

118TH CONGRESS  
1ST SESSION

# H. R. 4421

To reauthorize certain programs under the Public Health Service Act with respect to public health security and all-hazards preparedness and response related to the Administration for Strategic Preparedness and Response, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 2023

Mr. HUDSON introduced the following bill; which was referred to the  
Committee on Energy and Commerce

---

## A BILL

To reauthorize certain programs under the Public Health Service Act with respect to public health security and all-hazards preparedness and response related to the Administration for Strategic 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 “Preparing for All Hazards and Pathogens Reauthoriza-  
6 tion Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—PREPARING FOR AND RESPONDING TO PUBLIC  
 HEALTH SECURITY THREATS

Sec. 101. National health security strategy.

Sec. 102. Protection of national security from threats.

Sec. 103. Public Health Emergency Medical Countermeasures Enterprise.

Sec. 104. Partnerships for State and regional hospital preparedness to improve surge capacity.

Sec. 105. Guidelines for regional health care emergency preparedness and response systems.

Sec. 106. Strategic National Stockpile.

Sec. 107. Diagnostic testing preparedness plan.

Sec. 108. Biomedical advanced research and development authority.

Sec. 109. Ensuring collaboration and coordination in medical countermeasure development.

Sec. 110. Review of ASPR efforts to ensure supply chain resiliency and accountability.

Sec. 111. Review of HHS efforts to ensure rapid production and domestic manufacturing capacity of medical countermeasures.

Sec. 112. Crisis standards of care.

TITLE II—ENSURING WORKFORCE TO PREPARE FOR AND  
 RESPOND TO PUBLIC HEALTH SECURITY THREATS

Sec. 201. Emergency system for advance registration of volunteer health professional.

Sec. 202. Military and civilian partnership for trauma readiness.

Sec. 203. National advisory committees on disasters.

Sec. 204. National Disaster Medical System.

Sec. 205. Volunteer Medical Reserve Corps.

3 **TITLE I—PREPARING FOR AND**  
 4 **RESPONDING TO PUBLIC**  
 5 **HEALTH SECURITY THREATS**

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

7 (a) PUBLIC HEALTH WORKFORCE.—Section  
 8 2802(a)(3) of the Public Health Service Act (42 U.S.C.  
 9 300hh–1(a)(3)) is amended by striking “In 2022, the”  
 10 and inserting “The”.

1 (b) MEDICAL AND PUBLIC HEALTH COMMUNITY  
2 PREPAREDNESS GOAL.—Section 2802(b)(8)(A) of the  
3 Public Health Service Act (42 U.S.C. 300hh–1(b)(8)(A))  
4 is amended by inserting before the semicolon the following:  
5 “, including by protecting against cybersecurity threats”.

6 **SEC. 102. PROTECTION OF NATIONAL SECURITY FROM**  
7 **THREATS.**

8 Section 2811(f)(2)(A) of the Public Health Service  
9 Act (42 U.S.C. 300hh–10(f)(2)(A)) is amended by strik-  
10 ing “\$250,000,000 for each of fiscal years 2019 through  
11 2023” and inserting “\$327,991,000 for each of fiscal  
12 years 2024 through 2028”.

13 **SEC. 103. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**  
14 **TERMEASURES ENTERPRISE.**

15 (a) MEMBERS.—Section 2811–1(b) of the Public  
16 Health Service Act (42 U.S.C. 30hh–10a(b)) is amended  
17 by striking paragraph (11) and inserting the following:

18 “(11) The Director of the Biomedical Advanced  
19 Research and Development Authority.

20 “(12) The Director of the Strategic National  
21 Stockpile.

22 “(13) Representatives of any other Federal  
23 agency, which may include the Director of the Na-  
24 tional Institute of Allergy and Infectious Diseases  
25 and the Director of the Office of Public Health Pre-

1       paredness and Response, as the Secretary deter-  
2       mines appropriate.”.

3       (b) FUNCTIONS.—Section 2811–1(c)(2) of the Public  
4       Health Service Act (42 U.S.C. 30hh–10a(c)(2)) is amend-  
5       ed to read as follows:

6               “(2) INPUT.—In carrying out this section, the  
7       PHEMCE shall solicit and consider input from—

8               “(A) the PHEMCE Advisory Committee  
9       maintained under subsection (d), as appro-  
10      priate; and

11              “(B) State, local, Tribal, and territorial  
12      public health departments or officials, as appro-  
13      priate.”.

14      (c) ADVISORY COMMITTEE.—Section 2811–1 of the  
15      Public Health Service Act (42 U.S.C. 30hh–10a) is  
16      amended by adding at the end the following:

17              “(d) PHEMCE ADVISORY COMMITTEE.—

18              “(1) ESTABLISHMENT.—The Secretary shall—

19              “(A) establish and maintain an advisory  
20      committee to be known as the PHEMCE Advi-  
21      sory Committee (in this subsection referred to  
22      as the ‘Advisory Committee’) to seek input and  
23      ensure communication and transparency in the  
24      functions of the PHEMCE; and

1           “(B) seek input from and consult with ex-  
2           ternal partners with divergent threat portfolios,  
3           including chemical, biological, radiological, or  
4           nuclear agents and emerging infectious dis-  
5           eases, to ensure the right combination of  
6           threat-specific expertise on PHEMCE functions  
7           under subsection (c)(1) and to ensure appro-  
8           priate capability and capacity to maintain over-  
9           all readiness.

10           “(2) DUTIES.—The Advisory Committee  
11           shall—

12           “(A) provide advice to the PHEMCE in  
13           carrying out its functions;

14           “(B) solicit and incorporate the input of  
15           the private sector, non-Federal partners, and  
16           stakeholders to increase communication and  
17           transparency, identify gaps of preparedness,  
18           and coordinate improvements in PHEMCE de-  
19           cision-making;

20           “(C) aid in the PHEMCE’s strategic plan-  
21           ning and decision-making regarding medical  
22           countermeasure research, advanced research,  
23           development, procurement, stockpiling, replen-  
24           ishment, deployment, and distribution;

1           “(D) aid in interactions among the  
2           PHEMCE’s members listed in subsection (b)  
3           and other government entities; and

4           “(E) aid in the PHEMCE’s communica-  
5           tion of decisions related to the PHEMCE’s  
6           functions.

7           “(3) MEMBERSHIP.—The Secretary, in con-  
8           sultation with the members of the PHEMCE listed  
9           in subsection (b), shall appoint to the Advisory Com-  
10          mittee at least 9, and not more than 15, individuals,  
11          including—

12           “(A) at least 3 non-Federal professionals  
13           with expertise in medical countermeasure devel-  
14           opment, including medical countermeasures for  
15           chemical, biological, radiological, or nuclear  
16           agents and emerging infectious diseases;

17           “(B) at least 2 non-Federal professionals  
18           with expertise in medical countermeasure stock-  
19           piling and replenishment;

20           “(C) at least 2 non-Federal professionals  
21           with expertise in the medical countermeasure  
22           supply chain, including medical countermeasure  
23           manufacturing and distribution;

1           “(D) at least 2 non-Federal professionals  
2 with expertise in medical disaster planning, pre-  
3 paredness, response, or recovery;

4           “(E) 1 non-Federal professional appointed  
5 by the Speaker of the House of Representatives;

6           “(F) 1 non-Federal professional appointed  
7 by the minority leader of the House of Rep-  
8 resentatives;

9           “(G) 1 non-Federal professional appointed  
10 by the majority leader of the Senate; and

11           “(H) 1 non-Federal professional appointed  
12 by the minority leader of the Senate.

13           “(4) TERM OF APPOINTMENT.—Each member  
14 of the Advisory Committee shall be appointed for a  
15 term of 2 years and may be reappointed for two ad-  
16 ditional terms of 2 years, for a total of not more  
17 than 6 years. The first and second such terms may  
18 be consecutive. The third such term may not be con-  
19 secutive.

20           “(5) MEETINGS.—The Advisory Committee  
21 shall—

22           “(A) meet not less than 4 times in each  
23 calendar year that begins after the establish-  
24 ment of the Advisory Committee;

25           “(B) hold all meetings in-person;

1           “(C) for purposes of ensuring trans-  
2           parency, provide adequate advance notice of the  
3           date of each meeting, including by publicly  
4           posting the meeting date 30 days before the  
5           date on which the meeting is to be held;

6           “(D) not later than 60 days after each  
7           meeting, communicate the activities carried out  
8           and decisions made during, and minutes of,  
9           such meeting to the appropriate congressional  
10          committees; and

11          “(E) not later than 30 days after each  
12          meeting, communicate the activities carried out  
13          and decisions made during, and minutes of,  
14          such meeting to the PHEMCE.”.

15 **SEC. 104. PARTNERSHIPS FOR STATE AND REGIONAL HOS-**  
16 **PITAL PREPAREDNESS TO IMPROVE SURGE**  
17 **CAPACITY.**

18          (a) **AUTHORIZATION OF APPROPRIATIONS.**—Section  
19 319C–2(j)(1)(A) of the Public Health Service Act (42  
20 U.S.C. 247d–3b(j)(1)(A)) is amended by striking “2019  
21 through 2023” and inserting “2024 through 2028”.

22          (b) **SUNSET.**—Section 319C–2(j)(1)(B)(iii) of the  
23 Public Health Service Act (42 U.S.C. 247d–  
24 3b(j)(1)(B)(iii)) is amended by striking “2023” and in-  
25 serting “2028”.



1 **SEC. 105. GUIDELINES FOR REGIONAL HEALTH CARE**  
2 **EMERGENCY PREPAREDNESS AND RESPONSE**  
3 **SYSTEMS.**

4 (a) **GUIDELINES.**—Section 319C–3(b)(3) of the Pub-  
5 lic Health Service Act (42 U.S.C. 247d–3c(b)(3)) is  
6 amended by striking “the Pandemic and All-Hazards Pre-  
7 paredness and Advancing Innovation Act of 2019 (includ-  
8 ing any amendments made by such Act)” and inserting  
9 “the Pandemic and All-Hazards Preparedness and Ad-  
10 vancing Innovation Act of 2019, the PREVENT  
11 Pandemics Act (title II of division FF of Public Law 117–  
12 328), and the Preparing for All Hazards and Pathogens  
13 Reauthorization Act”.

14 (b) **DEMONSTRATION PROJECT FOR REGIONAL**  
15 **HEALTH CARE PREPAREDNESS AND RESPONSE SYS-**  
16 **TEMS.**—Section 319C–3(e)(2) of the Public Health Serv-  
17 ice Act (42 U.S.C. 247d–3c(e)(2)) is amended by striking  
18 “2023” and inserting “2028”.

19 **SEC. 106. STRATEGIC NATIONAL STOCKPILE.**

20 (a) **RESPONSIBILITY FOR ADMINISTERING THE**  
21 **STRATEGIC NATIONAL STOCKPILE.**—

22 (1) **TRANSFER.**—

23 (A) **IN GENERAL.**—Section 319F–2(a)(1)  
24 of the Public Health Service Act (42 U.S.C.  
25 247d–6b(a)(1)) is amended by striking “The  
26 Secretary, in collaboration with the Assistant

1 Secretary for Preparedness and Response and  
2 the Director of the Centers for Disease Control  
3 and Prevention, and in coordination with the  
4 Secretary of Homeland Security” and inserting  
5 “The Secretary, acting through the Assistant  
6 Secretary for Preparedness and Response, in  
7 coordination with the Director of the Centers  
8 for Disease Control and Prevention and the  
9 Secretary of Homeland Security”.

10 (B) CONFORMING AMENDMENT.—Section  
11 319F–2(a)(3)(E) of the Public Health Service  
12 Act (42 U.S.C. 247d–6b(a)(3)(E)) is amended  
13 by striking “the Assistant Secretary for Pre-  
14 paredness and Response,”.

15 (C) PILOT PROGRAM TO SUPPORT STATE  
16 MEDICAL STOCKPILES.—Section 319F–2(i)(1)  
17 of the Public Health Service Act (42 U.S.C.  
18 247d–6b(i)(1)) is amended by striking “The  
19 Secretary, in consultation with the Assistant  
20 Secretary for Preparedness and Response and  
21 the Director of the Centers for Disease Control  
22 and Prevention” and inserting “The Secretary,  
23 acting through the Assistant Secretary for Pre-  
24 paredness and Response, in consultation with

1 the Director of the Centers for Disease Control  
2 and Prevention”.

3 (D) TRANSITION.—The Secretary of  
4 Health and Human Services shall take such ac-  
5 tions as may be necessary to ensure that, not  
6 later than 180 days after the date of enactment  
7 of this Act, the amendments made by this sub-  
8 section are fully implemented, including any  
9 necessary transfer of personnel and resources.

10 (2) ASPR AUTHORITIES.—

11 (A) ADDITIONAL COORDINATION DUTY.—  
12 Section 2811(b)(4) of the Public Health Service  
13 Act (42 U.S.C. 247d–6b(b)) is amended by  
14 adding at the end the following:

15 “(K) STRATEGIC NATIONAL STOCKPILE.—  
16 Coordinate with the Director of the Centers for  
17 Disease Control and Prevention and the Sec-  
18 retary of Homeland Security regarding the  
19 maintenance and operation of, and procurement  
20 and contracting related to, the Strategic Na-  
21 tional Stockpile under section 319F–2.”.

22 (B) ADDITIONAL RESPONSIBILITY.—

23 (i) IN GENERAL.—Section 2811(e)(2)  
24 of the Public Health Service Act (42  
25 U.S.C. 247d–6b(e)(2)) is amended—

1 (I) by redesignating subpara-  
2 graphs (E) and (F) as subparagraphs  
3 (F) and (G), respectively; and

4 (II) by inserting after subpara-  
5 graph (D) the following:

6 “(E) the Strategic National Stockpile pur-  
7 suant to section 319F-2;”.

8 (ii) CONFORMING CHANGES.—Section  
9 2811(c)(3) of the Public Health Service  
10 Act (42 U.S.C. 247d-6b(c)(3)) is amend-  
11 ed—

12 (I) in subparagraph (A), by in-  
13 serting “and” after the semicolon;

14 (II) by striking subparagraph  
15 (B); and

16 (III) by redesignating subpara-  
17 graph (C) as subparagraph (B).

18 (b) VENDOR-MANAGED INVENTORY AND WARM-  
19 BASED SURGE CAPACITY CONTRACTS AND COOPERATIVE  
20 AGREEMENTS WITH CLINICAL LABORATORIES.—Section  
21 319F-2(a)(5)(A) of the Public Health Service Act (42  
22 U.S.C. 247d-6b(a)(5)(A)) is amended—

23 (1) by inserting after “contracts or cooperative  
24 agreements with vendors, which may include manu-

1       facturers or distributors of medical products,” the  
2       following: “as well as clinical laboratories,”; and

3               (2) in clause (ii), by striking “domestic manu-  
4       facturing capacity” and inserting “domestic manu-  
5       facturing and laboratory capacity”.

6       (c) CONTRACT NOTIFICATION.—Section 319F–2(a)  
7       of the Public Health Service Act (42 U.S.C. 247d–6b(a))  
8       is amended by adding at the end the following:

9               “(8) PROCUREMENT CONTRACT DURATION.—

10               “(A) IN GENERAL.—A contract for the  
11       procurement of a drug, vaccine or other biologi-  
12       cal product, medical device, or other supplies  
13       for the stockpile under paragraph (1) shall be  
14       for a period not to exceed five years, except  
15       that, in first awarding the contract, the Sec-  
16       retary may provide for a longer duration, not  
17       exceeding 10 years, if the Secretary determines  
18       that complexities or other difficulties in per-  
19       formance under the contract justify such a pe-  
20       riod. The contract shall be renewable for addi-  
21       tional periods, none of which shall exceed five  
22       years.

23               “(B) NOTIFICATION.—The Secretary shall  
24       notify—

1 “(i) the Committee on Appropriations  
2 and the Committee on Energy and Com-  
3 merce of the House of Representatives and  
4 the Committee on Appropriations and the  
5 Committee on Health, Education, Labor,  
6 and Pensions of the Senate upon a deter-  
7 mination by the Secretary to modify,  
8 renew, extend, or terminate a contract re-  
9 ferred to in subparagraph (A); and

10 “(ii) the relevant vendor within 90  
11 days of a determination by the Secretary  
12 to modify, renew, extend, or terminate  
13 such a contract.”.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—

15 (1) IN GENERAL.—Section 319F–2(f) of the  
16 Public Health Service Act (42 U.S.C. 247d–6b(f)) is  
17 amended—

18 (A) in paragraph (1), by striking  
19 “\$610,000,000 for each of fiscal years 2019  
20 through 2021, and \$750,000,000 for each of  
21 fiscal years 2022 and 2023” and inserting  
22 “\$965,000,000 for each of fiscal years 2024  
23 through 2028”;

24 (B) by striking paragraph (2); and

1 (C) by striking “AUTHORIZATION OF AP-  
2 PROPRIATIONS” and all that follows through  
3 “For the purpose of carrying out subsection  
4 (a), there are authorized to be appropriated”  
5 and inserting “AUTHORIZATION OF APPROPRIA-  
6 TIONS.—For the purpose of carrying out sub-  
7 section (a), there is authorized to be appro-  
8 priated”.

9 (2) PILOT PROGRAM TO SUPPORT STATE MED-  
10 ICAL STOCKPILES.—Section 319F–2(i)(9) of the  
11 Public Health Service Act (42 U.S.C. 247d–6b(i)(9))  
12 is amended by striking “2024” and inserting  
13 “2028”.

14 **SEC. 107. DIAGNOSTIC TESTING PREPAREDNESS PLAN.**

15 The Public Health Service Act (42 U.S.C. 201 et  
16 seq.) is amended by inserting after section 319F–5 of such  
17 Act (42 U.S.C. 247d–6f) the following:

18 **“SEC. 319F–6. DIAGNOSTIC TESTING PREPAREDNESS PLAN.**

19 “(a) IN GENERAL.—The Secretary, acting through  
20 the Assistant Secretary for Preparedness and Response,  
21 and in consultation with the heads of relevant Federal  
22 agencies, shall develop not later than 1 year after the date  
23 of enactment of this section and update not less than every  
24 3 years thereafter a plan for rapid development, authoriza-  
25 tion, scaling, procurement, and distribution of diagnostics

1 and clinical and diagnostic laboratory testing capacity dur-  
2 ing a public health emergency declared under section 319.

3 “(b) PURPOSES.—The purposes of the plan under  
4 subsection (a) shall be—

5 “(1) to facilitate the development and utiliza-  
6 tion of diagnostics for use with respect to a novel  
7 chemical, biological, radiological, or nuclear threat or  
8 an emerging infectious disease, including any such  
9 high-throughput laboratory diagnostic, point-of-care  
10 diagnostic, or rapid at-home or point-of-use diag-  
11 nostic; and

12 “(2) to describe the processes for rapid develop-  
13 ment, authorization, scaling, procurement, and dis-  
14 tribution of diagnostics and clinical and diagnostic  
15 laboratory testing capacity.

16 “(c) PUBLIC-PRIVATE COORDINATION.—

17 “(1) IN GENERAL.—The Secretary, acting  
18 through the Assistant Secretary for Preparedness  
19 and Response, shall include within the plan under  
20 subsection (a) a plan for public-private coordination  
21 on national diagnostic testing during a public health  
22 emergency.

23 “(2) CONTENTS.—The plan under paragraph  
24 (1) shall be designed to facilitate coordination and  
25 collaboration among—



1 “(A) government agencies; and

2 “(B) critical private-sector diagnostic test-  
3 ing stakeholders, including private-sector clin-  
4 ical and diagnostic laboratories, diagnostic man-  
5 ufacturers, health care product distributors,  
6 and research laboratories.

7 “(d) PUBLIC AVAILABILITY.—The Secretary, acting  
8 through the Assistant Secretary for Preparedness and Re-  
9 sponse, shall make the plan under subsection (a) publicly  
10 available.

11 “(e) REPORTS TO CONGRESS.—Not later than 1 year  
12 after commencing implementation of the plan under sub-  
13 section (a) for a public health emergency, the Secretary,  
14 acting through the Assistant Secretary for Preparedness  
15 and Response, shall submit to the Congress a report evalu-  
16 ating the effectiveness of activities implemented under the  
17 plan.”.

18 **SEC. 108. BIOMEDICAL ADVANCED RESEARCH AND DEVEL-**  
19 **OPMENT AUTHORITY.**

20 (a) MEDICAL COUNTERMEASURES FOR VIRAL  
21 THREATS WITH PANDEMIC POTENTIAL.—Section  
22 319L(c)(4) of the Public Health Service Act (42 U.S.C.  
23 247d–7e(c)(4)) is amended—

24 (1) in subparagraph (D)—

1 (A) in clause (ii), by striking “; and” and  
2 inserting a semicolon;

3 (B) by redesignating clause (iii) as clause  
4 (v); and

5 (C) by inserting after clause (ii) the fol-  
6 lowing:

7 “(iii) the identification and develop-  
8 ment of platform manufacturing tech-  
9 nologies needed for advanced development  
10 and manufacturing of medical counter-  
11 measures for viral families which have sig-  
12 nificant potential to cause a pandemic;

13 “(iv) advanced research and develop-  
14 ment of flexible medical countermeasures  
15 against priority respiratory virus families  
16 and other respiratory viral pathogens with  
17 a significant potential to cause a pandemic,  
18 with both pathogen-specific and pathogen-  
19 agnostic approaches; and”;

20 (2) in subparagraph (F)—

21 (A) in clause (ii), by striking “; and” at  
22 the end and inserting a semicolon;

23 (B) in clause (iii), by striking the period  
24 and inserting “; and”; and

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

1                   “(iv) priority virus families and other  
2                   viral pathogens with a significant potential  
3                   to cause a pandemic.”.

4           (b) CONTRACT NOTIFICATION.—Section 319L(c)(5)  
5 of the Public Health Service Act (42 U.S.C. 247d–  
6 7e(c)(5)) is amended by adding at the end the following:

7                   “(I) DURATION.—A contract, grant, coop-  
8                   erative agreement, or other transaction entered  
9                   into under this section shall be for a period not  
10                  to exceed five years, except that, in first award-  
11                  ing the grant or entering into the contract, co-  
12                  operative agreement, or other transaction, the  
13                  Secretary may provide for a longer duration,  
14                  not exceeding 10 years, if the Secretary deter-  
15                  mines that complexities or other difficulties in  
16                  performance under the contract, grant, coopera-  
17                  tive agreement, or other transaction justify  
18                  such a period. The contract, grant, cooperative  
19                  agreement, or other transaction shall be renew-  
20                  able for additional periods, none of which shall  
21                  exceed five years. The Secretary shall notify the  
22                  vendor within 90 days of a determination by the  
23                  Secretary to modify, renew, extend, or termi-  
24                  nate such contract, grant, cooperative agree-  
25                  ment, or other transaction.”.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
2 319L(d)(2) of the Public Health Service Act (42 U.S.C.  
3 247d–7e(d)(2)) is amended by striking “\$611,700,000 for  
4 each of fiscal years 2019 through 2023” and inserting  
5 “\$950,000,000 for each of fiscal years 2024 through  
6 2028”.

7 (d) INAPPLICABILITY OF CERTAIN PROVISIONS SUN-  
8 SET.—Section 319L(e)(1)(D) of the Public Health Service  
9 Act (42 U.S.C. 247d–7e(e)(1)(D)) is amended by striking  
10 “on the date that is 17 years after the date of enactment  
11 of the Pandemic and All-Hazards Preparedness Act” and  
12 inserting “on October 1, 2028”.

13 **SEC. 109. ENSURING COLLABORATION AND COORDINATION**  
14 **IN MEDICAL COUNTERMEASURE DEVELOP-**  
15 **MENT.**

16 Section 319L–1(b) of the Public Health Service Act  
17 (42 U.S.C. 274d–7f(b)) is amended by striking “at the  
18 end of the 17-year period that begins on the date of enact-  
19 ment of this Act” and inserting “on October 1, 2028”.

20 **SEC. 110. REVIEW OF ASPR EFFORTS TO ENSURE SUPPLY**  
21 **CHAIN RESILIENCY AND ACCOUNTABILITY.**

22 (a) IN GENERAL.—Not later than 18 months after  
23 the date of enactment of this Act, the Comptroller General  
24 of the United States shall complete a review of—

1           (1) the Supply Chain Control Tower Program  
2           (in this section referred to as the “SCCT Program”)  
3           under the Administration for Strategic Preparedness  
4           and Response of the Department of Health and  
5           Human Services; and

6           (2) any related efforts of the Administration for  
7           Strategic Preparedness and Response—

8                   (A) to create supply chain visibility into in-  
9                   ventory, capacity, and distribution flow of cer-  
10                   tain products critical to preparedness and re-  
11                   sponse efforts;

12                   (B) to provide insights into demand fore-  
13                   casting and modeling of certain products crit-  
14                   ical to preparedness and response efforts; or

15                   (C) to inform preparedness and response  
16                   efforts by targeting distribution and coordi-  
17                   nating supply with demand for certain products  
18                   critical to preparedness and response efforts.

19           (b) ISSUES.—The review under this section shall in-  
20           clude examination of—

21                   (1) the data being collected and maintained  
22                   pursuant to the SCCT Program;

23                   (2) how the Department of Health and Human  
24                   Services, acting through the Administration for  
25                   Strategic Preparedness and Response, uses such

1 data to provide supply chain visibility and address  
2 actual or potential supply gaps;

3 (3) the extent to which such data is provided  
4 and shared with end users, including States, local-  
5 ities, Territories, Tribes, and industry partners;

6 (4) the frequency and cadence of data reporting  
7 and sharing by and among States, localities, Terri-  
8 tories, Tribes, and industry partners;

9 (5) information related to the type and number  
10 of States, localities, Territories, Tribes, and industry  
11 partners participating in the SCCT Program;

12 (6) the process by which States, localities, Ter-  
13 ritories, Tribes, and industry partners voluntarily  
14 choose to participate in the SCCT Program; and

15 (7) any inefficiencies, deficiencies, or challenges  
16 related to the application or operation of the SCCT  
17 Program.

18 (c) REPORT TO CONGRESS.—Not later than the dead-  
19 line described in subsection (a) for the completion of the  
20 review under this section, the Comptroller General shall  
21 submit to the Committee on Energy and Commerce of the  
22 House of Representatives and the Committee on Health,  
23 Education, Labor, and Pensions of the Senate a report  
24 on the results of such review.

1 **SEC. 111. REVIEW OF HHS EFFORTS TO ENSURE RAPID**  
2 **PRODUCTION AND DOMESTIC MANUFAC-**  
3 **TURING CAPACITY OF MEDICAL COUNTER-**  
4 **MEASURES.**

5 (a) IN GENERAL.—Not later than 1 year after the  
6 date of the enactment of this Act, the Comptroller General  
7 of the United States shall conduct and complete a review  
8 examining the efforts of the Secretary of Health and  
9 Human Services to ensure that the United States is pre-  
10 pared to rapidly produce qualified countermeasures (as de-  
11 fined in section 319F–1 of the Public Health Service Act  
12 (42 U.S.C. 247d–6a)) in the event of a public health emer-  
13 gency declared under section 319 of the Public Health  
14 Service Act (42 U.S.C. 274d).

15 (b) CONTENTS.—The review conducted under sub-  
16 section (a) shall include a review of—

17 (1) the efforts described in such subsection, in-  
18 cluding the Secretary’s efforts to transition from the  
19 Centers for Innovation and Advanced Drug Manu-  
20 facturing program to any new efforts, including the  
21 National Biopharmaceutical Manufacturing Partner-  
22 ship and Industrial Base Expansion Connect;

23 (2) the progress made toward the implementa-  
24 tion of such efforts; and

25 (3) the planning within the Department of  
26 Health and Human Services to assess risks and

1 challenges associated with advanced development  
2 and manufacturing of qualified countermeasures.

3 (c) REPORT TO CONGRESS.—Not later than 1 year  
4 after completing the review under subsection (a), the  
5 Comptroller General of the United States shall submit to  
6 the Congress a report containing—

7 (1) the results of the review; and

8 (2) the Comptroller General’s recommendations  
9 for ensuring that the United States is prepared to  
10 rapidly produce qualified countermeasures in the  
11 event of a public health emergency.

12 **SEC. 112. CRISIS STANDARDS OF CARE.**

13 Not later than 2 years after the date of enactment  
14 of this Act, the Secretary of Health and Human Services,  
15 acting through the Director of the Office for Civil Rights  
16 of the Department of Health and Human Services, shall  
17 issue guidance on how to develop or modify State and local  
18 crisis standards of care for use during an emergency pe-  
19 riod (as defined in section 1135(g)(1) of the Social Secu-  
20 rity Act (42 U.S.C. 1320b–5(g)(1))) so as to bring such  
21 standards of care into compliance with the nondiscrimina-  
22 tion requirements of section 504 of the Rehabilitation Act  
23 of 1973 (29 U.S.C. 794).



1 **TITLE II—ENSURING WORK-**  
2 **FORCE TO PREPARE FOR AND**  
3 **RESPOND TO PUBLIC HEALTH**  
4 **SECURITY THREATS**

5 **SEC. 201. EMERGENCY SYSTEM FOR ADVANCE REGISTRA-**  
6 **TION OF VOLUNTEER HEALTH PROFES-**  
7 **SIONAL.**

8 (a) IN GENERAL.—Section 319I(a) of the Public  
9 Health Service Act (42 U.S.C. 247d–7b) is amended by  
10 striking “Not later than 12 months after the date of en-  
11 actment of the Pandemic and All-Hazards Preparedness  
12 Act, the Secretary shall link existing State verification sys-  
13 tems to maintain” and inserting “The Secretary shall con-  
14 tinue to maintain”.

15 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
16 319I(k) of the Public Health Service Act (42 U.S.C.  
17 247d–7b(k)) is amended by striking “2019 through 2023”  
18 and inserting “2024 through 2028”.

19 **SEC. 202. MILITARY AND CIVILIAN PARTNERSHIP FOR**  
20 **TRAUMA READINESS.**

21 Section 1291(g) of the Public Health Service Act (42  
22 U.S.C. 300d–91(g)) is amended by striking “2019  
23 through 2023” and inserting “2024 through 2028”.

1 **SEC. 203. NATIONAL ADVISORY COMMITTEES ON DISAS-**  
2 **TERS.**

3 (a) NATIONAL ADVISORY COMMITTEE ON CHILDREN  
4 AND DISASTERS.—Subsection (g) of section 2811A of the  
5 Public Health Service Act (42 U.S.C. 300hh–10b) is  
6 amended to read as follows:

7 “(g) SUNSET.—

8 “(1) IN GENERAL.—The Advisory Committee  
9 shall terminate on September 30, 2028.

10 “(2) EXTENSION OF COMMITTEE.—Not later  
11 than October 1, 2027, the Secretary shall submit to  
12 Congress a recommendation on whether the Advisory  
13 Committee should be extended.”.

14 (b) NATIONAL ADVISORY COMMITTEE ON SENIORS  
15 AND DISASTERS.—Section 2811B of the Public Health  
16 Service Act (42 U.S.C. 300hh–10c) is amended—

17 (1) in subsection (d)—

18 (A) in paragraph (1), by striking “in con-  
19 sultation with such other heads of agencies as  
20 appropriate, shall appoint not more than 17  
21 members” and inserting “in consultation with  
22 such other Secretaries as may be appropriate,  
23 shall appoint not more than 23 members”;

24 (B) by redesignating paragraph (2) as  
25 paragraph (3);

1 (C) by amending paragraph (3), as so re-  
2 designated—

3 (i) in the paragraph heading, by strik-  
4 ing “REQUIRED MEMBERS” and inserting  
5 “REQUIRED FEDERAL MEMBERS”;

6 (ii) in the matter preceding subpara-  
7 graph (A), by striking “and non-Federal  
8 members,”;

9 (iii) by striking subparagraphs (J)  
10 and (K); and

11 (iv) by redesignating subparagraph  
12 (L) as subparagraph (J);

13 (D) by inserting after paragraph (1) the  
14 following new paragraph:

15 “(2) REQUIRED NON-FEDERAL MEMBERS.—The  
16 Secretary, in consultation with such other heads of  
17 Federal agencies as may be appropriate, shall ap-  
18 point to the Advisory Committee under paragraph  
19 (1) at least 13 individuals, including—

20 “(A) at least 4 non-Federal health care  
21 providers with expertise in geriatric medical dis-  
22 aster planning, preparedness, response, or re-  
23 covery;

24 “(B) at least 3 representatives of State,  
25 local, Tribal, or territorial agencies with exper-

1           tise in geriatric disaster planning, preparedness,  
2           response, or recovery; and

3           “(C) at least 4 non-Federal professionals  
4           with training in gerontology, including social  
5           workers, scientists, human services specialists,  
6           or other non-medical professionals, with experi-  
7           ence in disaster planning, preparedness, re-  
8           sponse, or recovery among other adults.”; and

9           (E) by adding at the end the following new  
10          paragraphs:

11          “(4) TERM OF APPOINTMENT.—Each member  
12          of the Advisory Committee appointed under para-  
13          graph (2) shall serve for a term of 3 years, except  
14          that the Secretary may adjust the terms of the Advi-  
15          sory Committee appointees serving on the date of  
16          enactment of the Preparing for All Hazards and  
17          Pathogens Reauthorization Act, or appointees who  
18          are initially appointed after such date of enactment,  
19          in order to provide for a staggered term of appoint-  
20          ment for all members.

21          “(5) CONSECUTIVE APPOINTMENTS; MAXIMUM  
22          TERMS.—A member appointed under paragraph (2)  
23          may serve not more than 3 terms on the Advisory  
24          Committee, and not more than 2 of such terms may  
25          be served consecutively.”; and

1 (2) in subsection (g)—

2 (A) in paragraph (1), by striking “2023”  
3 and inserting “2028”; and

4 (B) in paragraph (2), by striking “2022”  
5 and inserting “2027”.

6 (c) NATIONAL ADVISORY COMMITTEE ON INDIVID-  
7 UALS WITH DISABILITIES.—Section 2811C of the Public  
8 Health Service Act (42 U.S.C. 300hh–10d) is amended—

9 (1) by redesignating subsections (e) through (g)  
10 as subsections (d) through (h), respectively;

11 (2) by inserting after subsection (b) the fol-  
12 lowing new subsection:

13 “(c) ADDITIONAL DUTIES.—The Advisory Committee  
14 may provide advice and recommendations to the Secretary  
15 with respect to individuals with disabilities, and medical  
16 and public health grants and cooperative agreements, as  
17 applicable to preparedness and response activities under  
18 this title and title III.”;

19 (3) in subsection (d), as so redesignated—

20 (A) in paragraph (1), by striking “in con-  
21 sultation with such other heads of agencies and  
22 departments as appropriate, shall appoint not  
23 more than 17 members” and inserting “in con-  
24 sultation with such other Secretaries as may be

1 appropriate, shall appoint not more than 23  
2 members”;

3 (B) by redesignating paragraph (2) as  
4 paragraph (3);

5 (C) by amending paragraph (3), as reded-  
6 igned—

7 (i) in the paragraph heading, by strik-  
8 ing “REQUIRED MEMBERS” and inserting  
9 “REQUIRED FEDERAL MEMBERS”;

10 (ii) in the matter preceding subpara-  
11 graph (A), by striking “and non-Federal  
12 members,”;

13 (iii) by striking subparagraph (K) and  
14 inserting the following:

15 “(K) Representatives of such other Federal  
16 agencies as the Secretary determines necessary  
17 to fulfill the duties of the Advisory Com-  
18 mittee.”; and

19 (iv) by striking subparagraphs (L)  
20 and (M);

21 (D) by inserting after paragraph (1) the  
22 following new paragraph:

23 “(2) REQUIRED NON-FEDERAL MEMBERS.—The  
24 Secretary, in consultation with such other heads of  
25 Federal agencies as may be appropriate, shall ap-

1 point to the Advisory Committee under paragraph  
2 (1) at least 13 individuals, including—

3 “(A) at least 4 non-Federal health care  
4 professionals with expertise in disability accessi-  
5 bility before, during, and after disasters, med-  
6 ical and mass care disaster planning, prepared-  
7 ness, response, or recovery;

8 “(B) at least 3 representatives from State,  
9 local, Tribal, or territorial agencies with exper-  
10 tise in disaster planning, preparedness, re-  
11 sponse, or recovery for individuals with disabil-  
12 ities; and

13 “(C) at least 4 individuals with a disability  
14 with expertise in disaster planning, prepared-  
15 ness, response, or recovery for individuals with  
16 disabilities.”; and

17 (E) by adding at the end the following new  
18 paragraphs:

19 “(4) TERM OF APPOINTMENT.—Each member  
20 of the Advisory Committee appointed under para-  
21 graph (2) shall serve for a term of 3 years, except  
22 that the Secretary may adjust the terms of the Advi-  
23 sory Committee appointees serving on the date of  
24 enactment of the Preparing for All Hazards and  
25 Pathogens Reauthorization Act, or appointees who

1 are initially appointed after such date of enactment,  
2 in order to provide for a staggered term of appoint-  
3 ment for all members.

4 “(5) CONSECUTIVE APPOINTMENTS; MAXIMUM  
5 TERMS.—A member appointed under paragraph (2)  
6 may serve not more than 3 terms on the Advisory  
7 Committee, and not more than 2 of such terms may  
8 be served consecutively.”; and

9 (4) in subsection (g)—

10 (A) in paragraph (1), by striking “2023”  
11 and inserting “2028”; and

12 (B) in paragraph (2), by striking “2022”  
13 and inserting “2027”.

14 **SEC. 204. NATIONAL DISASTER MEDICAL SYSTEM.**

15 (a) ELIMINATION OF SUNSET OF AUTHORITY TO  
16 MAKE CERTAIN APPOINTMENTS FOR NATIONAL DIS-  
17 ASTER MEDICAL SYSTEM.—Section 2812(c)(4) of the  
18 Public Health Service Act (42 U.S.C. 300hh–11(c)(4)) is  
19 amended—

20 (1) by striking “(A) IN GENERAL.—If the Sec-  
21 retary determines” and inserting “If the Secretary  
22 determines”; and

23 (2) by striking subparagraph (B).

24 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
25 2812(g) of the Public Health Service Act (42 U.S.C.



1 300hh–11(g)) is amended by striking “\$57,400,000 for  
2 each of fiscal years 2019 through 2023” and inserting  
3 “\$96,904,000 for each of fiscal years 2024 through  
4 2028”.

5 **SEC. 205. VOLUNTEER MEDICAL RESERVE CORPS.**

6 Section 2813(i) of the Public Health Service Act (42  
7 U.S.C. 300hh–15(i)) is amended by striking “2019  
8 through 2023” and inserting “2024 through 2028”.

○