity described in paragraph (2)(A)(i) that receives a grant under this section shall use the funds awarded pursuant to such grant to carry out a pilot demonstration project to purchase and implement the use of advanced diagnostic medical equipment to analyze real-time clinical specimens for pathogens of public health or bioterrorism significance and report any results from such

project to State, local, and tribal public health entities and the network established under subsection (d).

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

“(i) improve the early detection, surveillance, and investigative capabilities of poison control centers for chemical, biological, radiological, and nuclear events by training poison information personnel to improve the accuracy of surveillance data, improving the definitions used by the poison control centers for surveillance, and enhancing timely and efficient investigation of data anomalies;

“(ii) improve the capabilities of poison control centers to provide information to health care providers and the public with regard to chemical, biological, radiological, or nuclear threats or exposures, in consultation with the appropriate State, local, and tribal public health entities; or

“(iii) provide surge capacity in the event of a chemical, biological, radiological, or nuclear event through the establishment of alternative poison control center workites and the training of nontraditional personnel.

“(g) AUTHORIZATION OF APPROPRIATIONS.—

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

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

#### SEC. 203. PUBLIC HEALTH WORKFORCE ENHANCEMENTS.

(a) DEMONSTRATION PROJECT.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 2541) is amended by adding at the end the following:

##### “SEC. 338M. PUBLIC HEALTH DEPARTMENTS.

“(a) IN GENERAL.—To the extent that funds are appropriated under subsection (e), the Secretary shall establish a demonstration project to provide for the participation of individuals who are eligible for the Loan Repayment Program described in section 338B and who agree to complete their service obligation in a State health department that provides a significant amount of service to health professional shortage areas or areas at risk of a public health emergency, as determined by the Secretary, or in a local or tribal health department that serves a health professional shortage area or an area at risk of a public health emergency.

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

“(1) comply with all rules and requirements described in such section (other than section 338B(f)(1)(B)(iv)); and

“(2) agree to serve for a time period equal to 2 years, or such longer period as the individual may agree to, in a State, local, or tribal health department, described in subsection (a).

“(c) DESIGNATIONS.—The demonstration project described in subsection (a), and any healthcare providers who are selected to participate in such project, shall not be considered by the Secretary in the designation of health professional shortage areas under section 332 during fiscal years 2007 through 2010.

“(d) REPORT.—Not later than 3 years after the date of enactment of this section, the Secretary shall submit a report to the relevant committees of Congress that evaluates the participation of individuals in the demonstration project under subsection (a), the impact of such participation on State, local, and tribal health departments, and the benefit and feasibility of permanently allowing such placements in the Loan Repayment Program.

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

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

##### “(j) PUBLIC HEALTH LOAN REPAYMENT.—

“(1) IN GENERAL.—The Secretary may award grants to States for the purpose of assisting such States in operating loan repayment programs under which such States enter into contracts to repay all or part of the eligible loans borrowed by, or on behalf of, individuals who agree to serve in State, local, or tribal health departments that serve health professional shortage areas or other areas at risk of a public health emergency, as designated by the Secretary.

“(2) LOANS ELIGIBLE FOR REPAYMENT.—To be eligible for repayment under this subsection, a loan shall be a loan made, insured, or guaranteed by the Federal Government that is borrowed by, or on behalf of, an individual to pay the cost of attendance for a program of education leading to a degree appropriate for serving in a State, local, or tribal health department as determined by the Secretary and the chief executive officer of the State in which the grant is administered, at an institution of higher education (as defined in section 102 of the Higher Education Act of 1965), including principal, interest, and related expenses on such loan.

“(3) APPLICABILITY OF EXISTING REQUIREMENTS.—With respect to awards made under paragraph (1)—

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

“(B) the requirements of subsection (c) shall apply to such awards except that with respect to paragraph (1) of such subsection, the State involved may assign an individual only to public and nonprofit private entities that serve health professional shortage areas or areas at risk of a public health emergency, as determined by the Secretary.

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

#### SEC. 204. VACCINE TRACKING AND DISTRIBUTION.

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

##### “SEC. 319A. VACCINE TRACKING AND DISTRIBUTION.

“(a) TRACKING.—The Secretary, together with relevant manufacturers, wholesalers, and distributors as may agree to cooperate, may track the initial distribution of federally purchased influenza vaccine in an influenza pandemic. Such tracking information shall be used to inform Federal, State, local, and tribal decision makers during an influenza pandemic.

“(b) DISTRIBUTION.—The Secretary shall promote communication between State, local, and tribal public health officials and such manufacturers, wholesalers, and distributors as agree to participate, regarding the effective distribution of seasonal influenza vaccine. Such communication shall include estimates of high priority populations, as determined by the Secretary, in State, local, and tribal jurisdictions in order to inform Federal, State, local, and tribal decision makers during vaccine shortages and supply disruptions.

“(c) CONFIDENTIALITY.—The information submitted to the Secretary or its contractors, if any, under this section or under any other section of this Act related to vaccine distribution information shall remain confidential in accordance with the exception from the public disclosure of trade secrets, commercial or financial information, and information obtained from an individual that is privileged and confidential, as provided for in section 552(b)(4) of title 5, United

States Code, and subject to the penalties and exceptions under sections 1832 and 1833 of title 18, United States Code, relating to the protection and theft of trade secrets, and subject to privacy protections that are consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996. None of such information provided by a manufacturer, wholesaler, or distributor shall be disclosed without its consent to another manufacturer, wholesaler, or distributor, or shall be used in any manner to give a manufacturer, wholesaler, or distributor a proprietary advantage.

“(d) GUIDELINES.—The Secretary, in order to maintain the confidentiality of relevant information and ensure that none of the information contained in the systems involved may be used to provide proprietary advantage within the vaccine market, while allowing State, local, and tribal health officials access to such information to maximize the delivery and availability of vaccines to high priority populations, during times of influenza pandemics, vaccine shortages, and supply disruptions, in consultation with manufacturers, distributors, wholesalers and State, local, and tribal health departments, shall develop guidelines for subsections (a) and (b).

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

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

#### SEC. 205. NATIONAL SCIENCE ADVISORY BOARD FOR BIOSECURITY.

The National Science Advisory Board for Biosecurity shall, when requested by the Secretary of Health and Human Services, provide to relevant Federal departments and agencies, advice, guidance, or recommendations concerning—

(1) a core curriculum and training requirements for workers in maximum containment biological laboratories; and

(2) periodic evaluations of maximum containment biological laboratory capacity nationwide and assessments of the future need for increased laboratory capacity;

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

##### SEC. 301. NATIONAL DISASTER MEDICAL SYSTEM.

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

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

(2) by striking subsection (a);

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

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

(A) in paragraph (2)(B), by striking “Federal Emergency Management Agency” and inserting “Department of Homeland Security”; and

(B) in paragraph (3)(C), by striking “Public Health Security and Bioterrorism Preparedness and Response Act of 2002” and inserting “Pandemic and All-Hazards Preparedness Act”;

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

(A) striking the subsection heading and inserting “MODIFICATIONS”;

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

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

“(1) IN GENERAL.—Taking into account the findings from the joint review described under paragraph (2), the Secretary shall modify the policies of the National Disaster Medical System as necessary.

“(2) JOINT REVIEW AND MEDICAL SURGE CAPACITY STRATEGIC PLAN.—Not later than 180 days

after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary, in coordination with the Secretary of Homeland Security, the Secretary of Defense, and the Secretary of Veterans Affairs, shall conduct a joint review of the National Disaster Medical System. Such review shall include an evaluation of medical surge capacity, as described by section 2804(a). As part of the National Health Security Strategy under section 2802, the Secretary shall update the findings from such review and further modify the policies of the National Disaster Medical System as necessary.”;

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

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

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

(b) **TRANSFER OF NATIONAL DISASTER MEDICAL SYSTEM TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**—There shall be transferred to the Secretary of Health and Human Services the functions, personnel, assets, and liabilities of the National Disaster Medical System of the Department of Homeland Security, including the functions of the Secretary of Homeland Security and the Under Secretary for Emergency Preparedness and Response relating thereto.

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

(1) in section 502(3)(B), by striking “, the National Disaster Medical System.”; and

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

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

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

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

(3) in subparagraph (B)—

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

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

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

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

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

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

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

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

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

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

“(a) **STUDY OF ENHANCING MEDICAL SURGE CAPACITY.**—As part of the joint review described in section 2812(b), the Secretary shall evaluate the benefits and feasibility of improving the capacity of the Department of Health and Human Services to provide additional medical surge capacity to local communities in the event of a public health emergency. Such study shall include an assessment of the need for and feasibility of improving surge capacity through—

“(1) acquisition and operation of mobile medical assets by the Secretary to be deployed, on a contingency basis, to a community in the event of a public health emergency; and

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

“(b) **AUTHORITY TO ACQUIRE AND OPERATE MOBILE MEDICAL ASSETS.**—In addition to any other authority to acquire, deploy, and operate mobile medical assets, the Secretary may acquire, deploy, and operate mobile medical assets if, taking into consideration the evaluation conducted under subsection (a), such acquisition, deployment, and operation is determined to be beneficial and feasible in improving the capacity of the Department of Health and Human Services to provide additional medical surge capacity to local communities in the event of a public health emergency.

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

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

“(2) **MEMORANDA OF UNDERSTANDING.**—If, based on the analysis conducted under paragraph (1), the Secretary determines that there are Federal facilities which, in the event of a public health emergency, could be used as facilities in which to provide health care, the Secretary shall, with respect to each such facility, seek to conclude a memorandum of understanding with the head of the Department or agency that operates such facility that permits the use of such facility to provide health care in the event of a public health emergency.”.

(b) **EMTALA.**—

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

(A) in paragraph (3), by striking subparagraph (B) and inserting the following:

“(B) the direction or relocation of an individual to receive medical screening in an alternative location—

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

“(ii) in the case of a public health emergency described in subsection (g)(1)(B) that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan or a plan referred to in clause (i), whichever is applicable in the State.”;

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

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

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

**SEC. 303. ENCOURAGING HEALTH PROFESSIONAL VOLUNTEERS.**

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

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

“(a) **IN GENERAL.**—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary, in collaboration with State, local, and tribal officials, shall build on State, local, and tribal pro-

grams in existence on the date of enactment of such Act to establish and maintain a Medical Reserve Corps (referred to in this section as the ‘Corps’) to provide for an adequate supply of volunteers in the case of a Federal, State, local, or tribal public health emergency. The Corps shall be headed by a Director who shall be appointed by the Secretary and shall oversee the activities of the Corps chapters that exist at the State, local, and tribal levels.

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

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

“(1)(A) are health professionals who have appropriate professional training and expertise as determined appropriate by the Director of the Corps; or

“(B) are non-health professionals who have an interest in serving in an auxiliary or support capacity to facilitate access to health care services in a public health emergency;

“(2) are certified in accordance with the certification program developed under subsection (d);

“(3) are geographically diverse in residence;

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

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

“(d) **CERTIFICATION; DRILLS.**—

“(1) **CERTIFICATION.**—The Director, in collaboration with State, local, and tribal officials, shall establish a process for the periodic certification of individuals who volunteer for the Corps, as determined by the Secretary, which shall include the completion by each individual of the core training programs developed under section 319F, as required by the Director. Such certification shall not supercede State licensing or credentialing requirements.

“(2) **DRILLS.**—In conjunction with the core training programs referred to in paragraph (1), and in order to facilitate the integration of trained volunteers into the health care system at the local level, Corps members shall engage in periodic training exercises to be carried out at the local level.

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

“(f) **EXPENSES AND TRANSPORTATION.**—While engaged in performing duties as a member of the Corps pursuant to an assignment by the Secretary (including periods of travel to facilitate such assignment), members of the Corps who are not otherwise employed by the Federal Government shall be allowed travel or transportation expenses, including per diem in lieu of subsistence.

“(g) **IDENTIFICATION.**—The Secretary, in cooperation and consultation with the States, shall develop a Medical Reserve Corps Identification Card that describes the licensure and certification information of Corps members, as well as other identifying information determined necessary by the Secretary.

“(h) **INTERMITTENT DISASTER-RESPONSE PERSONNEL.**—

“(1) **IN GENERAL.**—For the purpose of assisting the Corps in carrying out duties under this section, during a public health emergency, the Secretary may appoint selected individuals to serve as intermittent personnel of such Corps in accordance with applicable civil service laws and regulations. In all other cases, members of the Corps are subject to the laws of the State in which the activities of the Corps are undertaken.

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

“(3) **LIMITATION.**—State, local, and tribal officials shall have no authority to designate a member of the Corps as Federal intermittent disaster-response personnel, but may request the services of such members.”

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

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

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

(2) by striking subsections (a) and (b) and inserting the following:

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

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

“(1) with respect to each volunteer health professional included in the system—

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

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

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

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

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

“(d) **ACCESSIBILITY.**—The Secretary shall ensure that the network established under subsection (a) is electronically accessible by State, local, and tribal health departments and can be linked with the identification cards under section 2813.

“(e) **CONFIDENTIALITY.**—The Secretary shall establish and require the application of and compliance with measures to ensure the effective security of, integrity of, and access to the data included in the network.”

“(f) **COORDINATION.**—The Secretary shall coordinate with the Secretary of Veterans Affairs and the Secretary of Homeland Security to assess the feasibility of integrating the verification network under this section with the VetPro system of the Department of Veterans Affairs and the National Emergency Responder Credentialing System of the Department of Homeland Security. The Secretary shall, if feasible, integrate the verification network under this section with such VetPro system and the National Emergency Responder Credentialing System.”

“(g) **UPDATING OF INFORMATION.**—The States that are participants in the network established under subsection (a) shall, on at least a quarterly basis, work with the Director to provide for the updating of the information contained in such network.”

“(h) **CLARIFICATION.**—Inclusion of a health professional in the verification network established pursuant to this section shall not constitute appointment of such individual as a Federal employee for any purpose, either under sec-

tion 2812(c) or otherwise. Such appointment may only be made under section 2812 or 2813.

“(i) **HEALTH CARE PROVIDER LICENSES.**—The Secretary shall encourage States to establish and implement mechanisms to waive the application of licensing requirements applicable to health professionals, who are seeking to provide medical services (within their scope of practice), during a national, State, local, or tribal public health emergency upon verification that such health professionals are licensed and in good standing in another State and have not been disciplined by any State health licensing or disciplinary board.”; and

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

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

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

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

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

“(1) **IN GENERAL.**—The Secretary, in collaboration with the Secretary of Defense, and in consultation with relevant public and private entities, shall develop core health and medical response curricula and trainings by adapting applicable existing curricula and training programs to improve responses to public health emergencies.”

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

“(A) medical management of casualties, taking into account the needs of at-risk individuals;

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

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

“(D) national incident management, including coordination among Federal, State, local, tribal, international agencies, and other entities; and

“(E) protecting health care workers and health care first responders from workplace exposures during a public health emergency.”

“(3) **PEER REVIEW.**—On a periodic basis, products prepared as part of the program shall be rigorously tested and peer-reviewed by experts in the relevant fields.”

“(4) **CREDIT.**—The Secretary and the Secretary of Defense shall—

“(A) take into account continuing professional education requirements of public health and healthcare professions; and

“(B) cooperate with State, local, and tribal accrediting agencies and with professional associations in arranging for students enrolled in the program to obtain continuing professional education credit for program courses.”

“(5) **DISSEMINATION AND TRAINING.**—

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

“(B) **CERTAIN ENTITIES.**—The education and training activities described in subparagraph (A) may be carried out by Federal public health or medical entities, appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.”

“(C) **GRANTS AND CONTRACTS.**—In carrying out this subsection, the Secretary may carry out activities directly or through the award of grants and contracts, and may enter into inter-agency agreements with other Federal agencies.”;

(2) by striking subsections (c) through (g) and inserting the following:

“(c) **EXPANSION OF EPIDEMIC INTELLIGENCE SERVICE PROGRAM.**—The Secretary may establish 20 officer positions in the Epidemic Intelligence Service Program, in addition to the num-

ber of the officer positions offered under such Program in 2006, for individuals who agree to participate, for a period of not less than 2 years, in the Career Epidemiology Field Officer program in a State, local, or tribal health department that serves a health professional shortage area (as defined under section 332(a)), a medically underserved population (as defined under section 330(b)(3)), or a medically underserved area or area at high risk of a public health emergency as designated by the Secretary.”

“(d) **CENTERS FOR PUBLIC HEALTH PREPAREDNESS; CORE CURRICULA AND TRAINING.**—

“(1) **IN GENERAL.**—The Secretary may establish at accredited schools of public health, Centers for Public Health Preparedness (hereafter referred to in this section as the ‘Centers’).”

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

“(3) **CORE CURRICULA.**—The Secretary, in collaboration with the Centers and other public or private entities shall establish core curricula based on established competencies leading to a 4-year bachelor’s degree, a graduate degree, a combined bachelor and master’s degree, or a certificate program, for use by each Center. The Secretary shall disseminate such curricula to other accredited schools of public health and other health professions schools determined appropriate by the Secretary, for voluntary use by such schools.”

“(4) **CORE COMPETENCY-BASED TRAINING PROGRAM.**—The Secretary, in collaboration with the Centers and other public or private entities shall facilitate the development of a competency-based training program to train public health practitioners. The Centers shall use such training program to train public health practitioners. The Secretary shall disseminate such training program to other accredited schools of public health, health professions schools, and other public or private entities as determined by the Secretary, for voluntary use by such entities.”

“(5) **CONTENT OF CORE CURRICULA AND TRAINING PROGRAM.**—The Secretary shall ensure that the core curricula and training program established pursuant to this subsection respond to the needs of State, local, and tribal public health authorities and integrate and emphasize essential public health security capabilities consistent with section 2802(b)(2).”

“(6) **ACADEMIC-WORKFORCE COMMUNICATION.**—As a condition of receiving funding from the Secretary under this subsection, a Center shall collaborate with a State, local, or tribal public health department to—

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

“(B) assess the extent to which such needs are fulfilled by existing preparedness and response activities of such school or health department, and how such activities may be improved;

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

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

“(7) **PUBLIC HEALTH SYSTEMS RESEARCH.**—In consultation with relevant public and private entities, the Secretary shall define the existing knowledge base for public health preparedness and response systems, and establish a research agenda based on Federal, State, local, and tribal public health preparedness priorities. As a condition of receiving funding from the Secretary under this subsection, a Center shall conduct public health systems research that is consistent with the agenda described under this paragraph.”;

(3) by redesignating subsection (h) as subsection (e);

(4) by inserting after subsection (e) (as so redesignated), the following:

“(f) AUTHORIZATION OF APPROPRIATIONS.—  
“(1) FISCAL YEAR 2007.—There are authorized to be appropriated to carry out this section for fiscal year 2007—

“(A) to carry out subsection (a)—  
“(i) \$5,000,000 to carry out paragraphs (1) through (4); and

“(ii) \$7,000,000 to carry out paragraph (5);  
“(B) to carry out subsection (c), \$3,000,000; and

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

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

(5) by striking subsections (i) and (j).

**SEC. 305. PARTNERSHIPS FOR STATE AND REGIONAL HOSPITAL PREPAREDNESS TO IMPROVE SURGE CAPACITY.**

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

**“SEC. 319C-2. PARTNERSHIPS FOR STATE AND REGIONAL HOSPITAL PREPAREDNESS TO IMPROVE SURGE CAPACITY.**

“(a) IN GENERAL.—The Secretary shall award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

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

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

“(i) one or more hospitals, at least one of which shall be a designated trauma center, consistent with section 1213(c);

“(ii) one or more other local health care facilities, including clinics, health centers, primary care facilities, mental health centers, mobile medical assets, or nursing homes; and

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

“(II) one or more States; or

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

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

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

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

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

“(d) PREFERENCES.—

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

“(A) will enhance coordination—

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

“(ii) between such entities and the entities described in subsection (b)(1)(A)(ii); and

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

“(2) OTHER PREFERENCES.—In making awards under subsection (a), the Secretary shall give

preference to eligible entities that, in the determination of the Secretary—

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

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

“(C) have a significant need for funds to achieve the medical preparedness goals described in section 2802(b)(3).

“(e) CONSISTENCY OF PLANNED ACTIVITIES.—The Secretary may not award a cooperative agreement to an eligible entity described in subsection (b)(1) unless the application submitted by the entity is coordinated and consistent with an applicable State All-Hazards Public Health Emergency Preparedness and Response Plan and relevant local plans, as determined by the Secretary in consultation with relevant State health officials.

“(f) LIMITATION ON AWARDS.—A political subdivision shall not participate in more than one partnership described in subsection (b)(1).

“(g) COORDINATION WITH LOCAL RESPONSE CAPABILITIES.—An eligible entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant local Metropolitan Medical Response Systems, local Medical Reserve Corps, the Cities Readiness Initiative, and local emergency plans.

“(h) MAINTENANCE OF FUNDING.—

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

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

“(i) PERFORMANCE AND ACCOUNTABILITY.—The requirements of section 319C-1(g) and (i) shall apply to entities receiving awards under this section (regardless of whether such entities are described under subsection (b)(1)(A) or (b)(2)(A)) in the same manner as such requirements apply to entities under section 319C-1. An entity described in subsection (b)(1)(A) shall make such reports available to the lead health official of the State in which such partnership is located.

“(j) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there is authorized to be appropriated \$474,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.

“(2) RESERVATION OF AMOUNTS FOR PARTNERSHIPS.—Prior to making awards described in paragraph (3), the Secretary may reserve from the amount appropriated under paragraph (1) for a fiscal year, an amount determined appropriate by the Secretary for making awards to entities described in subsection (b)(1)(A).

“(3) AWARDS TO STATES AND POLITICAL SUBDIVISIONS.—

“(A) IN GENERAL.—From amounts appropriated for a fiscal year under paragraph (1) and not reserved under paragraph (2), the Secretary shall make awards to entities described in subsection (b)(2)(A) that have completed an application as described in subsection (b)(2)(B).

“(B) AMOUNT.—The Secretary shall determine the amount of an award to each entity described in subparagraph (A) in the same manner as such amounts are determined under section 319C-1(h).”.

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

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

(1) in subsection (a)—

(A) in paragraph (1), by—

(i) striking “chemical or biological attack” and inserting “a public health emergency (as defined in section 2801 of the Public Health Service Act)”;

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

(iii) striking “public health emergencies” and inserting “such emergencies”; and

(B) in paragraph (2)—

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

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

(iii) by adding at the end the following:

“(C) organizing, training, and equipping the staff of such centers to support the activities carried out by the Secretary of Health and Human Services under section 2801 of the Public Health Service Act in the event of a public health emergency and incidents covered by the National Response Plan developed pursuant to section 502(6) of the Homeland Security Act of 2002, or any successor plan; and

“(D) providing medical logistical support to the National Disaster Medical System and the Secretary of Health and Human Services as necessary, on a reimbursable basis, and in coordination with other designated Federal agencies.”;

(2) in subsection (c), by striking “a chemical or biological attack or other terrorist attack.” and inserting “a public health emergency. The Secretary shall, through existing medical procurement contracts, and on a reimbursable basis, make available as necessary, medical supplies, equipment, and pharmaceuticals in response to a public health emergency in support of the Secretary of Health and Human Services.”;

(3) in subsection (d), by—

(A) striking “develop and”; and

(B) striking “biological, chemical, or radiological attacks” and inserting “public health emergencies”; and

(C) by inserting “consistent with section 319F(a) of the Public Health Service Act” before the period; and

(4) in subsection (e)—

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

(B) in paragraph (2)—

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

(ii) by striking “319F(a)” and inserting “319F”.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 8117 of title 38, United States Code, is amended by adding at the end the following:

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

Mr. BURR. Mr. President, I rise today in support of S. 3678, the Pandemic and All-Hazards Preparedness Act. This bipartisan bill, which was drafted closely with Senator KENNEDY, will improve our public health and medical preparedness and responses during emergencies and disasters. I thank the Senator from Massachusetts for his partnership on this important legislation. I also thank Chairman ENZI for his leadership, Majority Leader FRIST, Senator GREGG and all 14 bipartisan cosponsors of this legislation for their hard work and support.

S. 3678 achieves two overarching goals. It reauthorizes the Bioterrorism Act of 2002, which was signed into law

following the terrorist attacks of September 11 and expired at the end of September, and it builds on the Project Bioshield Act of 2004, to speed up the development of drug and vaccine countermeasures against bioterrorist and other public health threats.

In June 2002, President Bush signed the Bioterrorism Act into law and stated the legislation was proof that “When people of both parties work together, they can work on behalf of our country.” Over the last 2 years, S. 3678 has been developed through the same bipartisan process. We all understand that the threats of bioterrorism and other public health emergencies, such as pandemic flu, are very real and we are committed to act now to protect the American people.

We know we must act now, before avian flu reaches our shores, before the next hurricane devastates a great city, before a bioterrorist attack kills an innocent American.

The threat of bioterrorism remains. Around the world, radical religious groups are being urged to establish new terror cells that specialize in biological warfare. It is increasingly easy to access Internet guides to bioterrorism, including methods for contaminating food and water supplies and spreading deadly microbes using do-it-yourself sprayers.

We often think of smallpox and anthrax as the gravest bioterrorism threats; however, as science and technology advance, the number of worrisome agents is expanding. In fact, the Department of Homeland Security recently determined that an additional nine biological agents present material threats against the United States sufficient to affect national security.

It is clear we will not keep up with new and emerging threats if we continue to be constrained by practices and procedures which require, for example, a decade to develop a new drug or vaccine countermeasure. Instead, we must take a faster, more creative approach to developing flexible, dynamic defenses against these threats.

Hurricanes Katrina and Rita proved once again that Mother Nature can be extremely destructive. And now, the United States is preparing for a potential flu pandemic that may be carried by birds. The biodefense plan laid out in this bill will enable us to be more flexible and will allow us to rapidly respond to all-hazards emergencies—be they natural, deliberate, or accidental.

We take five key actions in S. 3678, which will better prepare the Nation for the all-hazards public health emergencies of the future.

First, the bill puts someone in charge. After Hurricane Katrina, it was unclear who was in charge of our public health and medical response to this devastating storm. I believe unity of command and control is the key to rapid emergency response. This legislation identifies the Secretary of Health and Human Services as the lead Federal official for public health and med-

ical response to emergencies, thereby eliminating confusion and chaos and increasing accountability and predictability. S. 3678 also unifies HHS preparedness and response programs under a renamed Assistant Secretary for Preparedness and Response, ensuring someone in the Federal Government is constantly improving our preparedness.

Second, S. 3678 funds State and local preparedness. We know the best emergency response begins at the local level. My bill reauthorizes over \$1 billion per year in grants from HHS for State and local public health and medical preparedness. Authorization for these important grant programs expired in September 2006. The legislation also stresses accountability and fiscal responsibility in order to measure the progress made through these funds, and it requires States to match Federal investments in preparedness, beginning in 2009.

Third, the bill improves public health security. Public health departments across the country have varying abilities to identify a case of bird flu and contain its spread. S. 3678 establishes a set of key capabilities that all health departments must strive for. It also modernizes how public health departments detect, respond to, and manage public health threats, by collecting instant electronic information which will enable public health officials to make informed decisions before, during, and after a public health emergency.

Fourth, S. 3678 will speed up emergency medical response. During the response to Hurricane Katrina, it was too difficult for willing health care providers to volunteer their time and provide much-needed medical expertise to the gulf coast region. My bill makes it easier for health care providers to volunteer in emergency situations, and it enables the Secretary of Health and Human Services to provide liability protections for approved volunteers. This legislation also promotes the use of mobile hospitals and alternative Federal facilities which can help handle an increased number of patients during an emergency. Additionally, the bill improves planning and logistics for health care providers and volunteers to ensure emergency medical care can be delivered faster during a disaster.

Finally, the bill ensures the development of more drug and vaccine countermeasures to combat public health emergencies. The process for developing a new medical countermeasure still takes up to a decade and costs hundreds of millions of dollars. S. 3678 will improve our ability to quickly develop drugs and vaccines to protect against threats such as bird flu and bioterrorism. It reorganizes and enhances HHS medical countermeasure research, development, and procurement activities, through the Biomedical Advanced Research and Development Authority, or BARDA. Modeled after the Defense Advanced Research Projects Agency's successes in defense

research, BARDA will bring innovation to a process that is simply too slow to combat terrorist activities or Mother Nature.

Making the Government more dynamic, nimble, and accountable will bring more and better medical countermeasures to the public faster case of emergency.

In closing, I applaud my Senate colleagues for taking a decisive step forward today in improving the Nation's preparedness for all-hazards public health emergencies—including acts of terrorism and those brought to us by Mother Nature, by passing S. 3678, the Pandemic and All-Hazards Preparedness Act.

I would like to thank the staff of my Subcommittee on Bioterrorism and Public Health Preparedness for their hard work, Jennifer Bryning, Kendall Byrum, Jenny Ware, Heidi Swygard, former staff director, Dr. Bob Kadlec, and former Senate fellow, David Marcozzi. Also, thank you to the majority leader's staff, especially Elizabeth Hall. Thank you to Chairman ENZI's staff, Katherine McGuire, Ilyse Schuman, Steve Northrup, and David Schmickel. Thank you to Senator KENNEDY's staff for their hard work, David Bowen, and Caya Lewis. And thank you to Senator GREGG's staff for their support, David Fisher, and Richard Weiblinger.

Earlier this year, I had the opportunity to travel to the Gulf Coast to learn from the disaster of Hurricane Katrina. It is our solemn responsibility to do all we can to make sure our Federal response is better. I want to also thank the many State and local public health officials from across the country, the hospitals, health care providers, elected officials, patients, EMT personnel and citizens who gave us their ideas and shared their experiences in this process. Together, we have laid out a plan to improve our Nation's public health and to better respond to disasters in the future.

Mr. KENNEDY. Mr. President, this afternoon, the Senate will consider legislation that will have far-reaching effects on the Nation's readiness for bioterrorist attacks, epidemics, and other public health emergencies.

The passage of the bill today is the culmination of a long process that our subcommittee, under the able leadership of Senator BURR, conducted to evaluate recommendations for renewing and strengthening the public health legislation enacted in 2002 and the BioShield proposal enacted the following year.

That was no small challenge. Our lack of preparedness was painfully clear to the hundreds of thousands of Americans who suffered and are still suffering in the aftermath of Hurricane Katrina.

Today we face the possibility of a pandemic or a bioterrorist attack, which could be as bad as a Hurricane

Katrina in every community in America. We know that we are not yet ready for a catastrophe of that scale.

We need new medicines and new vaccines to protect against the disease threats of the twenty-first century. Yet many biotechnology companies are unwilling to invest in this area because of its uncertain commercial rewards.

Congress previously enacted the BioShield law to provide a guaranteed market for these products, but that program has been implemented poorly and has failed to live up to its promise.

Our legislation makes improvements in BioShield and supplements it by creating a new agency based on the successful model of DARPA, which has enhanced the development of important new products for our national defense. In recent years, the innovative research funded by DARPA has led to breakthroughs in supercomputers, robotics, materials science, nanotechnology, and in many other areas. Through the creation of a new agency, the Biomedical Advanced Research and Development Agency, we can emulate that success in the development of new vaccines and medicines.

But creating new products is only half the story. The newest vaccines and the most sophisticated technology are of little value if our hospitals and health agencies are overwhelmed and underequipped.

Time and again, Congress has called on the administration to take the steps needed to protect America against these new threats. But time and again, the response has been insufficient.

In 2000, Congress enacted the Frist-Kennedy legislation to provide a framework for bioterrorism preparedness. In the first year after the legislation was enacted, these programs received just \$1 million out of the \$360 million called for by the legislation.

Even in the aftermath of the September 11 attacks, the administration initially proposed only \$50 million to upgrade our hospitals and emergency rooms, and requested only \$125 million to improve our health agencies. Thanks to the leadership of Senator DASCHLE, Senator FRIST, and Senator BYRD, and of now-Senator BURR when he served in the House, Congress rejected these recommendations and provided over half a billion dollars for hospital readiness and nearly a billion dollars for health agencies.

Yet the administration has cut these needed funds. The support for hospital readiness through HRSA has decreased from \$518 million in 2003 to \$483 million this year. The story is the same in the CDC program to improve our health agencies. Funding has dropped from \$939 million in 2003 to \$834 million this year.

Is it any wonder that study after study shows that America is not ready for a biological attack? Our former colleague, Senator Lowell Weicker, is chairman of the board of the Trust for America's Health, which convened a panel of experts in public health to assess each State's readiness for bioter-

rorism. The sad story is that no State was fully ready. Even the most prepared States scored only 8 out of 10 on measures of basic preparedness.

And these measures don't ask the impossible. One measure is whether a State has plans to ensure continuity of care in an emergency. Another is whether the State can provide additional ventilator beds for ten—yes, just ten—additional patients. Even on these basic measures of readiness the majority of States scored a five or worse—and four States scored only a woeful 2 out of 10.

We have seen the consequences of failure. Now we must prepare for success.

With this bill, we take many important steps to increase our preparedness and response capabilities for public health emergencies. This bill will increase our medical surge capacity, strengthen our public health infrastructure, and clarify the responsibilities of Federal officials.

The first response to emergencies happens at the State and local level. But State and local governments were quickly overwhelmed by the magnitude of the tragedy during Hurricane Katrina and would soon be overwhelmed in a pandemic. Federal assistance is essential. But for the past 4 years, we have been giving States money for public health preparedness without giving them adequate guidance on how to spend it. This bill reauthorizes these grants to State and local public health departments, but now provides benchmarks, performance standards and increased technical assistance from HHS that will allow State and local governments to improve their performance.

Accurate and up-to-the-minute information is essential to managing an emergency. Health information technology is the key to a more effective health care system in so many areas, and it can immeasurably improve our ability to monitor a health emergency. Our legislation includes an important program to harness the power of health IT to aid our health emergency response.

We must learn the lessons of the past and see that our hospitals and health professionals can treat the victims of disease, that our health agencies can detect disease threats rapidly and accurately and that all parts of our society have adequate plans to contain a disease outbreak. This bill takes the right steps to better prepare our Nation for the next public health emergency, no matter what its source. I urge my colleagues to approve this proposal and to work with us to see that we can send it to the President's desk before the end of the Congress.

Mr. BURR. Mr. President, I ask unanimous consent that the amendment at the desk be agreed to, the committee-reported amendment, as amended, be agreed to, the bill, as amended, be read a third time and passed, the motion to reconsider be laid upon the table, and

that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 5210) was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.") The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill was ordered to be engrossed for a third reading and was read the third time.

The bill (S. 3678), as amended, was passed.

The PRESIDING OFFICER. The majority leader.

Mr. FRIST. Mr. President, we will be closing down in a few moments. I have several quick pieces of business to do first.

#### EXECUTIVE SESSION

#### NOMINATION OF ANDREW VON ESCHENBACH TO BE COMMISSIONER OF FOOD AND DRUGS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. FRIST. I ask consent that the Senate proceed to executive session for the consideration of Calendar No. 907, the nomination of Andrew von Eschenbach, to be Commissioner of Food and Drugs, Department of Health and Human Services.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read the nomination of Andrew von Eschenbach, of Texas, to be Commissioner of Food and Drugs, Department of Health and Human Services.

#### CLOTURE MOTION

Mr. FRIST. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

#### CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of Rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Executive Calendar No. 907, the nomination of Andrew von Eschenbach, of Texas, to be Commissioner of Food and Drugs, Department of Health and Human Services.

William H. Frist, Michael B. Enzi, Richard Burr, Thad Cochran, George V. Voinovich, Robert F. Bennett, Tom Coburn, Norm Coleman, Conrad R. Burns, Jon Kyl, Pat Roberts, Mel Martinez, John Ensign, Lamar Alexander, Elizabeth Dole, Christopher Bond, John Cornyn.

Mr. FRIST. Mr. President, this cloture vote will occur on Thursday morning. If we can reach an agreement for a vote at a time certain on this FDA nomination, we would vitiate this cloture vote. In the meantime, I now ask consent that the mandatory quorum be