

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 4421
OFFERED BY M . _____**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Preparing for All Hazards and Pathogens Reauthoriza-
4 tion Act”.

5 (b) TABLE OF CONTENTS.—The table of contents for
6 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. Biological attribution strategy.

Sec. 103. Protection of national security from threats.

Sec. 104. Public Health Emergency Medical Countermeasures Enterprise.

Sec. 105. Partnerships for State and regional hospital preparedness to improve surge capacity.

Sec. 106. Guidelines for regional health care emergency preparedness and response systems.

Sec. 107. Strategic National Stockpile.

Sec. 108. Diagnostic testing preparedness plan.

Sec. 109. Biomedical advanced research and development authority.

Sec. 110. Ensuring collaboration and coordination in medical countermeasure development.

Sec. 111. Review of ASPR efforts to ensure supply chain resiliency and accountability.

Sec. 112. Review of HHS efforts To ensure rapid production and domestic manufacturing capacity of medical countermeasures.

Sec. 113. 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.

1 **TITLE I—PREPARING FOR AND**
2 **RESPONDING TO PUBLIC**
3 **HEALTH SECURITY THREATS**

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

5 (a) PUBLIC HEALTH WORKFORCE.—Section
6 2802(a)(3) of the Public Health Service Act (42 U.S.C.
7 300hh–1(a)(3)) is amended by striking “In 2022, the”
8 and inserting “The”.

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

14 **SEC. 102. BIOLOGICAL ATTRIBUTION STRATEGY.**

15 (a) PREPAREDNESS GOAL.—Section 2802(b) of the
16 Public Health Service Act (42 U.S.C. 300hh–1(b)) is
17 amended by adding at the end the following:

18 “(11) BIOLOGICAL ATTRIBUTION STRATEGY.—
19 Developing a biological attribution strategy to im-
20 prove Federal coordination of duties and activities
21 related to biological attribution of biological hazards
22 and pathogens of pandemic potential, which shall in-

1 clude developing a strategy in accordance with sub-
2 section (c).”.

3 (b) DETAILS OF STRATEGY.—Section 2802 of the
4 Public Health Service Act (42 U.S.C. 300hh–1) is amend-
5 ed by adding at the end the following:

6 “(c) BIOLOGICAL ATTRIBUTION STRATEGY.—

7 “(1) CONTENTS.—The biological attribution
8 strategy under subsection (b)(11) shall include the
9 following:

10 “(A) A description of the biological attri-
11 bution duties of each appropriate Federal agen-
12 cy, including—

13 “(i) the nature of routine bioattribu-
14 tion activities;

15 “(ii) the level and type of biological
16 events that may trigger an attribution de-
17 termination by the appropriate Federal
18 agencies regarding the source, cause, or or-
19 igin of such events; and

20 “(iii) the Federal agency’s routine ex-
21 ercise of the capabilities to perform bio-
22 attribution activities.

23 “(B) The process by which a bioattribution
24 determination is made by each such Federal

1 agency, including how such process may ad-
2 dress national security considerations.

3 “(C) Development of assignments, mile-
4 stones, and timelines necessary to establish the
5 strongest possible national capacity for bio-
6 attribution.

7 “(D) A plan for the identification, develop-
8 ment, and implementation of new technologies,
9 through both internal and public-private initia-
10 tives, with an emphasis on diagnostic, sequenc-
11 ing, and safe collection capabilities.

12 “(2) COORDINATION.—In developing the bio-
13 logical attribution strategy under subsection (b)(11),
14 the Secretary shall coordinate with the relevant Fed-
15 eral agencies, including the Administration for Stra-
16 tegic Preparedness and Response, the Office of
17 Science and Technology Policy, and the Office of the
18 Director of National Intelligence.”.

19 **SEC. 103. PROTECTION OF NATIONAL SECURITY FROM**
20 **THREATS.**

21 Section 2811(f)(2)(A) of the Public Health Service
22 Act (42 U.S.C. 300hh–10(f)(2)(A)) is amended by strik-
23 ing “\$250,000,000 for each of fiscal years 2019 through
24 2023” and inserting “\$327,991,000 for each of fiscal
25 years 2024 through 2028”.

1 **SEC. 104. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
2 **TERMEASURES ENTERPRISE.**

3 (a) MEMBERS.—Section 2811–1(b) of the Public
4 Health Service Act (42 U.S.C. 300hh–10a(b)) is amended
5 by striking paragraph (11) and inserting the following:

6 “(11) The Director of the Biomedical Advanced
7 Research and Development Authority.

8 “(12) The Director of the Strategic National
9 Stockpile.

10 “(13) Representatives of any other Federal
11 agency, which may include the Director of the Na-
12 tional Institute of Allergy and Infectious Diseases
13 and the Director of the Office of Public Health Pre-
14 paredness and Response, as the Secretary deter-
15 mines appropriate.”.

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

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

21 “(A) the PHEMCE Advisory Committee
22 maintained under subsection (d), as appro-
23 priate; and

24 “(B) State, local, Tribal, and territorial
25 public health departments or officials, as appro-
26 priate.”.

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

4 “(d) PHEMCE ADVISORY COMMITTEE.—

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

6 “(A) establish and maintain an advisory
7 committee to be known as the PHEMCE Advi-
8 sory Committee (in this subsection referred to
9 as the ‘Advisory Committee’) to seek input and
10 ensure communication and transparency in the
11 functions of the PHEMCE; and

12 “(B) seek input from and consult with ex-
13 ternal partners with divergent threat portfolios,
14 including chemical, biological, radiological, or
15 nuclear agents and emerging infectious dis-
16 eases, to ensure the right combination of
17 threat-specific expertise on PHEMCE functions
18 under subsection (c)(1) and to ensure appro-
19 priate capability and capacity to maintain over-
20 all readiness.

21 “(2) DUTIES.—The Advisory Committee
22 shall—

23 “(A) provide advice to the PHEMCE in
24 carrying out its functions;

1 “(B) solicit and incorporate the input of
2 the private sector, non-Federal partners, and
3 stakeholders to increase communication and
4 transparency, identify gaps of preparedness,
5 and coordinate improvements in PHEMCE de-
6 cision-making;

7 “(C) aid in the PHEMCE’s strategic plan-
8 ning and decision-making regarding medical
9 countermeasure research, advanced research,
10 development, procurement, stockpiling, replen-
11 ishment, deployment, and distribution;

12 “(D) aid in interactions among the
13 PHEMCE’s members listed in subsection (b)
14 and other government entities; and

15 “(E) aid in the PHEMCE’s communica-
16 tion of decisions related to the PHEMCE’s
17 functions.

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

23 “(A) at least 3 non-Federal professionals
24 with expertise in medical countermeasure devel-
25 opment, including medical countermeasures for

1 chemical, biological, radiological, or nuclear
2 agents and emerging infectious diseases;

3 “(B) at least 2 non-Federal professionals
4 with expertise in medical countermeasure stock-
5 piling and replenishment;

6 “(C) at least 2 non-Federal professionals
7 with expertise in the medical countermeasure
8 supply chain, including medical countermeasure
9 manufacturing and distribution;

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

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

15 “(F) 1 non-Federal professional appointed
16 by the minority leader of the House of Rep-
17 resentatives;

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

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

22 “(4) TERM OF APPOINTMENT.—Each member
23 of the Advisory Committee shall be appointed for a
24 term of 2 years and may be reappointed for two ad-
25 ditional terms of 2 years, for a total of not more

1 than 6 years. The first and second such terms may
2 be consecutive. The third such term may not be con-
3 secutive.

4 “(5) MEETINGS.—The Advisory Committee
5 shall—

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

9 “(B) hold all meetings in-person;

10 “(C) for purposes of ensuring trans-
11 parency, provide adequate advance notice of the
12 date of each meeting, including by publicly
13 posting the meeting date 30 days before the
14 date on which the meeting is to be held;

15 “(D) not later than 60 days after each
16 meeting, communicate the activities carried out
17 and decisions made during, and minutes of,
18 such meeting to the appropriate congressional
19 committees in a manner that does not com-
20 promise national security; and

21 “(E) not later than 30 days after each
22 meeting, communicate the activities carried out
23 and decisions made during, and minutes of,
24 such meeting to the PHEMCE.”.

1 **SEC. 105. PARTNERSHIPS FOR STATE AND REGIONAL HOS-**
2 **PITAL PREPAREDNESS TO IMPROVE SURGE**
3 **CAPACITY.**

4 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
5 319C–2(j)(1)(A) of the Public Health Service Act (42
6 U.S.C. 247d–3b(j)(1)(A)) is amended by striking “2019
7 through 2023” and inserting “2024 through 2028”.

8 (b) SUNSET.—Section 319C–2(j)(1)(B)(iii) of the
9 Public Health Service Act (42 U.S.C. 247d–
10 3b(j)(1)(B)(iii)) is amended by striking “2023” and in-
11 serting “2028”.

12 **SEC. 106. GUIDELINES FOR REGIONAL HEALTH CARE**
13 **EMERGENCY PREPAREDNESS AND RESPONSE**
14 **SYSTEMS.**

15 (a) GUIDELINES.—Section 319C–3(b)(3) of the Pub-
16 lic Health Service Act (42 U.S.C. 247d–3c(b)(3)) is
17 amended by striking “the Pandemic and All-Hazards Pre-
18 paredness and Advancing Innovation Act of 2019 (includ-
19 ing any amendments made by such Act)” and inserting
20 “the Pandemic and All-Hazards Preparedness and Ad-
21 vancing Innovation Act of 2019, the PREVENT
22 Pandemics Act (title II of division FF of Public Law 117–
23 328), and the Preparing for All Hazards and Pathogens
24 Reauthorization Act”.

25 (b) DEMONSTRATION PROJECT FOR REGIONAL
26 HEALTH CARE PREPAREDNESS AND RESPONSE SYS-

1 TEMS.—Section 319C–3(e)(2) of the Public Health Serv-
2 ice Act (42 U.S.C. 247d–3c(e)(2)) is amended by striking
3 “2023” and inserting “2028”.

4 **SEC. 107. STRATEGIC NATIONAL STOCKPILE.**

5 (a) RESPONSIBILITY FOR ADMINISTERING THE
6 STRATEGIC NATIONAL STOCKPILE.—

7 (1) TRANSFER.—

8 (A) IN GENERAL.—Section 319F–2(a)(1)
9 of the Public Health Service Act (42 U.S.C.
10 247d–6b(a)(1)) is amended by striking “The
11 Secretary, in collaboration with the Assistant
12 Secretary for Preparedness and Response and
13 the Director of the Centers for Disease Control
14 and Prevention, and in coordination with the
15 Secretary of Homeland Security” and inserting
16 “The Secretary, acting through the Assistant
17 Secretary for Preparedness and Response, in
18 coordination with the Director of the Centers
19 for Disease Control and Prevention and the
20 Secretary of Homeland Security”.

21 (B) CONFORMING AMENDMENT.—Section
22 319F–2(a)(3)(E) of the Public Health Service
23 Act (42 U.S.C. 247d–6b(a)(3)(E)) is amended
24 by striking “the Assistant Secretary for Pre-
25 paredness and Response,”.

1 (C) PILOT PROGRAM TO SUPPORT STATE
2 MEDICAL STOCKPILES.—Section 319F–2(i)(1)
3 of the Public Health Service Act (42 U.S.C.
4 247d–6b(i)(1)) is amended by striking “The
5 Secretary, in consultation with the Assistant
6 Secretary for Preparedness and Response and
7 the Director of the Centers for Disease Control
8 and Prevention” and inserting “The Secretary,
9 acting through the Assistant Secretary for Pre-
10 paredness and Response, in consultation with
11 the Director of the Centers for Disease Control
12 and Prevention”.

13 (D) TRANSITION.—The Secretary of
14 Health and Human Services shall take such ac-
15 tions as may be necessary to ensure that, not
16 later than 180 days after the date of enactment
17 of this Act, the amendments made by this sub-
18 section are fully implemented, including any
19 necessary transfer of personnel and resources.

20 (2) ASPR AUTHORITIES.—

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

1 “(K) STRATEGIC NATIONAL STOCKPILE.—
2 Coordinate with the Director of the Centers for
3 Disease Control and Prevention and the Sec-
4 retary of Homeland Security regarding the
5 maintenance and operation of, and procurement
6 and contracting related to, the Strategic Na-
7 tional Stockpile under section 319F–2.”.

8 (B) ADDITIONAL RESPONSIBILITY.—

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

12 (I) by redesignating subpara-
13 graphs (E) and (F) as subparagraphs
14 (F) and (G), respectively; and

15 (II) by inserting after subpara-
16 graph (D) the following:

17 “(E) the Strategic National Stockpile pur-
18 suant to section 319F–2;”.

19 (ii) CONFORMING CHANGES.—Section
20 2811(c)(3) of the Public Health Service
21 Act (42 U.S.C. 247d–6b(e)(3)) is amend-
22 ed—

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

1 (II) by striking subparagraph
2 (B); and
3 (III) by redesignating subpara-
4 graph (C) as subparagraph (B).

5 (b) VENDOR-MANAGED INVENTORY AND WARM-
6 BASED SURGE CAPACITY CONTRACTS AND COOPERATIVE
7 AGREEMENTS WITH CLINICAL LABORATORIES.—Section
8 319F–2(a)(5)(A) of the Public Health Service Act (42
9 U.S.C. 247d–6b(a)(5)(A)) is amended—

10 (1) by inserting after “contracts or cooperative
11 agreements with vendors, which may include manu-
12 facturers or distributors of medical products,” the
13 following: “as well as clinical laboratories,”; and

14 (2) in clause (ii), by striking “domestic manu-
15 facturing capacity” and inserting “domestic manu-
16 facturing and laboratory capacity”.

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

20 “(8) PROCUREMENT CONTRACT DURATION.—

21 “(A) IN GENERAL.—A contract for the
22 procurement of a drug, vaccine or other biologi-
23 cal product, medical device, or other supplies
24 for the stockpile under paragraph (1) shall be
25 for a period not to exceed five years, except

1 that, in first awarding the contract, the Sec-
2 retary may provide for a longer duration, not
3 exceeding 10 years, if the Secretary determines
4 that complexities or other difficulties in per-
5 formance under the contract justify such a pe-
6 riod. The contract shall be renewable for addi-
7 tional periods, none of which shall exceed five
8 years.

9 “(B) NOTIFICATION.—The Secretary shall
10 notify—

11 “(i) the Committee on Appropriations
12 and the Committee on Energy and Com-
13 merce of the House of Representatives and
14 the Committee on Appropriations and the
15 Committee on Health, Education, Labor
16 and Pensions of the Senate upon a deter-
17 mination by the Secretary to modify,
18 renew, extend, or terminate a contract re-
19 ferred to in subparagraph (A); and

20 “(ii) the relevant vendor within 90
21 days of a determination by the Secretary
22 to exercise options on, modify, renew, ex-
23 tend, or terminate such a contract.”.

24 (d) AUTHORIZATION OF APPROPRIATIONS.—

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

4 (A) in paragraph (1), by striking
5 “\$610,000,000 for each of fiscal years 2019
6 through 2021, and \$750,000,000 for each of
7 fiscal years 2022 and 2023” and inserting
8 “\$965,000,000 for each of fiscal years 2024
9 through 2028”;

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

11 (C) by striking “AUTHORIZATION OF AP-
12 PROPRIATIONS” and all that follows through
13 “For the purpose of carrying out subsection
14 (a), there are authorized to be appropriated”
15 and inserting “AUTHORIZATION OF APPROPRIA-
16 TIONS.—For the purpose of carrying out sub-
17 section (a), there is authorized to be appro-
18 priated”.

19 (2) PILOT PROGRAM TO SUPPORT STATE MED-
20 ICAL STOCKPILES.—Section 319F–2(i)(9) of the
21 Public Health Service Act (42 U.S.C. 247d–6b(i)(9))
22 is amended by striking “2024” and inserting
23 “2028”.

1 **SEC. 108. DIAGNOSTIC TESTING PREPAREDNESS PLAN.**

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

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

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Assistant Secretary for Preparedness and Response,
8 and in consultation with the heads of relevant Federal
9 agencies, shall develop not later than 1 year after the date
10 of enactment of this section and update not less than every
11 3 years thereafter a plan for rapid development, authoriza-
12 tion, scaling, procurement, and distribution of diagnostics
13 and clinical and diagnostic laboratory testing capacity dur-
14 ing a public health emergency declared under section 319.

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

17 “(1) to facilitate the development and utiliza-
18 tion of diagnostics for use with respect to a novel
19 chemical, biological, radiological, or nuclear threat or
20 an emerging infectious disease, including any such
21 high-throughput laboratory diagnostic, point-of-care
22 diagnostic, or rapid at-home or point-of-use diag-
23 nostic; and

24 “(2) to describe the processes for rapid develop-
25 ment, authorization, scaling, procurement, and dis-

1 tribution of diagnostics and clinical and diagnostic
2 laboratory testing capacity.

3 “(c) PUBLIC-PRIVATE COORDINATION.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Assistant Secretary for Preparedness
6 and Response, shall include within the plan under
7 subsection (a) a plan for public-private coordination
8 on national diagnostic testing during a public health
9 emergency.

10 “(2) CONTENTS.—The plan under paragraph
11 (1) shall be designed to facilitate coordination and
12 collaboration among—

13 “(A) government agencies; and

14 “(B) critical private-sector diagnostic test-
15 ing stakeholders, including private-sector clin-
16 ical and diagnostic laboratories, diagnostic man-
17 ufacturers, health care product distributors,
18 and research laboratories.

19 “(d) PUBLIC AVAILABILITY.—The Secretary, acting
20 through the Assistant Secretary for Preparedness and Re-
21 sponse, shall make the plan under subsection (a) publicly
22 available.

23 “(e) REPORTS TO CONGRESS.—Not later than 1 year
24 after commencing implementation of the plan under sub-
25 section (a) for a public health emergency, the Secretary,

1 acting through the Assistant Secretary for Preparedness
2 and Response, shall submit to the Congress a report evalu-
3 ating the effectiveness of activities implemented under the
4 plan.”.

5 **SEC. 109. BIOMEDICAL ADVANCED RESEARCH AND DEVEL-**
6 **OPMENT AUTHORITY.**

7 (a) **MEDICAL COUNTERMEASURES FOR VIRAL**
8 **THREATS WITH PANDEMIC POTENTIAL.**—Section
9 319L(c)(4) of the Public Health Service Act (42 U.S.C.
10 247d–7e(c)(4)) is amended—

11 (1) in subparagraph (D)—

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

14 (B) by redesignating clause (iii) as clause
15 (v); and

16 (C) by inserting after clause (ii) the fol-
17 lowing:

18 “(iii) the identification and develop-
19 ment of platform manufacturing tech-
20 nologies needed for advanced development
21 and manufacturing of medical counter-
22 measures for viral families which have sig-
23 nificant potential to cause a pandemic;

24 “(iv) advanced research and develop-
25 ment of flexible medical countermeasures

1 against priority respiratory virus families
2 and other respiratory viral pathogens with
3 a significant potential to cause a pandemic,
4 with both pathogen-specific and pathogen-
5 agnostic approaches; and”]; and

6 (2) in subparagraph (F)—

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

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

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

12 “(iv) priority virus families and other
13 viral pathogens with a significant potential
14 to cause a pandemic.”.

15 (b) CONTRACT NOTIFICATION.—Section 319L(c)(5)
16 of the Public Health Service Act (42 U.S.C. 247d–
17 7e(c)(5)) is amended by adding at the end the following:

18 “(I) DURATION.—A contract, grant, coop-
19 erative agreement, or other transaction entered
20 into under this section shall be for a period not
21 to exceed five years, except that, in first award-
22 ing the grant or entering into the contract, co-
23 operative agreement, or other transaction, the
24 Secretary may provide for a longer duration,
25 not exceeding 10 years, if the Secretary deter-

1 mines that complexities or other difficulties in
2 performance under the contract, grant, coopera-
3 tive agreement, or other transaction justify
4 such a period. The contract, grant, cooperative
5 agreement, or other transaction shall be renew-
6 able for additional periods, none of which shall
7 exceed five years. The Secretary shall notify the
8 vendor within 90 days of a determination by the
9 Secretary to modify, renew, extend, or termi-
10 nate such contract, grant, cooperative agree-
11 ment, or other transaction.”.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
13 319L(d)(2) of the Public Health Service Act (42 U.S.C.
14 247d–7e(d)(2)) is amended by striking “\$611,700,000 for
15 each of fiscal years 2019 through 2023” and inserting
16 “\$950,000,000 for each of fiscal years 2024 through
17 2028”.

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

1 **SEC. 110. ENSURING COLLABORATION AND COORDINATION**
2 **IN MEDICAL COUNTERMEASURE DEVELOP-**
3 **MENT.**

4 Section 319L–1(b) of the Public Health Service Act
5 (42 U.S.C. 274d–7f(b)) is amended by striking “at the
6 end of the 17-year period that begins on the date of enact-
7 ment of this Act” and inserting “on October 1, 2028”.

8 **SEC. 111. REVIEW OF ASPR EFFORTS TO ENSURE SUPPLY**
9 **CHAIN RESILIENCY AND ACCOUNTABILITY.**

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

13 (1) the Supply Chain Control Tower Program
14 (in this section referred to as the “SCCT Program”)
15 under the Administration for Strategic Preparedness
16 and Response of the Department of Health and
17 Human Services; and

18 (2) any related efforts of the Administration for
19 Strategic Preparedness and Response—

20 (A) to create supply chain visibility into in-
21 ventory, capacity, and distribution flow of cer-
22 tain products critical to preparedness and re-
23 sponse efforts;

24 (B) to provide insights into demand fore-
25 casting and modeling of certain products crit-
26 ical to preparedness and response efforts; or

1 (C) to inform preparedness and response
2 efforts by targeting distribution and coordi-
3 nating supply with demand for certain products
4 critical to preparedness and response efforts.

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

7 (1) the data being collected and maintained
8 pursuant to the SCCT Program;

9 (2) how the Department of Health and Human
10 Services, acting through the Administration for
11 Strategic Preparedness and Response, uses such
12 data to provide supply chain visibility and address
13 actual or potential supply gaps;

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

17 (4) the frequency and cadence of data reporting
18 and sharing by and among States, localities, Terri-
19 tories, Tribes, and industry partners;

20 (5) information related to the type and number
21 of States, localities, Territories, Tribes, and industry
22 partners participating in the SCCT Program;

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

1 (7) any inefficiencies, deficiencies, or challenges
2 related to the application or operation of the SCCT
3 Program.

4 (c) REPORT TO CONGRESS.—Not later than the dead-
5 line described in subsection (a) for the completion of the
6 review under this section, the Comptroller General shall
7 submit to the Committee on Energy and Commerce of the
8 House of Representatives and the Committee on Health,
9 Education, Labor, and Pensions of the Senate a report
10 on the results of such review.

11 **SEC. 112. REVIEW OF HHS EFFORTS TO ENSURE RAPID**
12 **PRODUCTION AND DOMESTIC MANUFAC-**
13 **TURING CAPACITY OF MEDICAL COUNTER-**
14 **MEASURES.**

15 (a) IN GENERAL.—Not later than 1 year after the
16 date of the enactment of this Act, the Comptroller General
17 of the United States shall conduct and complete a review
18 examining the efforts of the Secretary of Health and
19 Human Services to ensure that the United States is pre-
20 pared to rapidly produce qualified countermeasures (as de-
21 fined in section 319F–1 of the Public Health Service Act
22 (42 U.S.C. 247d–6a)) in the event of a public health emer-
23 gency declared under section 319 of the Public Health
24 Service Act (42 U.S.C. 274d).

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

3 (1) the efforts described in such subsection, in-
4 cluding the Secretary’s efforts to transition from the
5 Centers for Innovation and Advanced Drug Manu-
6 facturing program to any new efforts, including the
7 National Biopharmaceutical Manufacturing Partner-
8 ship and Industrial Base Expansion Connect;

9 (2) the progress made toward the implementa-
10 tion of such efforts; and

11 (3) the planning within the Department of
12 Health and Human Services to assess risks and
13 challenges associated with advanced development
14 and manufacturing of qualified countermeasures.

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

19 (1) the results of the review; and

20 (2) the Comptroller General’s recommendations
21 for ensuring that the United States is prepared to
22 rapidly produce qualified countermeasures in the
23 event of a public health emergency.

1 **SEC. 113. CRISIS STANDARDS OF CARE.**

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

13 **TITLE II—ENSURING WORK-**
14 **FORCE TO PREPARE FOR AND**
15 **RESPOND TO PUBLIC HEALTH**
16 **SECURITY THREATS**

17 **SEC. 201. EMERGENCY SYSTEM FOR ADVANCE REGISTRA-**
18 **TION OF VOLUNTEER HEALTH PROFES-**
19 **SIONAL.**

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

1 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
2 319I(k) of the Public Health Service Act (42 U.S.C.
3 247d–7b(k)) is amended by striking “2019 through 2023”
4 and inserting “2024 through 2028”.

5 **SEC. 202. MILITARY AND CIVILIAN PARTNERSHIP FOR**
6 **TRAUMA READINESS.**

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

10 **SEC. 203. NATIONAL ADVISORY COMMITTEES ON DISAS-**
11 **TERS.**

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

16 “(g) SUNSET.—

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

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

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

1 (1) in subsection (d)—

2 (A) in paragraph (1), by striking “in con-
3 sultation with such other heads of agencies as
4 appropriate, shall appoint not more than 17
5 members” and inserting “in consultation with
6 such other Secretaries as may be appropriate,
7 shall appoint not more than 23 members”

8 (B) by redesignating paragraph (2) as
9 paragraph (3);

10 (C) by amending paragraph (3), as so re-
11 designated—

12 (i) in the paragraph heading, by strik-
13 ing “REQUIRED MEMBERS” and inserting
14 “REQUIRED FEDERAL MEMBERS”;

15 (ii) in the matter preceding subpara-
16 graph (A), by striking “and non-Federal
17 members,”;

18 (iii) by striking subparagraphs (J)
19 and (K); and

20 (iv) by redesignating subparagraph
21 (L) as subparagraph (J);

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

24 “(2) REQUIRED NON-FEDERAL MEMBERS.—The
25 Secretary, in consultation with such other heads of

1 Federal agencies as may be appropriate, shall ap-
2 point to the Advisory Committee under paragraph
3 (1) at least 13 individuals, including—

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

8 “(B) at least 3 representatives of State,
9 local, Tribal, or territorial agencies with exper-
10 tise in geriatric disaster planning, preparedness,
11 response, or recovery; and

12 “(C) at least 4 non-Federal professionals
13 with training in gerontology, including social
14 workers, scientists, human services specialists,
15 or other non-medical professionals, with experi-
16 ence in disaster planning, preparedness, re-
17 sponse, or recovery among other adults.”; and

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

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

1 Pathogens Reauthorization Act, or appointees who
2 are initially appointed after such date of enactment,
3 in order to provide for a staggered term of appoint-
4 ment for all members.

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

10 (2) in subsection (g)—

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

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

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

18 (1) by redesignating subsections (e) through (g)
19 as subsections (d) through (h), respectively;

20 (2) by inserting after subsection (b) the fol-
21 lowing new subsection:

22 “(c) ADDITIONAL DUTIES.—The Advisory Committee
23 may provide advice and recommendations to the Secretary
24 with respect to individuals with disabilities, and medical
25 and public health grants and cooperative agreements, as

1 applicable to preparedness and response activities under
2 this title and title III.”;

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

4 (A) in paragraph (1), by striking “in con-
5 sultation with such other heads of agencies and
6 departments as appropriate, shall appoint not
7 more than 17 members” and inserting “in con-
8 sultation with such other Secretaries as may be
9 appropriate, shall appoint not more than 23
10 members”;

11 (B) by redesignating paragraph (2) as
12 paragraph (3);

13 (C) by amending paragraph (3), as redesi-
14 gnated—

15 (i) in the paragraph heading, by strik-
16 ing “REQUIRED MEMBERS” and inserting
17 “REQUIRED FEDERAL MEMBERS”;

18 (ii) in the matter preceding subpara-
19 graph (A), by striking “and non-Federal
20 members,”;

21 (iii) by striking subparagraph (K) and
22 inserting the following:

23 “(K) Representatives of such other Federal
24 agencies as the Secretary determines necessary

1 to fulfill the duties of the Advisory Com-
2 mittee.”; and

3 (iv) by striking subparagraphs (L)
4 and (M);

5 (D) by inserting after paragraph (1) the
6 following new paragraph:

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

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

17 “(B) at least 3 representatives from State,
18 local, Tribal, or territorial agencies with exper-
19 tise in disaster planning, preparedness, re-
20 sponse, or recovery for individuals with disabili-
21 ties; and

22 “(C) at least 4 individuals with a disability
23 with expertise in disaster planning, prepared-
24 ness, response, or recovery for individuals with
25 disabilities.”; and

1 (E) by adding at the end the following new
2 paragraphs:

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

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

18 (4) in subsection (g)—

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

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

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

24 (a) ELIMINATION OF SUNSET OF AUTHORITY TO
25 MAKE CERTAIN APPOINTMENTS FOR NATIONAL DIS-

1 ASTER MEDICAL SYSTEM.—Section 2812(c)(4) of the
2 Public Health Service Act (42 U.S.C. 300hh–11(c)(4)) is
3 amended—

4 (1) by striking “(A) IN GENERAL.—If the Sec-
5 retary determines” and inserting “If the Secretary
6 determines”; and

7 (2) by striking subparagraph (B).

8 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
9 2812(g) of the Public Health Service Act (42 U.S.C.
10 300hh–11(g)) is amended by striking “\$57,400,000 for
11 each of fiscal years 2019 through 2023” and inserting
12 “\$96,904,000 for each of fiscal years 2024 through
13 2028”.

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

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

