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.

IN THE HOUSE OF REPRESENTATIVES

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

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.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Preparedness and Response Reauthorization Act”.

(b) Table of Contents.—The table of contents for this Act is as follows:

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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 Pre-
vention 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.


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

SEC. 102. FACILITIES AND CAPACITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO COMBAT PUBLIC HEALTH SECURITY THREATS.

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

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

(1) in paragraph (1), by striking “$25,000,000 for each of fiscal years 2022 and 2023” and inserting “$40,000,000 for each of fiscal years 2024 through 2028”; and

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

SEC. 103. MONITORING AND DISTRIBUTION OF CERTAIN MEDICAL COUNTERMEASURES. 

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

SEC. 104. ENHANCED CONTROL OF DANGEROUS BIOLOGICAL AGENTS AND TOXINS. 

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

SEC. 105. MOSQUITO-BORNE DISEASES. 

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

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

and

(2) by striking paragraph (3).

SEC. 106. EPIDEMIOLOGY-LABORATORY CAPACITY. 

Section 2821(b) (42 U.S.C. 300hh–31(b)) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.

SEC. 107. REVIEW OF FEDERAL PUBLIC HEALTH DATA COLLECTION AND SHARING. 

(a) In General.—The Comptroller General of the United States shall evaluate the Federal Government’s collection and sharing of public health data to respond to
public health emergencies involving infectious disease outbreaks or biological threats, such as the COVID–19 pandemic, and provide as appropriate recommendations to address the collection and sharing of public health data.

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

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

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

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

(C) any challenges posed by redundant data reporting requirements placed on State, local, territorial, and Tribal governments and other partners during the COVID–19 public health emergency, including whether these requirements conflicted with the needs of State,
local, territorial, or Tribal communities or other partners; and

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

(2) any limitations on the authorities, policies, and tools used during declared public health emergencies, including throughout the COVID–19 public health emergency, that affect the Federal Government’s ability to respond to declared public health emergencies;

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

(4) the Federal Government’s data collection, sharing, and epidemiological modeling during the COVID–19 public health emergency compared with the data collection, sharing, and epidemiological modeling of nonprofit and private sector stake-
holders, including how the Secretary developed tools, or used already existing tools, to collect, share, model, and disseminate public health data in comparison to the development of tools and use of existing tools for such purposes by the nonprofit and private sectors.

(c) REPORT TO CONGRESS.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to the Congress on the results of the evaluation under subsection (a).

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

1. hospitals and physician practices;
2. health systems and health plans;
3. manufacturers and distributors; and
4. clinical laboratories.
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.

(a) REPORT TO CONGRESS.—Section 319(e)(6) of the Public Health Service Act (42 U.S.C. 247d(e)(6)) is amended by striking “Not later than 4 years after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013, the Comptroller General of the United States shall” and inserting “Not later than 4 years after the date of enactment of the Preparedness and Response Reauthorization Act, the Comptroller General of the United States shall”.

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

SEC. 202. EPIDEMIC INTELLIGENCE SERVICE.

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