

118TH CONGRESS  
1ST SESSION

# H. R. \_\_\_\_\_

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 Centers for Disease Control and Protection, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

M. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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## 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 Centers for Disease Control and Protection, 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 “Preparedness and Response Reauthorization Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 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. Improving State and local public health security.

Sec. 102. Facilities and capacities of the Centers for Disease Control and Prevention to combat public health security threats.

Sec. 103. Monitoring and distribution of certain medical countermeasures.

Sec. 104. Enhanced control of dangerous biological agents and toxins.

Sec. 105. Mosquito-borne diseases.

Sec. 106. Epidemiology-laboratory capacity.

Sec. 107. Review of Federal public health data collection and sharing.

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

Sec. 201. Temporary reassignment of State and local personnel during a public health emergency.

Sec. 202. Epidemic Intelligence Service.

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

4 **SEC. 101. IMPROVING STATE AND LOCAL PUBLIC HEALTH**  
5 **SECURITY.**

6 (a) AUTHORIZATION OF APPROPRIATIONS.—Section  
7 319C–1(h)(1)(A) of the Public Health Service Act (42  
8 U.S.C. 247d–3a(h)(1)(A)) is amended by striking  
9 “\$685,000,000 for each of fiscal years 2019 through  
10 2023” and inserting “\$735,000,000 for each of fiscal  
11 years 2024 through 2028”.

12 (b) ELIMINATION OF DEADWOOD.—Section 319C–  
13 1(h) of the Public Health Service Act (42 U.S.C. 247d–  
14 3a(h)) is amended—

15 (1) by striking paragraphs (4) and (5); and

1           (2) by redesignating paragraphs (6) and (7) as  
2           paragraphs (4) and (5).

3 **SEC. 102. FACILITIES AND CAPACITIES OF THE CENTERS**  
4           **FOR DISEASE CONTROL AND PREVENTION TO**  
5           **COMBAT PUBLIC HEALTH SECURITY**  
6           **THREATS.**

7           (a) **STUDY.**—Section 319D(a)(4) of the Public  
8 Health Service Act (42 U.S.C. 247d–4(a)(4)) is amended  
9 by striking “Not later than June 1, 2022, the Comptroller  
10 General of the United States shall conduct a study on  
11 Federal spending in fiscal years 2013 through 2018” and  
12 inserting “Not later than June 1, 2027, the Comptroller  
13 General of the United States shall conduct a study on  
14 Federal spending in fiscal years 2021 through 2026”.

15           (b) **AUTHORIZATION OF APPROPRIATIONS.**—Section  
16 319D(h) of the Public Health Service Act (42 U.S.C.  
17 247d–4(h)) is amended—

18           (1) in paragraph (1), by striking “\$25,000,000  
19 for each of fiscal years 2022 and 2023” and insert-  
20 ing “\$40,000,000 for each of fiscal years 2024  
21 through 2028”; and

22           (2) in paragraph (2), by striking “2022 and  
23 2023” and inserting “2024 through 2028”.

1 **SEC. 103. MONITORING AND DISTRIBUTION OF CERTAIN**  
2 **MEDICAL COUNTERMEASURES.**

3 Section 319A(e) of the Public Health Service Act (42  
4 U.S.C. 247d–1(e)) is amended by striking “2019 through  
5 2023” and inserting “2024 through 2028”.

6 **SEC. 104. ENHANCED CONTROL OF DANGEROUS BIOLOGI-**  
7 **CAL AGENTS AND TOXINS.**

8 Section 351A(m) of the Public Health Service Act  
9 (42 U.S.C. 262a(m)) is amended by striking “2027” and  
10 inserting “2028”.

11 **SEC. 105. MOSQUITO-BORNE DISEASES.**

12 Section 317S(f) of the Public Health Service Act (42  
13 U.S.C. 247b–21(f)) is amended—

14 (1) in paragraph (1), by striking “2019  
15 through 2023” and inserting “2024 through 2028”;  
16 and

17 (2) by striking paragraph (3).

18 **SEC. 106. EPIDEMIOLOGY-LABORATORY CAPACITY.**

19 Section 2821(b) (42 U.S.C. 300hh–31(b)) is amend-  
20 ed by striking “2019 through 2023” and inserting “2024  
21 through 2028”.

22 **SEC. 107. REVIEW OF FEDERAL PUBLIC HEALTH DATA COL-**  
23 **LECTION AND SHARING.**

24 (a) IN GENERAL.—The Comptroller General of the  
25 United States shall evaluate the Federal Government’s  
26 collection and sharing of public health data to respond to

1 public health emergencies involving infectious disease out-  
2 breaks or biological threats, such as the COVID–19 pan-  
3 demic, and provide as appropriate recommendations to ad-  
4 dress the collection and sharing of public health data.

5 (b) TOPICS.—The evaluation under subsection (a)  
6 shall include a review of what is known about—

7 (1) the authorities, policies, and operational  
8 tools used by the Secretary of Health and Human  
9 Services to collect public health data from, and share  
10 public health data with, other Federal agencies,  
11 State, local, territorial, and Tribal governments, and  
12 other partners, including—

13 (A) how those authorities, policies, and  
14 tools were used during the COVID–19 public  
15 health emergency;

16 (B) how Federal funds were expended for  
17 the purpose of public health data collection and  
18 sharing during the COVID–19 public health  
19 emergency;

20 (C) any challenges posed by redundant  
21 data reporting requirements placed on State,  
22 local, territorial, and Tribal governments and  
23 other partners during the COVID–19 public  
24 health emergency, including whether these re-  
25 quirements conflicted with the needs of State,

1 local, territorial, or Tribal communities or other  
2 partners; and

3 (D) any publicly available resources to  
4 track how public health data is being collected,  
5 shared, and used with other Federal agencies,  
6 State, local, territorial, and Tribal governments,  
7 and other partners;

8 (2) any limitations on the authorities, policies,  
9 and tools used during declared public health emer-  
10 gencies, including throughout the COVID–19 public  
11 health emergency, that affect the Federal Govern-  
12 ment’s ability to respond to declared public health  
13 emergencies;

14 (3) any redundancy or overutilization in the au-  
15 thorities, policies, and tools used during declared  
16 public health emergencies, including throughout the  
17 COVID–19 public health emergency, including  
18 whether any redundant data reporting requirements  
19 conflicted with the needs of State, local, territorial,  
20 or Tribal communities or other partners; and

21 (4) the Federal Government’s data collection,  
22 sharing, and epidemiological modeling during the  
23 COVID–19 public health emergency compared with  
24 the data collection, sharing, and epidemiological  
25 modeling of nonprofit and private sector stake-

1 holders, including how the Secretary developed tools,  
2 or used already existing tools, to collect, share,  
3 model, and disseminate public health data in com-  
4 parison to the development of tools and use of exist-  
5 ing tools for such purposes by the nonprofit and pri-  
6 vate sectors.

7 (c) REPORT TO CONGRESS.—Not later than 18  
8 months after the date of enactment of this Act, the Comp-  
9 troller General of the United States shall submit a report  
10 to the Congress on the results of the evaluation under sub-  
11 section (a).

12 (d) DEFINITION.—In this section, the term “other  
13 partners” includes—

- 14 (1) hospitals and physician practices;
- 15 (2) health systems and health plans;
- 16 (3) manufacturers and distributors; and
- 17 (4) clinical laboratories.

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

5 **SEC. 201. TEMPORARY REASSIGNMENT OF STATE AND**  
6 **LOCAL PERSONNEL DURING A PUBLIC**  
7 **HEALTH EMERGENCY.**

8 (a) REPORT TO CONGRESS.—Section 319(e)(6) of the  
9 Public Health Service Act (42 U.S.C. 247d(e)(6)) is  
10 amended by striking “Not later than 4 years after the date  
11 of enactment of the Pandemic and All-Hazards Prepared-  
12 ness Reauthorization Act of 2013, the Comptroller Gen-  
13 eral of the United States shall” and inserting “Not later  
14 than 4 years after the date of enactment of the Prepared-  
15 ness and Response Reauthorization Act, the Comptroller  
16 General of the United States shall”.

17 (b) SUNSET.—Section 319(e)(8) of the Public Health  
18 Service Act (42 U.S.C. 247d(e)(8)) is amended by striking  
19 “2023” and inserting “2028”.

20 **SEC. 202. EPIDEMIC INTELLIGENCE SERVICE.**

21 Section 317F(c)(2) of the Public Health Service Act  
22 (42 U.S.C. 247b–7(c)(2)) is amended by striking “2019  
23 through 2023” and inserting “2024 through 2028”.