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 Administration for Strategic Preparedness and Response, 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 Administration for Strategic Preparedness and Response, 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 “Preparing for All Hazards and Pathogens Reauthorization Act”.

(b) TABLE OF CONTENTS.—The table of contents for 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 professionals.
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 RESPONDING TO PUBLIC HEALTH SECURITY THREATS

6 SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.

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

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” and inserting “The”.

10 and inserting “The”.

11
(b) MEDICAL AND PUBLIC HEALTH COMMUNITY

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

SEC. 102. PROTECTION OF NATIONAL SECURITY FROM THREATS.

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

SEC. 103. PUBLIC HEALTH EMERGENCY MEDICAL COUNTERMEASURES ENTERPRISE.

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

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

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

“(13) Representatives of any other Federal agency, which may include the Director of the National Institute of Allergy and Infectious Diseases and the Director of the Office of Public Health Pre-
paredness and Response, as the Secretary determines appropriate.”.

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

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

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

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

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

“(d) PHEMCE ADVISORY COMMITTEE.—

“(1) ESTABLISHMENT.—The Secretary shall—

“(A) establish and maintain an advisory
committee to be known as the PHEMCE Advi-
sory Committee (in this subsection referred to
as the ‘Advisory Committee’) to seek input and
ensure communication and transparency in the
functions of the PHEMCE; and
“(B) seek input from and consult with external partners with divergent threat portfolios, including chemical, biological, radiological, or nuclear agents and emerging infectious diseases, to ensure the right combination of threat-specific expertise on PHEMCE functions under subsection (c)(1) and to ensure appropriate capability and capacity to maintain overall readiness.

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

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

“(B) solicit and incorporate the input of the private sector, non-Federal partners, and stakeholders to increase communication and transparency, identify gaps of preparedness, and coordinate improvements in PHEMCE decision-making;

“(C) aid in the PHEMCE’s strategic planning and decision-making regarding medical countermeasure research, advanced research, development, procurement, stockpiling, replenishment, deployment, and distribution;
“(D) aid in interactions among the PHEMCE’s members listed in subsection (b) and other government entities; and 

“(E) aid in the PHEMCE’s communication of decisions related to the PHEMCE’s functions.

“(3) MEMBERSHIP.—The Secretary, in consultation with the members of the PHEMCE listed in subsection (b), shall appoint to the Advisory Committee at least 9, and not more than 15, individuals, including—

“(A) at least 3 non-Federal professionals with expertise in medical countermeasure development, including medical countermeasures for chemical, biological, radiological, or nuclear agents and emerging infectious diseases;

“(B) at least 2 non-Federal professionals with expertise in medical countermeasure stockpiling and replenishment;

“(C) at least 2 non-Federal professionals with expertise in the medical countermeasure supply chain, including medical countermeasure manufacturing and distribution;
“(D) at least 2 non-Federal professionals with expertise in medical disaster planning, preparedness, response, or recovery;

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

“(F) 1 non-Federal professional appointed by the minority leader of the House of Representatives;

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

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

“(4) TERM OF APPOINTMENT.—Each member of the Advisory Committee shall be appointed for a term of 2 years and may be reappointed for two additional terms of 2 years, for a total of not more than 6 years. The first and second such terms may be consecutive. The third such term may not be consecutive.

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

“(A) meet not less than 4 times in each calendar year that begins after the establishment of the Advisory Committee;

“(B) hold all meetings in-person;
“(C) for purposes of ensuring transparency, provide adequate advance notice of the date of each meeting, including by publicly posting the meeting date 30 days before the date on which the meeting is to be held;

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

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

SEC. 104. PARTNERSHIPS FOR STATE AND REGIONAL HOSPITAL PREPAREDNESS TO IMPROVE SURGE CAPACITY.

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

(b) Sunset.—Section 319C–2(j)(1)(B)(iii) of the Public Health Service Act (42 U.S.C. 247d–3b(j)(1)(B)(iii)) is amended by striking “2023” and inserting “2028”.

SEC. 105. GUIDELINES FOR REGIONAL HEALTH CARE EMERGENCY PREPAREDNESS AND RESPONSE SYSTEMS.

(a) GUIDELINES.—Section 319C–3(b)(3) of the Public Health Service Act (42 U.S.C. 247d–3c(b)(3)) is amended by striking “the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (including any amendments made by such Act)” and inserting “the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019, the PREVENT Pandemics Act (title II of division FF of Public Law 117–328), and the Preparing for All Hazards and Pathogens Reauthorization Act”.

(b) DEMONSTRATION PROJECT FOR REGIONAL HEALTH CARE PREPAREDNESS AND RESPONSE SYSTEMS.—Section 319C–3(e)(2) of the Public Health Service Act (42 U.S.C. 247d–3c(e)(2)) is amended by striking “2023” and inserting “2028”.

SEC. 106. STRATEGIC NATIONAL STOCKPILE.

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

(1) TRANSFER.—

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

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

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

(D) TRANSITION.—The Secretary of Health and Human Services shall take such actions as may be necessary to ensure that, not later than 180 days after the date of enactment of this Act, the amendments made by this subsection are fully implemented, including any necessary transfer of personnel and resources.

(2) ASPR AUTHORITY.—

(A) ADDITIONAL COORDINATION DUTY.—

Section 2811(b)(4) of the Public Health Service Act (42 U.S.C. 247d–6b(b)) is amended by adding at the end the following:

“(K) STRATEGIC NATIONAL STOCKPILE.—Coordinate with the Director of the Centers for Disease Control and Prevention and the Secretary of Homeland Security regarding the maintenance and operation of, and procurement and contracting related to, the Strategic National Stockpile under section 319F–2.”.

(B) ADDITIONAL RESPONSIBILITY.—

(i) IN GENERAL.—Section 2811(e)(2) of the Public Health Service Act (42 U.S.C. 247d–6b(e)(2)) is amended—
(I) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively; and

(II) by inserting after subparagraph (D) the following:

“(E) the Strategic National Stockpile pursuant to section 319F–2;”.

(ii) CONFORMING CHANGES.—Section 2811(c)(3) of the Public Health Service Act (42 U.S.C. 247d–6b(e)(3)) is amended—

(I) in subparagraph (A), by inserting “and” after the semicolon;

(II) by striking subparagraph (B); and

(III) by redesignating subparagraph (C) as subparagraph (B).

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

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

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

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

“(8) PROCUREMENT CONTRACT DURATION.—

“(A) IN GENERAL.—A contract for the procurement of a drug, vaccine or other biological product, medical device, or other supplies for the stockpile under paragraph (1) shall be for a period not to exceed five years, except that, in first awarding the contract, the Sec-

retary may provide for a longer duration, not exceeding 10 years, if the Secretary determines that complexities or other difficulties in perform-
gence under the contract justify such a pe-
riod. The contract shall be renewable for addi-
tional periods, none of which shall exceed five years.

“(B) NOTIFICATION.—The Secretary shall notify—
“(i) the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives and the Committee on Appropriations and the Committee on Health, Education, Labor and Pensions of the Senate upon a determination by the Secretary to modify, renew, extend, or terminate a contract referred to in subparagraph (A); and

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

(d) AUTHORIZATION OF APPROPRIATIONS.—

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

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

(B) by striking paragraph (2); and
(C) by striking “AUTHORIZATION OF APPROPRIATIONS” and all that follows through “For the purpose of carrying out subsection (a), there are authorized to be appropriated” and inserting “AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there is authorized to be appropriated”.

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

SEC. 107. DIAGNOSTIC TESTING PREPAREDNESS PLAN.

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

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SEC. 319F–6. DIAGNOSTIC TESTING PREPAREDNESS PLAN.

“(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, and in consultation with the heads of relevant Federal agencies, shall develop not later than 1 year after the date of enactment of this section and update not less than every 3 years thereafter a plan for rapid development, authorization, scaling, procurement, and distribution of diagnostics
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and clinical and diagnostic laboratory testing capacity during a public health emergency declared under section 319.

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

“(1) to facilitate the development and utilization of diagnostics for use with respect to a novel chemical, biological, radiological, or nuclear threat or an emerging infectious disease, including any such high-throughput laboratory diagnostic, point-of-care diagnostic, or rapid at-home or point-of-use diagnostic; and

“(2) to describe the processes for rapid development, authorization, scaling, procurement, and distribution of diagnostics and clinical and diagnostic laboratory testing capacity.

“(c) PUBLIC-PRIVATE COORDINATION.—

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

“(2) CONTENTS.—The plan under paragraph (1) shall be designed to facilitate coordination and collaboration among—
“(A) government agencies; and

“(B) critical private-sector diagnostic testing stakeholders, including private-sector clinical and diagnostic laboratories, diagnostic manufacturers, health care product distributors, and research laboratories.

“(d) PUBLIC AVAILABILITY.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall make the plan under subsection (a) publicly available.

“(e) REPORTS TO CONGRESS.—Not later than 1 year after commencing implementation of the plan under subsection (a) for a public health emergency, the Secretary, acting through the Assistant Secretary for Preparedness and Response, shall submit to the Congress a report evaluating the effectiveness of activities implemented under the plan.”.

SEC. 108. BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY.

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

(1) in subparagraph (D)—
(A) in clause (ii), by striking "; and" and inserting a semicolon;

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

(C) by inserting after clause (ii) the following:

"(iii) the identification and development of platform manufacturing technologies needed for advanced development and manufacturing of medical countermeasures for viral families which have significant potential to cause a pandemic;

(iv) advanced research and development of flexible medical countermeasures against priority respiratory virus families and other respiratory viral pathogens with a significant potential to cause a pandemic, with both pathogen-specific and pathogen-agnostic approaches; and"; and

(2) in subparagraph (F)—

(A) in clause (ii), by striking "; and" at the end and inserting a semicolon;

(B) in clause (iii), by striking the period and inserting "; and"; and

(C) by adding at the end the following:
“(iv) priority virus families and other viral pathogens with a significant potential to cause a pandemic.”.

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

“(I) DURATION.—A contract, grant, cooperative agreement, or other transaction entered into under this section shall be for a period not to exceed five years, except that, in first awarding the grant or entering into the contract, cooperative agreement, or other transaction, the Secretary may provide for a longer duration, not exceeding 10 years, if the Secretary determines that complexities or other difficulties in performance under the contract, grant, cooperative agreement, or other transaction justify such a period. The contract, grant, cooperative agreement, or other transaction shall be renewable for additional periods, none of which shall exceed five years. The Secretary shall notify the vendor within 90 days of a determination by the Secretary to modify, renew, extend, or terminate such contract, grant, cooperative agreement, or other transaction.”.
(c) Authorization of Appropriations.—Section 319L(d)(2) of the Public Health Service Act (42 U.S.C. 247d–7e(d)(2)) is amended by striking “$611,700,000 for each of fiscal years 2019 through 2023” and inserting “$950,000,000 for each of fiscal years 2024 through 2028”.

(d) Inapplicability of Certain Provisions Sunset.—Section 319L(e)(1)(D) of the Public Health Service Act (42 U.S.C. 247d–7e(e)(1)(D)) is amended by striking “on the date that is 17 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act” and inserting “on October 1, 2028”.

SEC. 109. Ensuring Collaboration and Coordination in Medical Countermeasure Development.

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

SEC. 110. Review of ASPR Efforts to Ensure Supply Chain Resiliency and Accountability.

(a) In General.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall complete a review of—
(1) the Supply Chain Control Tower Program
    (in this section referred to as the “SCCT Program”)
under the Administration for Strategic Preparedness
and Response of the Department of Health and
Human Services; and

(2) any related efforts of the Administration for
    Strategic Preparedness and Response—
    (A) to create supply chain visibility into in-
        ventory, capacity, and distribution flow of cer-
        tain products critical to preparedness and re-
        sponse efforts;
    (B) to provide insights into demand fore-
        casting and modeling of certain products crit-
        ical to preparedness and response efforts; or
    (C) to inform preparedness and response
        efforts by targeting distribution and coordi-
        nating supply with demand for certain products
        critical to preparedness and response efforts.

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

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

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

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

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

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

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

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

(c) REPORT TO CONGRESS.—Not later than the dead-
line described in subsection (a) for the completion of the
review under this section, the Comptroller General shall
submit to the Committee on Energy and Commerce of the
House of Representatives and the Committee on Health,
Education, Labor, and Pensions of the Senate a report
on the results of such review.
SEC. 111. REVIEW OF HHS EFFORTS TO ENSURE RAPID PRODUCTION AND DOMESTIC MANUFACTURING CAPACITY OF MEDICAL COUNTERMEASURES.

(a) In General.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall conduct and complete a review examining the efforts of the Secretary of Health and Human Services to ensure that the United States is prepared to rapidly produce qualified countermeasures (as defined in section 319F–1 of the Public Health Service Act (42 U.S.C. 247d–6a)) in the event of a public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 274d).

(b) Contents.—The review conducted under subsection (a) shall include a review of—

(1) the efforts described in such subsection, including the Secretary’s efforts to transition from the Centers for Innovation and Advanced Drug Manufacturing program to any new efforts, including the National Biopharmaceutical Manufacturing Partnership and Industrial Base Expansion Connect;

(2) the progress made toward the implementation of such efforts; and

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

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

(1) the results of the review; and

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

SEC. 112. CRISIS STANDARDS OF CARE.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Office for Civil Rights of the Department of Health and Human Services, shall issue guidance on how to develop or modify State and local crisis standards of care for use during an emergency period (as defined in section 1135(g)(1) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)) so as to bring such standards of care into compliance with the nondiscrimination requirements of section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).
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.

(a) In General.—Section 319I(a) of the Public Health Service Act (42 U.S.C. 247d–7b) is amended by striking “Not later than 12 months after the date of enactment of the Pandemic and All-Hazards Preparedness Act, the Secretary shall link existing State verification systems to maintain” and inserting “The Secretary shall continue to maintain”.

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

SEC. 202. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS.

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

SEC. 203. NATIONAL ADVISORY COMMITTEES ON DISASTERS.

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

“(g) SUNSET.—

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

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

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

(1) in subsection (d)—

(A) in paragraph (1), by striking “in consultation with such other heads of agencies as appropriate, shall appoint not more than 17 members” and inserting “in consultation with such other Secretaries as may be appropriate, shall appoint not more than 23 members”

(B) by redesignating paragraph (2) as paragraph (3);
(C) by amending paragraph (3), as so redesignated—

(i) in the paragraph heading, by striking “REQUIRED MEMBERS” and inserting “REQUIRED FEDERAL MEMBERS”;

(ii) in the matter preceding subparagraph (A), by striking “and non-Federal members,”;

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

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

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

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

“(A) at least 4 non-Federal health care providers with expertise in geriatric medical disaster planning, preparedness, response, or recovery;

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

“(C) at least 4 non-Federal professionals with training in gerontology, including social workers, scientists, human services specialists, or other non-medical professionals, with experience in disaster planning, preparedness, response, or recovery among other adults.”; and

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

“(4) TERM OF APPOINTMENT.—Each member of the Advisory Committee appointed under paragraph (2) shall serve for a term of 3 years, except that the Secretary may adjust the terms of the Advisory Committee appointees serving on the date of enactment of the Preparing for All Hazards and Pathogens Reauthorization Act, or appointees who are initially appointed after such date of enactment, in order to provide for a staggered term of appointment for all members.

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

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

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

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

(1) by redesignating subsections (c) through (g) as subsections (d) through (h), respectively;

(2) by inserting after subsection (b) the following new subsection:

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

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

(A) in paragraph (1), by striking “in consultation with such other heads of agencies and departments as appropriate, shall appoint not more than 17 members” and inserting “in consultation with such other Secretaries as may be
appropriate, shall appoint not more than 23
members’’;

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

(C) by amending paragraph (3), as redes-
ignated—

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

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

(iii) by striking subparagraph (K) and
inserting the following:
“(K) Representatives of such other Federal
agencies as the Secretary determines necessary
to fulfill the duties of the Advisory Com-
mittee.”; and

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

(D) by inserting after paragraph (1) the
following new paragraph:
“(2) REQUIRED NON-FEDERAL MEMBERS.—The
Secretary, in consultation with such other heads of
Federal agencies as may be appropriate, shall ap-
point to the Advisory Committee under paragraph (1) at least 13 individuals, including—

“(A) at least 4 non-Federal health care professionals with expertise in disability accessibility before, during, and after disasters, medical and mass care disaster planning, preparedness, response, or recovery;

“(B) at least 3 representatives from State, local, Tribal, or territorial agencies with expertise in disaster planning, preparedness, response, or recovery for individuals with disabilities; and

“(C) at least 4 individuals with a disability with expertise in disaster planning, preparedness, response, or recovery for individuals with disabilities.”; and

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

“(4) TERM OF APPOINTMENT.—Each member of the Advisory Committee appointed under paragraph (2) shall serve for a term of 3 years, except that the Secretary may adjust the terms of the Advisory Committee appointees serving on the date of enactment of the Preparing for All Hazards and Pathogens Reauthorization Act, or appointees who
are initially appointed after such date of enactment, in order to provide for a staggered term of appointment for all members.

“(5) Consecutive Appointments; Maximum Terms.—A member appointed under paragraph (2) may serve not more than 3 terms on the Advisory Committee, and not more than 2 of such terms may be served consecutively.”; and

(4) in subsection (g)—

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

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

SEC. 204. NATIONAL DISASTER MEDICAL SYSTEM.

(a) Elimination of Sunset of Authority to Make Certain Appointments for National Disaster Medical System.—Section 2812(c)(4) of the Public Health Service Act (42 U.S.C. 300hh–11(c)(4)) is amended—

(1) by striking “(A) in general.—If the Secretary determines” and inserting “If the Secretary determines”; and

(2) by striking subparagraph (B).

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

SEC. 205. VOLUNTEER MEDICAL RESERVE CORPS.

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