

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 3678

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

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## IN THE SENATE OF THE UNITED STATES

JULY 18, 2006

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

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## A BILL

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

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

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

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

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

Sec. 1. Short title; table of contents.

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

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

TITLE II—PUBLIC HEALTH SECURITY PREPAREDNESS

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

TITLE III—ALL-HAZARDS MEDICAL SURGE CAPACITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16           “(3) COUNTERMEASURES.—

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

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

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

5 “(4) COORDINATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10           “(C) the Strategic National Stockpile; and

11           “(D) the Cities Readiness Initiative; and

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

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

18           (b) TRANSFER OF FUNCTIONS; REFERENCES.—

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

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

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

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

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

14          “(a) IN GENERAL.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21           “(4) AT-RISK INDIVIDUALS.—

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

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

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

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

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

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

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

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

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

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

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

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

13 “(1)(A) be a State;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 “(d) USE OF FUNDS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 “(6) AMOUNTS DESCRIBED.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

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

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

17          “(2) MAINTAINING STATE FUNDING.—

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

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

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

8 “(3) DETERMINATION OF AMOUNT.—

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

17 (B) in paragraph (4)(A)—

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

20 (ii) by striking “(A)(i)(I)”;

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

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

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

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

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

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

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

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

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

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

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

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

15 “(2) AUDITS; IMPLEMENTATION.—

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

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

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

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

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

3 “(3) MAXIMUM CARRYOVER AMOUNT.—

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

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

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

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

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

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

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

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

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

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

4 “(d) PUBLIC HEALTH SITUATIONAL AWARENESS.—

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

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

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

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

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

8 “(B) Federal health agencies;

9 “(C) zoonotic disease monitoring systems;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 “(4) USE OF FUNDS.—

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

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

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

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

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

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

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

7 “(h) PUBLIC HEALTH DEPARTMENTS.—

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

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

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

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

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

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

1           “(5) AUTHORIZATION OF APPROPRIATIONS.—

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

5           (b) GRANTS FOR LOAN REPAYMENT PROGRAM.—

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

8           “(i) PUBLIC HEALTH LOAN REPAYMENT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10           (2) by striking subsection (a);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8           (3) in subparagraph (B)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (b) EMTALA.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 “(3) are geographically diverse in residence;

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

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

4           “(d) CERTIFICATION; DRILLS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11       “(5) DISSEMINATION AND TRAINING.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19          “(e) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 “(II) one or more States; or

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

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

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

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

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

12          “(d) PREFERENCES.—

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

17                         “(A) will enhance coordination—

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

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

22                                 and

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

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

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

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

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

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

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

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

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

11       “(h) MAINTENANCE OF STATE FUNDING.—

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

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

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

7       “(j) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

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

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

12 (1) in subsection (a)—

13 (A) in paragraph (1), by—

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

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

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

22 and

23 (B) in paragraph (2)—

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

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

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

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

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

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

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

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

5                 (A) striking “develop and”;

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

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

12             (4) in subsection (e)—

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

15                 (B) in paragraph (2)—

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

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

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

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

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

○