117TH CONGRESS
2D SESSION

S. _____

To prepare for, and respond to, existing viruses, emerging new threats, and pandemics.

IN THE SENATE OF THE UNITED STATES

_____

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To prepare for, and respond to, existing viruses, emerging new threats, and pandemics.

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 ''Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act'' or the ''PREVENT Pandemics Act''.

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

TITLE I—STRENGTHENING FEDERAL AND STATE PREPAREDNESS

Subtitle A—Federal Leadership and Accountability

SEC. 101. COMPREHENSIVE REVIEW OF THE COVID–19 RESPONSE.

(a) ESTABLISHMENT OF TASK FORCE.—There is established a task force to be known as the ''National Task Force on the Response of the United States to the COVID–19 Pandemic'' (referred to in this section as the ''Task Force'').

(b) PURPOSES.—The purposes of the Task Force are to—

(1) examine, assess, and report upon the United States' preparedness for, and response to, the COVID–19 pandemic, including—

(A) the initial Federal, State, local, and territorial responses in the United States;

(B) the ongoing Federal, State, local, and territorial responses in the United States, including the activities, policies, and decisions of the Trump Administration and the Biden Administration;

(C) the impact of the pandemic on public health and health care systems; and

(D) the initial outbreak in Wuhan, China, including efforts to determine the potential causes for the emergence of the SARS–CoV–2 virus, and Federal actions to mitigate its spread internationally;

(2) build upon existing or ongoing evaluations and avoid unnecessary duplication, by reviewing the findings, conclusions, and recommendations of other appropriate task forces, committees, commissions, or entities established by other public or nonprofit private entities related to the United States' preparedness for, and response to, the COVID–19 pandemic;

(3) identify gaps in public health preparedness and medical response policies, processes, and activities and how such gaps impacted the ability of the United States to respond to the COVID–19 pandemic; and

(4) submit a report to the President and to Congress on its findings, conclusions, and recommendations to improve the United States' preparedness for, and response to, future public health emergencies, including a public health emergency resulting from an emerging infectious disease.

(c) COMPOSITION OF TASK FORCE; MEETINGS.—

(1) MEMBERS.—The Task Force shall be composed of 12 members, of whom—

(A) 1 member shall be appointed by the majority leader of the Senate;

(B) 1 member shall be appointed by the minority leader of the Senate;

(C) 2 members shall be appointed by the chair of the Committee on Health, Education, Labor, and Pensions of the Senate;

(D) 2 members shall be appointed by the ranking member of the Committee on Health, Education, Labor, and Pensions of the Senate;

(E) 1 member shall be appointed by the Speaker of the House of Representatives;

(F) 1 member shall be appointed by the minority leader of the House of Representatives;

(G) 2 members shall be appointed by the chair of the Committee on Energy and Commerce of the House of Representatives; and

(H) 2 members shall be appointed by the ranking member of the Committee on Energy and Commerce of the House of Representatives.

(2) CHAIR AND VICE CHAIR.—Not later than 30 days after the date on which all members of the Task Force are appointed under paragraph (1), such members shall meet to elect a Chair and Vice Chair from among such members. The Chair and Vice Chair shall each be elected to serve upon an affirmative vote from 8 members of the Task Force. The Chair and Vice Chair shall not be registered members of the same political party.

(3) QUALIFICATIONS.—

(A) POLITICAL PARTY AFFILIATION.—Not more than 6 members of the Task Force shall be registered members of the same political party.

(B) NONGOVERNMENTAL APPOINTEES.—An individual appointed to the Task Force may not be an officer or employee of the Federal Government or any State, local, or Tribal government.

(C) QUALIFICATIONS.—It is the sense of Congress that individuals appointed to the Task Force should be highly qualified citizens of the United States. Members appointed under paragraph (1) may include individuals with expertise in—

(i) public health, health disparities and at-risk populations, medicine, and related fields;

(ii) State, local, Tribal, or territorial government, including public health and medical preparedness and response and emergency management and other relevant public administration;

(iii) research regarding, or the development, manufacturing, distribution, and regulation of, medical products;

(iv) national security and foreign relations, including global health; and

(v) commerce, including transportation, supply chains, and small business.

(4) DEADLINE FOR APPOINTMENT.—All members of the Task Force shall be appointed not later than 90 days after the date of enactment of this Act.

(5) MEETINGS.—The Task Force shall meet and begin the operations of the Task Force as soon as practicable. After its initial meeting, the Task Force shall meet upon the call of the Chair and Vice Chair or 8 of its members.

(6) QUORUM; VACANCIES.—

(A) QUORUM.—Eight members of the Task Force shall constitute a quorum.

(B) VACANCIES.—Any vacancy in the Task Force shall not affect its powers, but shall be filled in the same manner in which the original appointment was made.

(d) FUNCTIONS OF TASK FORCE.—The functions of the Task Force are to—

(1) conduct a review that—

(A) examines the initial outbreak of the SARS–CoV–2 virus in Wuhan, China, including—

(i) engaging with willing partner governments and global experts;

(ii) seeking access to relevant records; and

(iii) examining the potential causes of the emergence and source of the virus;

(B) examines the United States' preparation for, and response to, the COVID–19 pandemic, including—

(i) relevant laws, policies, regulations, and processes that were in place prior to, or put into place during, the public health emergency declared by the Secretary of

Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d) with respect to COVID–19, including any that are put into place related to such public health emergency after the date of enactment of this Act and prior to the issuance of the final report pursuant to subsection (j)(2);

(ii) relevant actions taken by, and coordination between, Federal, State, local, Tribal, and territorial governments on preparedness and response efforts, including coordination between governments and other public and private entities, during the—

(I) initial response in the United States;

(II) response during the Trump Administration; and

(III) ongoing response during the Biden Administration;

(iii) communication of public health and scientific information related to the COVID–19 pandemic, including processes for the development, approval, and dis-

semination of Federal public health and other relevant public health or scientific guidance;

(iv) actions taken to support the development, manufacturing, and distribution of medical countermeasures and related medical supplies to prevent, detect, and treat COVID–19; and

(C) may include assessments relating to—

(i) the capacity and capabilities of Federal, State, local, Tribal, and territorial governments to respond to the COVID–19 pandemic;

(ii) the capacity and capabilities of health care facilities and the health care workforce to respond to the COVID–19 pandemic;

(iii) medical countermeasure research and development and the supply chains of medical products necessary to respond to the COVID–19 pandemic;

(iv) international preparedness for and response to COVID–19, and Federal decision-making processes related to new global health threats;

(v) containment and mitigation measures related to international travel in response to COVID–19; and

(vi) the impact of the COVID–19 pandemic on, and mitigation efforts with respect to, hard-to-reach and at-risk or underserved populations; and;

(2) identify, review, and evaluate the lessons learned from the COVID–19 pandemic, including activities to prepare for, and respond to, future potential pandemics and related public health emergencies; and

(3) submit to the President and Congress such reports as are required by this Act containing such findings, conclusions, and recommendations as the Task Force shall determine.

(e) POWERS OF TASK FORCE.—

(1) HEARINGS.—The Task Force may—

(A) hold such hearings and sit and act at such times and places, take such testimony, receive such evidence as determined by the Chair and Vice Chair, and administer such oaths as the Task Force or a designated member, as determined by the Chair or Vice Chair, may de-

termine advisable to be necessary to carry out the functions of the Task Force; and

(B) subject to paragraph (2)(A), require, by subpoena or otherwise, the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents, as the person described in paragraph (2)(A)(i) may determine advisable.

[(2) SUBPOENAS.—

[(A) ISSUANCE.—

[(i) IN GENERAL.—A subpoena may be issued under this subsection only—]

[(I) by the agreement of the Chair and the Vice Chair; or]

[(II) by the affirmative vote of 9 members of the Task Force.]

[(ii) SIGNATURE.—Subpoenas issued under this subsection may be issued under the signature of the Chair or any member designated by a majority of the Task Force, and may be served by any person designated by the Chair or by a member designated by agreement of the majority of the Task Force.]

[(B) ENFORCEMENT.—In the case of contumacy or failure to obey a subpoena issued under subsection, the United States district court for the judicial district in which the subpoenaed person resides, is served, or may be found, or where the subpoena is returnable, may issue an order requiring such person to appear at any designated place to testify or to produce documentary or other evidence. Any failure to obey the order of the court may be punished by the court as a contempt of that court.]

(3) CONTRACTING.—The Task Force may, to such extent and in such amounts as are provided in appropriation Acts, enter into contracts to enable the Task Force to discharge its duties under this Act.

[(4) INFORMATION FROM FEDERAL AGENCIES.—

[(A) IN GENERAL.—The Task Force may access, to the extent authorized by law, from any executive department, bureau, agency, board, commission, office, independent establishment, or instrumentality of the Federal Government, such information, documents, sugges-

tions, estimates, and statistics as the Task Force considers necessary to carry out this section.]

[(B) PROVISION OF INFORMATION.—On written request of the Chair, each department, bureau, agency, board, commission, office, independent establishment, or instrumentality shall, to the extent authorized by law, provide such information to the Task Force.]

[(C) RECEIPT, HANDLING, STORAGE, AND DISSEMINATION.—Information shall only be received, handled, stored, and disseminated by members of the Task Force and its staff consistent with all applicable statutes, regulations, and executive orders.]

(5) ASSISTANCE FROM FEDERAL AGENCIES.—

(A) GENERAL SERVICES ADMINISTRATION.—On request of the Chair and Vice Chair, the Administrator of General Services Administration shall provide to the Task Force, on a reimbursable basis, administrative support and other assistance necessary for the Task Force to carry out its duties.

(B) OTHER DEPARTMENTS AND AGENCIES.—In addition to the assistance provided

for in subparagraph (A), departments and agencies of the United States may provide to the Task Force such assistance as such departments and agencies may determine advisable and as authorized by law.

(6) DONATIONS.—The Task Force may accept, use, and dispose of gifts or donations of services or property. Not later than [5] days after the acceptance of a donation under this subsection, the Task Force shall publicly disclose—

(A) the name of the entity that provided such donation;

(B) the service or property provided through such donation;

(C) the value of such donation; and

(D) how the Task Force plans to use such donation.

(7) POSTAL SERVICES.—The Task Force may use the United States mails in the same manner and under the same conditions as a department or agency of the United States.

(f) APPLICABILITY OF FEDERAL ADVISORY COMMITTEE ACT.—

(1) IN GENERAL.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Task Force.

(2) PUBLIC MEETINGS AND RELEASE OF PUBLIC VERSIONS OF REPORTS.—The Task Force shall—

(A) hold public hearings and meetings to the extent appropriate; and

(B) release public versions of the reports required under paragraph (1) and (2) of subsection (j).

(3) PUBLIC HEARINGS.—Any public hearings of the Task Force shall be conducted in a manner consistent with the protection of information provided to or developed for or by the Task Force as required by any applicable statute, regulation, or Executive order.

[(g) STAFF OF TASK FORCE.—]

[(1) IN GENERAL.—

[(A) APPOINTMENT AND COMPENSATION.—The Chair of the Task Force, in agreement with the Vice Chair, in accordance with rules agreed upon by the Task Force, may appoint and fix the compensation of a staff director and such other personnel as may be nec-

essary to enable the Task Force to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this subsection may exceed the equivalent of that payable for a position at level V of the Executive Schedule under section 5316 of title 5, United States Code.]

[(B) PERSONNEL AS FEDERAL EMPLOYEES.—

[(i) IN GENERAL.—The staff director and any personnel of the Task Force who are employees shall be employees under section 2105 of title 5, United States Code, for purposes of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of that title.]

[(ii) MEMBERS OF TASK FORCE.—Clause (i) shall not be construed to apply to members of the Task Force.]

[(2) DETAILEES.—Upon request of the Chair and Vice Chair of the Task Force, the head of any

executive department, bureau, agency, board, commission, office, independent establishment, or instrumentality of the Federal Government employee may detail, without reimbursement, any of its personnel to the Task Force to assist in carrying out its duties under this section. Any such detailee shall be without interruption or loss of civil service status or privilege.]

[(3) CONSULTANT SERVICES.—The Task Force is authorized to procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, but at rates not to exceed the daily rate paid a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.]

[(h) TRAVEL EXPENSES.—Each member of the Task Force shall serve without compensation, but shall receive travel expenses, including per diem in lieu of subsistence, at rates authorized for an employee of an agency under subchapter I of chapter 57 of title 5, United States Code.]

[(i) SECURITY CLEARANCES FOR TASK FORCE MEMBERS AND STAFF.—The appropriate Federal agencies or departments shall cooperate with the Task Force in expeditiously providing to the Task Force members and staff appropriate security clearances, consistent with existing

procedures and requirements. No person shall be provided with access to classified information under this section without the appropriate security clearances.]

(j) REPORTS OF TASK FORCE; TERMINATION.—

(1) INTERIM REPORT.—Not later than 180 days after the date of enactment of this Act, the Task Force shall submit to the President, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives an interim report containing such findings, conclusions, and recommendations as have been agreed to by 8 members of the Task Force. Such interim report shall be made available online in a manner that does not compromise national security.

(2) FINAL REPORT.—

(A) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Task Force shall submit to the President, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives a final report containing such findings, conclusions, and recommendations as have been agreed to by 8 members of the Task

Force. The final report shall be made available online in a manner that does not compromise national security.

(B) EXTENSIONS.—

(i) IN GENERAL.—The submission and publication of the final report, as described in subparagraph (A), may be delayed by 6 months upon the agreement of 8 members of the Task Force members.

(ii) NOTIFICATION.—The Task Force shall notify the President, , the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Energy and Commerce of the House of Representatives, and the public of any extension granted under clause (i).

(C) SPECIAL RULES AND CONSIDERATIONS.—

(i) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as authorizing the Task Force to publicly disclose information otherwise prohibited from disclosure by law.

(ii) SPECIAL TIMING CONSIDERATIONS.—Notwithstanding any other pro-

vision of this section, the Task Force shall not publish or make available any interim or final report during the during the 60-day periods ending November 8, 2022, and November 5, 2024.

(3) TERMINATION.—

(A) IN GENERAL.—The Task Force, and all the authorities of this section, shall terminate 60 days after the date on which the final report is submitted under paragraph (2).

(B) ADMINISTRATIVE ACTIVITIES BEFORE TERMINATION.—The Task Force may use the 60-day period referred to in subparagraph (A) for the purpose of concluding its activities, including providing testimony to committees of Congress concerning its reports and disseminating the final report.

(k) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, a total of $3,000,000 for fiscal years 2022 and 2023.

(2) DURATION OF AVAILABILITY.—Amounts made available to the Task Force under paragraph

(1) shall remain available until the termination of the Task Force.

(l) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to confer on Task Force purposes or duties that are the responsibility of Congress.

SEC. 102. APPOINTMENT AND AUTHORITY OF THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) IN GENERAL.—Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 304 the following:

"SEC. 305. APPOINTMENT AND AUTHORITY OF THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

''(a) IN GENERAL.—The Centers for Disease Control and Prevention (referred to in this section as the 'CDC') shall be headed by the Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director'), who shall be appointed by the President, by and with the advice and consent of the Senate. Such individual shall also serve as the Administrator of the Agency for Toxic Substances and Disease Registry consistent with section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act. The Director

shall perform functions provided for in subsection (b) and such other functions as the Secretary may prescribe.

''(b) FUNCTIONS.—The Secretary, acting through the Director, shall—

''(1) implement and exercise applicable authorities and responsibilities provided for in this Act or other applicable law related to the investigation, detection, identification, prevention, or control of diseases or conditions to preserve and improve public health;

''(2) be responsible for the overall direction of the CDC and for the establishment and implementation of policies related to the management and operation of programs and activities within the CDC;

''(3) coordinate and oversee the operation of centers, institutes, and offices within the CDC;

''(4) support, in consultation with the heads of such centers, institutes, and offices, program coordination across such centers, institutes, and offices, including through priority setting reviews and the development of strategic plans, to reduce unnecessary duplication and encourage collaboration between programs;

''(5) oversee the development, implementation, and updating of the strategic plan established pursuant to subsection (c);

''(6) ensure that appropriate strategic planning, including the use of performance metrics, is conducted by such centers, institutes, and offices to facilitate and improve CDC programs and activities;

''(7) communicate, including through convening annual meetings, with public and private entities regarding relevant public health programs and activities, and, as applicable, the strategic plan established pursuant to subsection (c).

''(c) STRATEGIC PLAN.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of the PREVENT Pandemics Act, and at least every 4 years thereafter, the Director shall develop and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, and post on the website of the CDC, a coordinated strategy to provide strategic direction and facilitate collaboration across the centers, institutes,

and offices within the CDC. Such strategy shall be known as the 'CDC Strategic Plan' .

''(2) REQUIREMENTS.—The CDC Strategic Plan shall—

''(A) identify strategic priorities and objectives related to—

''(i) preventing, reducing, and eliminating the spread of communicable and noncommunicable diseases or conditions, and addressing injuries, and occupational and environmental hazards;

''(ii) supporting the efforts of State, local, and Tribal health departments to prevent and reduce the prevalence of the diseases or conditions under clause (i);

''(iii) containing, mitigating, and ending disease outbreaks;

''(iv) enhancing global and domestic public health capacity, capabilities, and preparedness, including public health data, surveillance, and laboratory capacity and safety; and

''(v) other priorities, as established by the Director;

"(B) describe the capacity and capabilities necessary to achieve the priorities and objectives under subparagraph (A), and progress towards achieving such capacity and capabilities, as appropriate; and

"(C) include a description of how the CDC Strategic Plan incorporates—

"(i) strategic communications;

"(ii) partnerships with private sector entities, and State, local, and Tribal health departments, and other public sector entities, as appropriate; and

"(iii) coordination with other agencies and offices of the Department of Health and Human Services and other Federal departments and agencies, as appropriate.

"(3) USE OF PLANS.—Strategic plans developed and updated by the centers, institutes, and offices of the CDC shall be prepared regularly and in such a manner that such plans will be informed by the CDC Strategic Plan developed and updated under this subsection.

"(4) REPORT.—Not later than 3 years after the issuance of the initial CDC Strategic Plan under this subsection, and every 3 years thereafter, the

Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the extent to which the programs and activities of the CDC align with and support strategies from the CDC Strategic Plan, and how such programs and activities advance the capabilities and capacity of the CDC and State, local, and Tribal health departments, as applicable, to achieve the strategic priorities established under paragraph (2)(A). Such report shall include updates on progress in achieving performance measures, including identification of any challenges related to evaluation or achievement of performance targets.

''(d) APPEARANCES BEFORE CONGRESS.—

''(1) IN GENERAL.—Each fiscal year, the Director shall appear before the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives at hearings on topics such as—

''(A) support for State, local, and Tribal public health preparedness and responses to any

recent or ongoing public health emergency, including—

"(i) any objectives, activities, or initiatives that have been carried out, or are planned, by the Director to prepare for, or respond to, the public health emergency, including relevant strategic communications or partnerships and any gaps or challenges identified in such objectives, activities, or initiatives;

"(ii) any objectives and planned activities for the upcoming fiscal year to address gaps in, or otherwise improve, State, local, and Tribal public health preparedness; and

"(iii) other potential all-hazard threats that the Director is preparing to address;

"(B) activities related to public health and functions of the Director described in subsection (b); and

"(C) updates on other relevant activities supported or conducted by the CDC, or in collaboration or coordination with the heads of

other Federal departments, agencies, or stakeholders, as appropriate.

''(2) CLARIFICATIONS.—

''(A) WAIVER AUTHORITY.—The Chair of the Committee on Health, Education, Labor, and Pensions of the Senate or the Chair of the Committee on Energy and Commerce of the House of Representatives may waive the requirements of paragraph (1) for the applicable fiscal year with respect to the applicable Committee.

''(B) SCOPE OF REQUIREMENTS.—The requirements of this subsection shall not be construed to impact the appearance of other Federal officials or the Director at hearings of either Committee described in paragraph (1) at other times and for purposes other than the times and purposes described in paragraph (1).

''(3) CLOSED HEARINGS.—Information that is not appropriate for disclosure during an open hearing under paragraph (1) in order to protect national security may instead be discussed in a closed hearing that immediately follows the open hearing.''.

(b) APPLICATION.—The first sentence of section 305(a) of the Public Health Service Act, as added by sub-

section (a), shall not apply to the Director of the Centers for Disease Control and Prevention who is serving on the date of enactment of this Act.

SEC. 103. PUBLIC HEALTH AND MEDICAL PREPAREDNESS AND RESPONSE COORDINATION.

(a) PUBLIC HEALTH EMERGENCY FUND.—Section 319(b) of the Public Health Service Act (42 U.S.C. 247d(b)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (E), by striking ''and'' at the end;

(B) by redesignating subparagraph (F) as subparagraph (G); and

(C) by inserting after subparagraph (E), the following:

''(F) support the initial deployment and distribution of contents of the Strategic National Stockpile, as appropriate; and''; and

(2) by amending paragraph (3)(A) to read as follows:

''(A) the expenditures made from the Public Health Emergency Fund in such fiscal year, including—

''(i) the amount obligated;

''(ii) the recipient or recipients of such obligated funds;

''(iii) the specific response activities such obligated funds will support; and

''(iv) the declared or potential public health emergency for which such funds were obligated; and''.

(b) IMPROVING PUBLIC HEALTH AND MEDICAL PREPAREDNESS AND RESPONSE COORDINATION.—

(1) COORDINATION WITH FEDERAL AGENCIES.—Section 2801 of the Public Health Service Act (42 U.S.C. 300hh) is amended by adding at the end the following:

''(c) COORDINATION WITH FEDERAL AGENCIES.—In leading the Federal public health and medical response to a declared or potential public health emergency, consistent with this section, the Secretary shall coordinate with, and may request support from, other Federal departments and agencies, as appropriate in order to carry out necessary activities and leverage the expertise of such departments and agencies, which may include the provision of assistance at the direction of the Secretary related to supporting the public health and medical response for States, localities, and Tribes.''.

(2) ASPR DUTIES.—Section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–10(b)) is amended—

(A) in paragraph (1), by inserting ''and, consistent with the National Response Framework and other applicable provisions of law, [assist/support] the Secretary in carrying out the functions under section 2801 [in a manner that does not alter or impede the existing authorities of any department or agency]'' before the period; and

(B) in paragraph (4)—

(i) in subparagraph (E) by striking ''the actions necessary to overcome these obstacles.'' and inserting ''recommend actions necessary to overcome these obstacles, such as—

''(i) improving coordination with relevant Federal officials;

''(ii) partnering with other public or private entities to leverage capabilities maintained by such entities, as appropriate and consistent with this subsection; and

''(iii) coordinating efforts to support or establish new capabilities, as appropriate.''; and

(ii) in subparagraph (G)—

(I) by redesignating clauses (i) and (ii) as subclauses (I) and (II) and adjusting the margins accordingly;

(II) in the matter preceding subclause (I), as so redesignated—

(aa) by inserting ''each year, including national-level and State-level full-scale exercises not less than once every 5 years'' after ''operational exercises''; and

(bb) by striking ''exercises based on—'' and inserting ''exercises—

''(i) based on'';

(III) by striking the period and inserting a semicolon; and

(IV) by adding at the end the following:

''(ii) that assess the ability of the Strategic National Stockpile, as appropriate, to provide medical countermeasures,

medical products, and other supplies, including ancillary medical supplies, to support the response to a public health emergency or potential public health emergency, including a threat that requires the large-scale and simultaneous deployment of stockpiles and a long-term public health and medical response; and

''(iii) conducted in coordination with State and local health officials.''.

(c) APPEARANCES BEFORE AND REPORTS TO CONGRESS.—Section 2811 of the Public Health Service Act (42 U.S.C. 300hh–10) is amended by adding at the end the following:

''(g) APPEARANCES BEFORE CONGRESS.—

''(1) IN GENERAL.—Each fiscal year, the Assistant Secretary for Preparedness and Response shall appear before the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives at hearings, on topics such as—

''(A) coordination of Federal activities to prepare for, and respond to, public health emergencies;

"(B) maintenance activities and capabilities of the Strategic National Stockpile, including whether, and the degree to which, recommendations made pursuant to section 2811–1(c)(1)(A) have been met;

"(C) support for State, local, and Tribal public health and medical preparedness;

"(D) activities implementing the countermeasures budget plan described under subsection (b)(7), including—

"(i) any challenges in meeting the full range of identified medical countermeasure needs; and

"(ii) progress in supporting advanced research, development, and procurement of medical countermeasures, pursuant to subsection (b)(3);

"(E) the strategic direction of, and activities related to, the sustainment of manufacturing surge capacity and capabilities for medical countermeasures pursuant to section 319L;

"(F) any additional objectives, activities, or initiatives that have been carried out or are planned by the Assistant Secretary for Pre-

paredness and Response and associated challenges, as appropriate;

''(G) the specific all-hazards threats that the Assistant Secretary for Preparedness and Response is preparing to address, or that are being addressed, through the activities described in subparagraphs (A) through (F); and

''(H) objectives, activities, or initiatives related to the coordination and consultation required under subsections (b)(4)(H) and (b)(4)(I), in a manner consistent with paragraph (3), as appropriate.

''(2) CLARIFICATIONS.—

''(A) WAIVER AUTHORITY.—The Chair of the Committee on Health, Education, Labor, and Pensions of the Senate or the Chair of the Committee on Energy and Commerce of the House of Representatives may waive the requirements of paragraph (1) for the applicable fiscal year with respect to the applicable Committee.

''(B) SCOPE OF REQUIREMENTS.—The requirements of this subsection shall not be construed to impact the appearance of other Federal officials or the Assistant Secretary at hear-

ings of either Committee described in paragraph (1) at other times and for purposes other than the times and purposes described in paragraph (1)

''(3) CLOSED HEARINGS.—Information that is not appropriate for disclosure during an open hearing under paragraph (1) in order to protect national security may instead be discussed in a closed hearing that immediately follows such open hearing.''.

(d) ANNUAL REPORT ON EMERGENCY RESPONSE AND PREPAREDNESS.—Section 2801 of the Public Health Service Act (42 U.S.C. 300hh), as amended by subsection (b), is further amended by adding at the end the following:

''(d) ANNUAL REPORT ON EMERGENCY RESPONSE AND PREPAREDNESS.—The Secretary shall submit a written report each fiscal year to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, containing updated information related to an assessment of the response to any public health emergency declared, or otherwise in effect, during, the previous fiscal year, and the state of public health preparedness and response capabilities for chemical, biological, radiological, and nuclear threats, including emerging infec-

tious diseases, and any challenges in preparing for or responding to such threats, as appropriate.''.

(e) GAO REPORT ON INTERAGENCY AGREEMENTS AND COORDINATION.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) conduct a review of previous and current interagency agreements established between the Secretary of Health and Human Services and the heads of other relevant Federal departments or agencies pursuant to section 2801(b) of the Public Health Service Act (42 U.S.C. 300hh(b)), including—

(A) the specific roles and responsibilities of each Federal department or agency that is a party to any such interagency agreement;

(B) the manner in which specific capabilities of each such Federal department or agency may be utilized under such interagency agreements;

(C) the frequency with which such interagency agreements have been utilized;

(D) gaps, if any, in interagency agreements that prevent the Secretary from carrying out the goals under section 2802 of the Public Health Service Act (42 U.S.C. 300hh–1);

(E) barriers, if any, to establishing or utilizing such interagency agreements; and

(F) recommendations, if any, on the ways in which such interagency agreements can be improved to address the gaps and barriers identified under subparagraphs (D) and (E);

(2) conduct a review of the implementation and utilization of the authorities described under section 2801(c) of the Public Health Service Act (42 U.S.C. 300hh(c)); and

(3) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the reviews under paragraphs (1) and (2), including related recommendations, as applicable.

SEC. 104. STRENGTHENING PUBLIC HEALTH COMMUNICATION.

Subsection (b) of section 319F of the Public Health Service Act (42 U.S.C. 247d–6) is amended to read as follows:

''(b) PUBLIC HEALTH INFORMATION AND COMMUNICATIONS ADVISORY COMMITTEE.—

''(1) IN GENERAL.—The Secretary shall establish an advisory committee to be known as the Pub-

lic Health Information and Communications Advisory Committee (referred to in this subsection as the 'Advisory Committee').

''(2) DUTIES.—The Advisory Committee shall make recommendations to the Secretary and report on—

''(A) critical aspects of communication and dissemination of scientific and evidence-based public health information during public health emergencies, including—

''(i) the role and impact of misinformation on the response to such public health emergencies;

''(ii) the role of risk communication before and during such public health emergencies; and

''(iii) other relevant factors, as the Secretary determines appropriate;

''(B) information from academic institutions, community-based organizations, and other nongovernmental organizations related to evidence-based or evidence-informed strategies and best practices to effectively communicate and disseminate such information;

"(C) strategies to improve communication and dissemination of scientific and evidence-based public health information to the public, and, as appropriate, to address misinformation during public health emergencies, including strategies to—

"(i) identify the most effective methods for the dissemination of information during a public health emergency;

"(ii) determine best practices and communicate information to populations that may be impacted by such misinformation; and

"(iii) adapt approaches for the dissemination of information, as appropriate, to address emerging trends related to misinformation.

"(3) COMPOSITION.—The Advisory Committee shall be composed of—

"(A) appropriate Federal officials, appointed by the Secretary, who shall serve as nonvoting members; and

"(B) individuals, appointed by the Secretary, with expertise in public health, medicine, communications, related technology, psychology,

national security, and other areas, as the Secretary determines appropriate, who shall serve as voting members.

''(4) DISSEMINATION.—The Secretary shall review the recommendations of the Advisory Committee and, not later than 180 days after receipt of the report under paragraph (2), shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing any actions planned by the Secretary related to the communication and dissemination of scientific and evidence-based public health information, including addressing misinformation, as appropriate.

''(5) TERMINATION.—The Advisory Committee shall terminate 4 years after the date of enactment of the PREVENT Pandemics Act.''.

Subtitle B—State and Local Readiness

SEC. 111. IMPROVING STATE AND LOCAL PUBLIC HEALTH SECURITY.

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

(1) in subparagraph (A)—

(A) in clause (vii), by inserting ''during and'' before ''following a public health emergency'';

(B) by amending clause (viii) to read as follows:

''(viii) a description of how the entity, as applicable and appropriate, will coordinate with State emergency preparedness and response plans in public health emergency preparedness, including State education agencies (as defined in section 8101 of the Elementary and Secondary Education Act of 1965), State child care lead agencies (designated under section 658D of the Child Care and Development Block Grant Act of 1990), and other relevant State agencies'';

(C) in clause (xi), by striking ''; and'' and inserting a semicolon;

(D) by redesignating clause (xii) as clause (xiii); and

(E) by inserting after clause (xi) the following:

''(xii) a description of how the entity will provide technical assistance to improve public health preparedness and response, as appropriate, to agencies or other entities that operate facilities within the entity's jurisdiction in which there is an increased risk of infectious disease outbreaks in the event of a public health emergency declared under section 319, such as residential care facilities, group homes, and other similar settings; and'';

(2) by redesignating subparagraphs (D) through (H) as subparagraphs (E) through (I), respectively; and

(3) by inserting after subparagraph (C) the following:

''(D) an assurance that the entity will require relevant staff to complete relevant preparedness and response trainings, including trainings related to efficient and effective operation during an incident or event within an Incident Command System;''.

(b) APPLICABILITY.—The amendments made by subsection (a) shall not apply with respect to any cooperative

agreement entered into prior to the date of enactment of this Act.

SEC. 112. SUPPORTING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES DURING PUBLIC HEALTH EMERGENCIES.

(a) AUTHORITIES.—Section 501(d) of the Public Health Service Act (42 U.S.C. 290aa(d)) is amended—

(1) by redesignating paragraphs (24) and (25) as paragraphs (25) and (26), respectively; and

(2) by inserting after paragraph (23) the following:

''(24) support the continued access to, or availability of, mental health and substance use disorder services during, or in response to, a public health emergency declared under section 319, including in consultation with the Assistant Secretary for Preparedness and Response, as appropriate, in preparing for, and responding to, a public health emergency;''.

(b) STRATEGIC PLAN.—Section 501(l)(4) of the Public Health Service Act (42 U.S.C. 290aa(l)(4)) is amended—

(1) in subparagraph (E), by striking ''and'' at the end;

(2) in subparagraph (F), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(G) specify a strategy to support the continued access to, or availability of, mental health and substance use disorder services, including to at-risk individuals (as defined in section 2802(b)(4)), during, or in response to, public health emergencies declared pursuant to section 319.''.

(c) BIENNIAL REPORT CONCERNING ACTIVITIES AND PROGRESS.—Section 501(m) of the Public Health Service Act (42 U.S.C. 290aa(m)) is amended—

(1) by redesignating paragraphs (4) through (7) as paragraphs (5) through (8), respectively;

(2) by inserting after paragraph (3) the following:

''(4) a description of the Administration's activities to support the continued provision of mental health and substance use disorder services, as applicable, in response to public health emergencies declared pursuant to section 319;''; and

(3) in paragraph (5), as so redesignated—

(A) by redesignating subparagraphs (D) and (E) as subparagraphs (E) and (F), respectively; and

(B) by inserting after subparagraph (C) the following:

''(D) relevant preparedness and response activities;''.

(d) ADVISORY COUNCILS.—Not later than 1 year after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use shall issue a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, reflecting the feedback of the advisory councils for the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, pursuant to section 502 of the Public Health Service Act (42 U.S.C. 290aa–1), with recommendations to improve the continued provision of mental health and substance use disorder services during a public health emergency declared under section 319 of such Act (42 U.S.C. 247d), and the provision of such services as part of the public health and medical response to such an emergency, consistent with title XXVIII of such Act (42 U.S.C. 300hh et seq.).

(e) GAO REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on programs and activities of the Substance Abuse and Mental Health Services Administration to support the continued provision of mental health and substance use disorder services and related activities during the COVID–19 pandemic, including the provision of such services as part of the medical and public health response to such pandemic. Such report shall—

(1) examine the role played by the advisory councils described in section 502 of the Public Health Service Act (42 U.S.C. 290aa–1) and the National Mental Health and Substance Use Policy Laboratory established under section 501A of such Act (42 U.S.C. 290aa–0) in providing technical assistance and recommendations regarding the activities to support the response of the Substance Abuse and Mental Health Services Administration to the public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d) with respect to COVID–19;

(2) describe the manner in which existing awardees of mental health and substance use disorder programs altered delivery of services during such public health emergency; and

(3) describe activities of the Substance Abuse and Mental Health Services Administration to support the response to such public health emergency, including through technical assistance, provision of services, and any flexibilities provided to such existing awardees.

SEC. 113. TRAUMA CARE REAUTHORIZATION.

(a) IN GENERAL.—Section 1201 of the Public Health Service Act (42 U.S.C. 300d) is amended—

(1) in subsection (a)—

(A) in paragraph (3)—

(i) by inserting ''analyze,'' after ''compile,''; and

(ii) by inserting ''and medically underserved areas'' before the semicolon;

(B) in paragraph (4), by adding ''and'' after the semicolon;

(C) by striking paragraph (5); and

(D) by redesignating paragraph (6) as paragraph (5);

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

''(b) TRAUMA CARE READINESS AND COORDINATION.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency declared by the Secretary pursuant to section 319 or a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Such support may include—

''(1) developing, issuing, and updating guidance, as appropriate, to support the coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care;

''(2) disseminating, as appropriate, information on evidence-based or evidence-informed trauma care practices, taking into consideration emergency medical services and trauma care systems, including such practices identified through activities conducted under subsection (a) and which may include the

identification and dissemination of performance metrics, as applicable and appropriate; and

''(3) other activities, as appropriate, to optimize a coordinated and flexible approach to the emergency response and medical surge capacity of hospitals, other health care facilities, critical care, and emergency medical systems.''.

(b) GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS.—Section 1202 of the Public Health Service Act (42 U.S.C. 300d–3) is amended—

(1) by amending the section heading to read as follows: ''**GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS**'';

(2) by amending subsections (a) and (b) to read as follows:

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas through the development of innovative uses of technology, training and education, transportation of seriously injured patients for the purposes of receiving such emergency medical services, access to prehospital care, evaluation of protocols for the purposes of improvement of outcomes and dissemination of any related best

practices, activities to facilitate clinical research, as applicable and appropriate, and increasing communication and coordination with applicable State or Tribal trauma systems.

''(b) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall be a public or private entity that provides trauma care in a rural area.

''(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that will provide services under the grant in any rural area identified by a State under section 1214(d)(1).''; and

(3) by adding at the end the following:

''(d) REPORTS.—An entity that receives a grant under this section shall submit to the Secretary such reports as the Secretary may require to inform administration of the program under this section.''.

(c) PILOT GRANTS FOR TRAUMA CENTERS.—Section 1204 of the Public Health Service Act (42 U.S.C. 300d–6) is amended—

(1) by amending the section heading to read as follows: ''**PILOT GRANTS FOR TRAUMA CENTERS**'';

(2) in subsection (a)—

(A) by striking ''not fewer than 4'' and inserting ''10'';

(B) by striking ''that design, implement, and evaluate'' and inserting ''to design, implement, and evaluate new or existing'';

(C) by striking ''emergency care'' and inserting ''emergency medical''; and

(D) by inserting '', and improve access to trauma care within such systems'' before the period;

(3) in subsection (b)(1), by striking subparagraphs (A) and (B) and inserting the following:

''(A) a State or consortia of States;

''(B) an Indian Tribe or Tribal organization (as defined in section 4 of the Indian Self-Determination and Education Assistance Act);

''(C) a consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and, as applicable, other emergency services providers; or

''(D) a consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers.'';

(4) in subsection (c)—

(A) in the matter preceding paragraph (1)—

(i) by striking ''that proposes a pilot project'';

(ii) by striking ''an emergency medical and trauma system that—'' and inserting ''a new or existing emergency medical and trauma system. Such eligible entity shall use amounts awarded under this subsection to carry out 2 or more of the following activities:'';

(B) in paragraph (1) —

(i) by striking ''coordinates'' and inserting ''Strengthening coordination and communication''; and

(ii) by striking ''an approach to emergency medical and trauma system access throughout the region, including 9–1–1 Public Safety Answering Points and emergency medical dispatch;'' and inserting ''approaches to improve situational awareness and emergency medical and trauma system access, including distribution of pa-

tients during a mass casualty incident, throughout the region.'';

(C) in paragraph (2)—

(i) by striking ''includes'' and inserting ''Providing'';

(ii) by inserting ''support patient movement to'' after ''region to''; and

(iii) by striking the semicolon and inserting a period;

(D) in paragraph (3)—

(i) by striking ''allows for'' and inserting ''Improving''; and

(ii) by striking ''; and'' and inserting a period;

(E) in paragraph (4), by striking ''includes a consistent'' and inserting ''Supporting a consistent''; and

(F) by adding at the end the following:

''(5) Establishing, implementing, and disseminating, or utilizing existing, as applicable, evidence-based or evidence-informed practices across facilities within such emergency medical and trauma system to improve health outcomes, including such practices related to management of injuries, and the ability of such facilities to surge.

''(6) Conducting activities to facilitate clinical research, as applicable and appropriate.'';

(5) in subsection (d)(2)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by striking ''the proposed'' and inserting ''the applicable emergency medical and trauma system'';

(ii) in clause (i), by inserting ''or Tribal entity'' after ''equivalent State office''; and

(iii) in clause (vi), by striking ''; and'' and inserting a semicolon;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following:

''(B) for eligible entities described in subparagraph (C) or (D) of subsection (b)(1), a description of, and evidence of, coordination with the applicable State Office of Emergency Medical Services (or equivalent State Office) or applicable such office for a Tribe or Tribal organization; and'';

(6) in subsection (e)—

(A) in paragraph (1), by striking ''$1 for each $3'' and inserting ''$1 for each $5''; and

(B) by adding at the end the following:

[''(3) WAIVER.—The Secretary may waive all or part of the matching requirement described in paragraph (1) for any fiscal year for a State, consortia of States, Indian Tribe or Tribal organization, or trauma center, if the Secretary determines that applying such matching requirement would result in serious hardship or an inability to carry out the purposes of the pilot program.'';]

(7) in subsection (f), by striking ''population in a medically underserved area'' and inserting ''medically underserved population'';

(8) in subsection (g)—

(A) in the matter preceding paragraph (1), by striking ''described in'';

(B) in paragraph (2), by striking ''the system characteristics that contribute to'' and inserting ''opportunities for improvement, including recommendations for how to improve'';

(C) by striking paragraph (4);

(D) by redesignating paragraphs (5) and (6) as paragraphs (4) and (5), respectively;

(E) in paragraph (4), as so redesignated, by striking ''; and'' and inserting a semicolon;

(F) in paragraph (5), as so redesignated, by striking the period and inserting ''; and''; and

(G) by adding at the end the following:

''(6) any evidence-based or evidence-informed strategies developed or utilized pursuant to subsection (c)(5).''; and

(9) by amending subsection (h) to read as follows:

''(h) DISSEMINATION OF FINDINGS.—Not later than 1 year after the completion of the final project under subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the information contained in each report submitted pursuant to subsection (g) and any additional actions planned by the Secretary related to regionalized emergency care and trauma systems.''.

(d) PROGRAM FUNDING.—Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking ''2010 through 2014'' and inserting ''2023 through 2027''.

SEC. 114. ASSESSMENT OF CONTAINMENT AND MITIGATION OF INFECTIOUS DISEASES.

(a) GAO STUDY.—The Comptroller General of the United States shall conduct a study that reviews a sample of States and territories that, in response to the COVID–19 pandemic, implemented preparedness and response plans that included isolation and quarantine recommendations or requirements. Such study shall include—

(1) a review of such State and territorial preparedness and response plans in place during the COVID–19 pandemic, an assessment of the extent to which such plans facilitated or presented challenges to State and territorial responses to such public health emergency, including response activities relating to isolation and quarantine to prevent the spread of COVID–19; and

(2) a description of the technical assistance provided by the Federal Government to help States and territories facilitate such activities during responses to relevant public health emergencies declared by the Secretary of Health and Human Services pursuant to section 319 of the Public Health Service Act, including the public health emergency with respect to COVID–19, and a review of the degree to which such State and territorial plans were implemented

and subsequently revised in response to the COVID–19 pandemic to address any challenges.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit a report on the study under subsection (a) to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

TITLE II—IMPROVING PUBLIC HEALTH PREPAREDNESS AND RESPONSE CAPACITY

Subtitle A—Addressing Disparities and Improving Public Health Emergency Responses

SEC. 201. ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND IMPROVING HEALTH OUTCOMES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended—

(1) by inserting after section 317U the following:

"SEC. 317V. ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND IMPROVING HEALTH OUTCOMES.

''(a) IN GENERAL.—The Secretary shall, as appropriate, award grants, contracts, or cooperative agreements

to eligible entities for the conduct of evidence-based or evidence-informed projects, which may include the development of networks to improve health outcomes and reduce health disparities by improving the capacity of such entities to address social determinants of health in communities.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive an award under this section, an entity shall—

''(1)(A) be a State, local, or Tribal health department, community-based organization, Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), or other public or private entity, as the Secretary determines appropriate; or

''(B) be a consortia of entities described in subparagraph (A);

''(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary shall require;

''(3) in the case of an entity other than a community-based organization, demonstrate a history of

successfully working with an established community-based organization to address health disparities;

''(4) submit a plan to conduct activities described in subsection (a) based on a community needs assessment that takes into account community input; and

''(5) demonstrate the capacity to effectively implement evidence-based or evidence-informed strategies to address health disparities among underserved populations, which may include rural, racial, and ethnic minority populations, in a timely manner.

''(c) USE OF FUNDS.—An entity described in subsection (b) shall use funds received under subsection (a), in consultation with State, local, and Tribal health departments, community-based organizations, and other entities with experience addressing social determinants of health or reducing health disparities, as applicable, for one or more of the following purposes:

''(1) Supporting the implementation, evaluation, and dissemination of strategies, including culturally-appropriate strategies, to address social determinants of health, based on the identified needs of the community that is the subject of the assessment submitted under subsection (b)(4), through evidence-informed or evidence-based programs and through

the support and use of public health and health care professionals to address such social determinants of health.

''(2) Establishing, maintaining, or improving, in consultation with State, local, or Tribal health departments, technology platforms or networks to support coordination among appropriate entities, and providing information on health and related social services, which may include activities to improve data collection for public health purposes, in a manner that is consistent with applicable Federal and State privacy law.

''(3) Implementing best practices for improving health outcomes and reducing disease among underserved populations, including rural or racial and ethnic minority populations.

''(4) Supporting consideration of social determinants of health in preparing for, and responding to, public health emergencies, through outreach, education, and other relevant activities.

''(d) BEST PRACTICES AND TECHNICAL ASSISTANCE.—The Secretary, in consultation with the Director of the Office of Minority Health, may award grants, contracts, and cooperative agreements to public or nonprofit private entities, including minority serving institutions as

described in section 371(a) of the Higher Education Act of 1965, to—

''(1) identify or facilitate the development of best practices to support improved health outcomes and reduce health disparities by addressing social determinants of health;

''(2) provide technical assistance, training, and evaluation assistance to award recipients under subsection (a);

''(3) disseminate best practices, including to award recipients under subsection (a); and

''(4) establish or operate regional centers to develop, evaluate, and disseminate effective strategies on the utilization of preventive health care services to address social determinants of health, including supporting research and training related to such strategies.

''(e) AWARD PERIODS.—The Secretary shall issue awards under this section for periods of not more than 5 years and may issue extensions of such award periods for an additional period of up to 3 years.

''(f) REPORT.—Not later than September 30, 2026, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of

Representatives a report that includes information on activities funded under this section. Such report shall include a description of—

''(1) changes in the capacity of public health entities to address social determinants of health in communities, including any applicable platforms or networks developed or utilized to coordinate health and related social services and any changes in workforce capacity or capabilities;

''(2) improvements in health outcomes and in reducing health disparities in medically underserved communities;

''(3) activities conducted to support consideration of social determinants of health in preparing for, and responding to, public health emergencies, through outreach, education, and other relevant activities;

''(4) communities and populations served by recipients of awards under subsection (a);

''(5) activities supported under subsection (e); and

''(6) other relevant activities and outcomes, as determined by the Secretary.

''(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appro-

priated $70,000,000 for each of fiscal years 2023 through 2027.''; and

(2) by striking section 330D (42 U.S.C. 254c–4).

(b) GAO STUDY AND REPORT.—Not later than 4 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Energy and Committee on Energy and Commerce of the House of Representatives a report on the program authorized under section 317V of the Public Health Service Act, as added by subsection (a), including a review of the outcomes and effectiveness of the program and coordination with other programs in the Department of Health and Human Services with similar goals to ensure that there was no unnecessary duplication of efforts.

SEC. 202. NATIONAL ACADEMIES OF SCIENCES REPORT.

(a) IN GENERAL.—Not later than 45 days after the date of enactment of this Act, the Secretary of Health and Human Services shall seek to enter into a contract with the National Academies of Sciences, Engineering, and Medicine (referred to in this section as the ''Academies'') to conduct a study to examine health disparities and the effect of such disparities on health outcomes, which may

include health outcomes related to pandemic and other public health emergencies.

(b) REPORT.—Pursuant to the contract under subsection (a), the Academies shall, not later than 2 years after the date of enactment of this Act, issue a report informed by the study conducted under such subsection that includes—

(1) a review of previous recommendations made by the Academies related to health disparities, including in the report titled ''Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare'';

(2) identification of ways in which Federal policies have affected health disparities;

(3) strategies to improve health outcomes by reducing health disparities, which may include education and training; and

(4) an assessment of ongoing research and activities to evaluate strategies to address health disparities and address health outcomes, including effective service delivery models.

(c) CLARIFICATION.—In completing the requirements of the contract under this section, the Academies may leverage relevant ongoing work of the Academies.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $2,000,000 for fiscal year 2023 to carry out this section.

Subtitle B—Improving Public Health Data

SEC. 211. MODERNIZING BIOSURVEILLANCE CAPABILITIES AND INFECTIOUS DISEASE DATA COLLECTION.

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

(1) in subsection (b)(1)(A), by striking ", and local" and inserting ", local, and Tribal";

(2) in subsection (c)—

(A) in paragraph (1), by inserting "modernize" after "establish,";

(B) in paragraph (3)(B), by inserting ", and make recommendations to improve the quality of data collected pursuant to subparagraph (A) to ensure complete, accurate, and timely sharing of such data, as appropriate, across such elements as described in subparagraph (A)" after "under subparagraph (A)";

(C) in paragraph (5)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''and operating'' and inserting '', operating, and updating, as appropriate,'';

(II) in clause (iv), by striking ''and'' at the end;

(III) in clause (v), by striking the period and inserting ''; and''; and

(IV) by adding at the end the following:

''(vi) in collaboration with State, local, and Tribal public health officials, integrate and update applicable existing public health data systems and networks of the Department of Health and Human Services to reflect technological advancements, consistent with section 2823, as applicable.''; and

(ii) in subparagraph (B)—

(I) in clause (i), by inserting ''and 180 days after the date of enactment of the PREVENT Pandemics Act,'' after ''Innovation Act of 2019,'';

(II) in clause (ii), by inserting ''experts in privacy and data security;'' after ''forecasting);''; and

(III) in clause (iii)—

(aa) in subclause (V), by striking ''and'' at the end;

(bb) in subclause (VI), by striking the period and inserting a semicolon; and

(cc) by adding at the end the following:

''(VII) strategies to integrate laboratory and public health data systems and capabilities to support rapid and accurate reporting of laboratory test results and associated relevant data;

''(VIII) strategies to improve the collection and reporting of relevant, aggregated, deidentified demographic data to inform responses to public health emergencies, including identification of at-risk populations and to address potential health disparities; and

''(IX) strategies to improve the electronic exchange of health information between State and local health departments and health care providers and facilities to improve public health surveillance.''; and

(D) in paragraph (6)(A)—

(i) in the matter preceding clause (i), by inserting ''and every **[**5**]** years thereafter,'' after ''Innovation Act of 2019,''

(ii) in clause (iii)—

(I) in subclause (III), by striking ''and'' at the end; and

(II) by adding at the end the following:

''(V) improve coordination and collaboration, as appropriate, with other Federal departments; and

''(VI) implement applicable lessons learned from recent public health emergencies to address gaps in situational awareness and biosurveillance capabilities;'';

(iii) in clause (iv), by striking ''and'' at the end;

(iv) in clause (v), by striking the period and inserting ''including a description of how such steps will further the goals of the network, consistent with paragraph (1); and''; and

(v) by adding at the end the following:

''(vi) identifies and demonstrates measurable steps the Secretary will take to further develop and integrate infectious disease detection, support rapid and accurate reporting of laboratory test results during a public health emergency, and improve coordination and collaboration with State, local, and Tribal public health officials, clinical laboratories, and other entities with expertise in public health surveillance.'';

(3) in subsection (d)—

(A) in paragraph (1), by inserting '', acting through the Director of the Centers for Disease Control and Prevention and in coordination with the heads of other appropriate agencies and offices within the Department of Health and Human Services,'' after ''the Secretary'';

(B) in paragraph (2)(C), by inserting ", including any public-private partnerships or other partnerships entered into to improve such capacity" before the semicolon; and

(C) by adding at the end the following:

"(6) NON-DUPLICATION OF EFFORT.—The Secretary shall ensure that activities carried out under an award under this subsection do not unnecessarily duplicate efforts of other agencies and offices within the Department of Health and Human Services."; and

(4) by amending subsection (i) to read as follows:

"(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

"(1) to carry out subsection (a), $25,000,000 for each of fiscal years 2022 and 2023; and

"(2) to carry out subsections (b), (c), and (d), $136,800,000 for each of fiscal years 2022 and 2023."; and

(5) by striking "tribal" each place it appears and inserting "Tribal".

SEC. 212. GENOMIC SEQUENCING, ANALYTICS, AND PUBLIC HEALTH SURVEILLANCE OF PATHOGENS.

(a) GUIDANCE SUPPORTING GENOMIC SEQUENCING OF PATHOGENS COLLABORATION.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with the heads of other Federal departments or agencies, as appropriate, shall issue guidance to support collaboration relating to genomic sequencing of pathogens, including the use of new and innovative approaches and technology for the detection, characterization, and sequencing of pathogens, to improve public health surveillance and preparedness and response activities, consistent with section 2824 of the Public Health Service Act, as added by subsection (b). Such guidance shall address the secure sharing, for public health surveillance purposes, of specimens of such pathogens, between appropriate entities and public health authorities pursuant to the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), in a manner that protects personal privacy to the extent required by applicable privacy law, at a minimum, and the appropriate use of sequence data derived from such specimens.

(b) GENOMIC SEQUENCING PROGRAM.—Title XXVIII of the Public Health Service Act (42 U.S.C.

300hh et seq.) is amended by adding at the end the following

"SEC. 2824. GENOMIC SEQUENCING, ANALYTICS, AND PUBLIC HEALTH SURVEILLANCE OF PATHOGENS PROGRAM.

"(a) GENOMIC SEQUENCING, ANALYTICS, AND PUBLIC HEALTH SURVEILLANCE OF PATHOGENS PROGRAM.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Director of the National Institutes of Health and heads of other departments and agencies, as appropriate, shall strengthen and expand activities related to genomic sequencing of pathogens, including new and innovative approaches and technology for the detection, characterization, and sequencing of pathogens, analytics, and public health surveillance, including—

"(1) continuing and expanding activities, which may include existing genomic sequencing activities related to advanced molecular detection, to—

"(A) identify and respond to emerging infectious disease threats; and

"(B) identify the potential use of genomic sequencing technologies, advanced computing, and other advanced technology to inform surveillance activities and incorporate the use of

such technologies, as appropriate, into related activities;

''(2) providing technical assistance and guidance to State, Tribal, local, and territorial public health departments to increase the capacity of such departments to perform genomic sequencing of pathogens, including recipients of funding under section 2821;

''(3) carrying out activities to enhance the capabilities of the public health workforce with respect to pathogen genomics, epidemiology, and bioinformatics, including through training; and

''(4) continuing and expanding activities, as applicable, with public and private entities, including relevant departments and agencies, laboratories, academic institutions, and industry.

''(b) PARTNERSHIPS.—For the purposes of carrying out the activities described in subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants, contracts, or cooperative agreements to entities, including academic and other laboratories, with expertise in genomic sequencing for public health purposes, including new and innovative approaches to, and related technology for, the detection, characterization, and sequencing of pathogens.

''(c) CENTERS OF EXCELLENCE.—

''(1) IN GENERAL.—The Secretary shall, as appropriate, award grants, contracts, or cooperative agreements to public health agencies for the establishment or operation of centers of excellence to promote innovation in pathogen genomics and molecular epidemiology to improve the control of and response to pathogens that may cause a public health emergency. Such centers shall, as appropriate—

''(A) identify and evaluate the use of genomics, or other related technologies that may advance public health preparedness and response;

''(B) improve the identification, development, and use of tools for integrating and analyzing genomic and epidemiologic data;

''(C) assist with genomic surveillance of, and response to, infectious diseases, including analysis of pathogen genomic data;

''(D) conduct applied research to improve public health surveillance of, and response to, infectious diseases through innovation in pathogen genomics and molecular epidemiology; and

''(E) develop and provide training materials for experts in the fields of genomics,

microbiology, bioinformatics, epidemiology, and other fields, as appropriate.

''(2) REQUIREMENTS.—To be eligible for an award under paragraph (1), an entity shall submit to the Secretary an application containing such information as the Secretary may require, including a description of how the entity will partner, as applicable, with academic institutions or a consortium of academic partners that have relevant expertise, such as microbial genomics, molecular epidemiology, or the application of bioinformatics or statistics.

''(d) AUTHORIZATION.—For purposes of carrying out this section, there are authorized to be appropriated $175,000,000 for each of fiscal years 2023 through 2027.''.

SEC. 213. SUPPORTING PUBLIC HEALTH DATA AVAILABILITY AND ACCESS.

(a) DESIGNATION OF PUBLIC HEALTH DATA STANDARDS.—Section 2823(a)(2) of the Public Health Service Act (42 U.S.C. 300hh–33(a)(2)) is amended—

(1) by striking ''In carrying out'' and inserting the following:

''(A) IN GENERAL.—In carrying out''; and

(2) by striking ''shall, as appropriate and'' and inserting ''shall, not later than 2 years after the date

of enactment of the PREVENT Pandemics Act,''; and

(3) by adding at the end the following:

''(B) SELECTION OF DATA AND TECHNOLOGY STANDARDS.—The standards designated as described in subparagraph (A) may include standards to improve—

''(i) the exchange of electronic health information for—

''(I) electronic case reporting;

''(II) syndromic surveillance;

''(III) reporting of vital statistics; and

''(IV) reporting test orders and results electronically, including from laboratories;

''(ii) automated electronic reporting to relevant public health data systems of the Centers for Disease Control and Prevention; and

''(iii) such other use cases as the Secretary determines appropriate.

''(C) NO DUPLICATIVE EFFORTS.—

''(i) IN GENERAL.—In carrying out the requirements of this paragraph, the

Secretary, in consultation with the Office of the National Coordinator for Health Information Technology, may use input gathered (including input and recommendations gathered from the Health Information Technology Advisory Committee), and materials developed, prior to the date of enactment of the PREVENT Pandemics Act.

''(ii) PREVIOUSLY ADOPTED STANDARDS.—The data and technology standards designated pursuant to this paragraph may include the adoption of standards previously adopted by the Secretary pursuant to section 3004.''.

(b) STUDY ON LABORATORY INFORMATION STANDARDS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Office of the National Coordinator for Health Information Technology shall conduct a study to review the use of standards for electronic ordering and reporting of laboratory test results.

(2) AREAS OF CONCENTRATION.—In conducting the study under paragraph (1), the Office of the Na-

tional Coordinator for Health Information Technology shall—

(A) determine the extent to which clinical laboratories are using standards for electronic ordering and reporting of laboratory test results;

(B) assess trends in laboratory compliance with standards for ordering and reporting laboratory test results and the effect of such trends on the interoperability of laboratory data with public health data systems;

(C) identify challenges related to collection and reporting of demographic and other data elements with respect to laboratory test results;

(D) identify any challenges associated with using or complying with standards and reporting laboratory test results with data elements identified in standards for electronic ordering and reporting of such results; and

(E) review other relevant areas determined appropriate by the Office of the National Coordinator for Health Information Technology.

(3) REPORT.—Not later than 2 years after the date of enactment of this Act, the Office of the National Coordinator for Health Information Tech-

nology shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning the findings of the study conducted under paragraph (1).

(c) SUPPORTING INFORMATION SHARING THROUGH DATA USE AGREEMENTS.—

(1) INTERAGENCY DATA USE AGREEMENTS WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PUBLIC HEALTH EMERGENCIES.—

(A) IN GENERAL.—The Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall, as appropriate, facilitate the development of, or updates to, memoranda of understanding, data use agreements, or other applicable interagency agreements regarding appropriate access, exchange, and use of public health data between the Centers for Disease Control and Prevention, the Office of the Assistant Secretary for Preparedness and Response, and other relevant agencies or offices within the Department of Health and Human Services in order to prepare

for, identify, monitor, and respond to, declared or potential public health emergencies.

(B) REQUIREMENTS.—In carrying out activities pursuant to subparagraph (A), the Secretary shall—

(i) ensure that the agreements and memoranda of understanding described in such subparagraph—

(I) address the methods of granting access to data held by one agency or office with another to support the respective missions of such agencies or offices;

(II) consider minimum necessary principles of data sharing for appropriate use;

(III) include appropriate privacy and cybersecurity protections; and

(IV) are subject to regular updates, as appropriate;

(ii) collaborate with the Centers for Disease Control and Prevention, the Office of the Assistant Secretary for Preparedness and Response, the Office of the Chief Information Officer, and, as appropriate,

the Office of the National Coordinator for Health Information Technology, and other entities within the Department of Health and Human Services; and

(iii) consider the terms [and conditions] of any existing data use agreements with other public or private entities and any need for updates to such existing agreements, consistent with paragraph (2).

(2) DATA USE AGREEMENTS WITH EXTERNAL ENTITIES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response, may update memoranda of understanding, data use agreements, or other applicable agreements and contracts to improve appropriate access, exchange, and use of public health data between the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response and external entities, including State health departments, laboratories, hospitals, electronic health records vendors, and other entities, as applicable and appropriate, in order to prepare for, identify, monitor, and respond to declared or potential public health emergencies.

(3) REPORT.—Not later than [90] days after the date of enactment of this Act, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the status of the agreements under this subsection.

(d) IMPROVING INFORMATION SHARING AND AVAILABILITY OF PUBLIC HEALTH DATA.—Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"SEC. 310B. IMPROVING INFORMATION SHARING AND AVAILABILITY OF PUBLIC HEALTH DATA.

''(a) IN GENERAL.—The Secretary may, in consultation with State, local, and Tribal public health officials, carry out activities to improve the availability of appropriate and applicable public health data related to communicable diseases, and information sharing between, the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Preparedness and Response, and such State, local, and Tribal public health officials, which may include such data from—

''(1) health care providers and facilities;

''(2) public health and clinical laboratories; and

"(3) State, local, and Tribal health departments.

"(b) CONTENT, FORM, AND MANNER.—The Secretary shall, consistent with the requirements of this section, work with such officials and relevant stakeholders to provide information on the content, form, and manner in which such data may most effectively support the ability of State, local, and Tribal health departments to respond to such communicable diseases.

"(c) DECREASED BURDEN.—In facilitating the coordination of efforts under subsection (a), the Secretary shall make reasonable efforts to limit reported public health data to the minimum necessary information needed to accomplish the intended public health surveillance purpose.

"(d) EXEMPTION OF CERTAIN PUBLIC HEALTH DATA FROM DISCLOSURE.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may exempt from disclosure under section 552(b)(3) of title 5, United States Code, public health data that are gathered under this section if—

"(1) an individual is identified through such data; or

"(2) there is at least a very small risk, as determined by current scientific practices or statistical

methods, that some combination of the information, the request, and other available data sources or the application of technology could be used to deduce the identity of an individual.''.

(e) IMPROVING PUBLIC HEALTH DATA COLLECTION.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall award grants, contracts, or cooperative agreements to eligible entities for purposes of identifying, developing, or disseminating best practices in the collection of [electronic health information] and the use of designated data standards and implementation specifications to improve the quality and completeness of data, including demographic data, collected, accessed, or used for public health purposes.

(2) ELIGIBLE ENTITIES.—To be eligible to receive an award under this subsection an entity shall—

(A) be a health care provider, academic medical center, community based organization, State, local governmental entity, Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self Determina-

tion and Education Assistance Act (25 U.S.C. 5304)), urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)), or other appropriate public or private nonprofit entity, or a consortia of any such entities; and

(B) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(3) ACTIVITIES.—Entities receiving awards under this subsection shall use such award to develop and test best practices for training health care providers to use standards and implementation specifications that assist in the capture, access, exchange, and use of electronic health information, including demographic and other data elements. Such activities shall include, at a minimum—

(A) improving, understanding, and using data standards and implementation specifications;

(B) developing or identifying methods to improve communication with patients, including to better capture information related to demographics of such individuals;

(C) developing methods for accurately categorizing and recording patient responses using available data standards;

(D) educating providers regarding the utility of such information for public health purposes and the importance of accurate collection and recording of such data; and

(E) other activities, as the Secretary determines appropriate.

(4) REPORTING.—

(A) REPORTING BY AWARD RECIPIENTS.—Each recipient of an award under this subsection shall submit to the Secretary a report on the results of best practices identified, developed, or disseminated through such award.

(B) REPORT TO CONGRESS.—Not later than [X] months after the completion of the program under this subsection, the Secretary shall submit a report to Congress on the success of best practices developed under such program, opportunities for further dissemination of such best practices, and recommendations for improving the capture, access, exchange, and use of information to improve public health and reduce health disparities.

(5) NON-DUPLICATION OF EFFORTS.—The Secretary shall ensure that the activities and programs carried out under this subsection are free of unnecessary duplication of effort.

(6) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $10,000,000 for each of fiscal years 2023 through 2025 to carry out this subsection.

SEC. 214. EPIDEMIC FORECASTING AND OUTBREAK ANALYTICS.

Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.), as amended by section 212, is further amended by adding at the end the following:

"SEC. 2825. EPIDEMIC FORECASTING AND OUTBREAK ANALYTICS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall continue activities related to the development of infectious disease outbreak analysis capabilities to enhance the prediction, modeling, and forecasting of potential public health emergencies and other infectious disease outbreaks, which may include activities to support preparedness for, and response to, such emergencies and outbreaks. In carrying out this subsection, the Secretary shall identify strategies to include and leverage, as appro-

priate, the capabilities to public and private entities, which may include conducting such activities through collaborative partnerships with public and private entities, including academic institutions, and other Federal agencies, consistent with section 319D, as applicable.

''(b) CONSIDERATIONS.—In carrying out subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may consider public health data and, as appropriate, other data sources related to the transmission of such infectious diseases that affect preparedness for, or response to, public health emergencies and infectious disease outbreaks.

''(c) ANNUAL REPORTS.—Not later than 1 year after the date of enactment of this section, and annually thereafter for each of the subsequent 4 years, the Secretary shall prepare and submit a report, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, regarding an update on progress on activities conducted under this section to develop infectious disease outbreak analysis capabilities and any additional information relevant to such efforts.''.

Subtitle C—Revitalizing the Public Health Workforce

SEC. 221. IMPROVING RECRUITMENT AND RETENTION OF THE FRONTLINE PUBLIC HEALTH WORKFORCE.

(a) IN GENERAL.—Section 776 of the Public Health Service Act (42 U.S.C. 295f–1) is amended—

(1) in subsection (a)—

(A) by striking ''supply of'' and inserting ''supply of, and encourage recruitment and retention of,''; and

(B) by striking ''Federal,'';

(2) in subsection (b)—

(A) by amending paragraph (1)(A) to read as follows:

''(1)(A)(i) be accepted for enrollment, or be enrolled, as a student in an accredited institution of higher education or school of public health in the final semester (or equivalent) of a program leading to a certificate or degree, including a master's or doctoral degree, in public health, epidemiology, laboratory sciences, data systems, data science, data analytics, informatics, statistics, or another subject matter related to public health; and

''(ii) be employed by, or have accepted employment with, a State, local, or Tribal public health agency, or a related training fellowship at such State, local, or Tribal public health agency, as recognized by the Secretary, to commence upon graduation; or''; and

(B) in paragraph (1)(B)—

(i) in clause (i)—

(I) by striking ''accredited educational institution in a State or territory'' and inserting ''accredited institution of higher education or school of public health''; and

(II) by striking ''a public health or health professions degree or certificate'' and inserting ''a certificate or degree, including a master's or doctoral degree, in public health, epidemiology, laboratory sciences, data systems, data science, data analytics, informatics, statistics, or another subject matter related to public health''; and

(ii) in clause (ii)—

(I) by striking ''Federal,''; and

(II) by striking ''fellowship,'' and inserting ''fellowship at such State, local, or Tribal public health agency,'';

(3) in subsection (c)(2)—

(A) by striking ''Federal,''; and

(B) by striking ''equal to the greater of—'' and all that follows through the end of subparagraph (B) and inserting ''of at least 3 consecutive years;'';

(4) in subsection (d)—

(A) by amending paragraph (1) to read as follows:

''(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Program shall consist of payment, in accordance with paragraph (2), for the individual toward the outstanding principal and interest on education loans incurred by the individual in the pursuit of the relevant degree or certificate described in subsection (b)(1) in accordance with the terms of the contract.''; and

(B) in paragraph (2)—

(i) by striking ''For each year'' and inserting the following:

''(A) IN GENERAL.—For each year'';

(ii) by striking ''$35,000'' and inserting ''$50,000'';

(iii) by striking ''$105,000'' and inserting ''$150,000''; and

(iv) by adding at the end the following:

''(B) CONSIDERATIONS.—The Secretary may take action in making awards under this section to ensure that—

''(i) an appropriate proportion of contracts are awarded to individuals who are eligible to participate in the program pursuant to subsection (b)(1)(A); and

''(ii) contracts awarded under this section are equitably distributed among—

''(I) the geographical regions of the United States;

''(II) local, State, and Tribal public health departments; and

''(III) such public health departments under subclause (II) serving rural and urban areas.'';

(5) in subsection (e), by striking ''receiving a degree or certificate from a health professions or

other related school'' and inserting ''with a contract to serve under subsection (c)'';

(6) in subsection (f), by adding at the end the following: ''In the event that a participant fails to either begin or complete the obligated service requirement of the loan repayment contract under this section, the Secretary may waive or suspend either the unfulfilled service or the assessed damages as provided for under section 338E(d), as appropriate.'';

(7) by redesignating subsection (g) as subsection (h);

(8) by inserting after subsection (f) the following:

''(g) ELIGIBLE LOANS.—The loans eligible for repayment under this section are each of the following:

''(1) Any loan for education or training for employment by a health department.

''(2) Any loan under part E of title VIII (relating to nursing student loans).

''(3) Any Federal Direct Stafford Loan, Federal Direct PLUS Loan, Federal Direct Unsubsidized Stafford Loan, or Federal Direct Consolidation Loan (as such terms are used in section 455 of the Higher Education Act of 1965).

''(4) Any Federal Perkins Loan under part E of title I of the Higher Education Act of 1965.

''(5) Any other Federal loan, as the Secretary determines appropriate.'';

(9) in subsection (h), as so redesignated, by striking ''$195,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015'' and inserting ''such sums as may be necessary for each of fiscal years 2022 through 2025''; and

(10) by striking ''tribal'' each place such term appears and inserting ''Tribal''.

(b) GAO STUDY ON PUBLIC HEALTH WORKFORCE .—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) conduct an evaluation of what is known about the public health workforce in the United States during the COVID–19 pandemic, which shall address—

(A) existing gaps in the Federal, State, local, Tribal, and territorial public health workforce, including positions that may be required to prevent, prepare for, and respond to, a public health emergency such as COVID–19;

(B) challenges associated with the hiring, recruitment, and retention of the Federal, State, local, Tribal, and territorial public health workforce; and

(C) recommended steps to improve hiring, recruitment, and retention of the public health workforce; and

(2) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on such review.

SEC. 222. AWARDS TO SUPPORT COMMUNITY HEALTH WORKERS AND COMMUNITY HEALTH.

(a) IN GENERAL.—Section 399V of the Public Health Service Act (42 U.S.C. 280g–11) is amended—

(1) by amending the section heading to read as follows: ''**AWARDS TO SUPPORT COMMUNITY HEALTH WORKERS AND COMMUNITY HEALTH**'';

(2) by amending subsection (a) to read as follows:

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, shall award grants, contracts, or cooperative agreements to eli-

gible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers, including by addressing ongoing and longer-term community health needs, and by building the capacity of the community health worker workforce. Such grants, contracts, and cooperative agreements shall be awarded in alignment and coordination with existing funding arrangements supporting community health workers.'';

(3) in subsection (b)—

(A) in the matter preceding paragraph (1)—

(i) by striking ''Grants awarded'' and inserting ''Subject to any requirements for the scope of licensure, registration, or certification of a community health worker under applicable State law, grants, contracts, and cooperative agreements awarded''; and

(ii) by striking ''support community health workers'';

(B) by redesignating paragraphs (3) through (5) as paragraphs (4) through (6), respectively;

(C) by striking paragraphs (1) and (2) and inserting the following:

''(1) recruit, hire, and train community health workers that reflect the needs of the community;

''(2) support community health workers in providing education and outreach, in a community setting, regarding—

''(A) health conditions prevalent in—

''(i) medically underserved communities (as defined in section 799B), particularly racial and ethnic minority populations; and

''(ii) other such populations or geographic areas that may require additional support during public health emergencies, which may include counties identified by the Secretary using applicable measures developed by the Centers for Disease Control and Prevention or other Federal agencies; and

''(B) addressing social determinants of health and eliminating health disparities, including by—

''(i) promoting awareness of services and resources to increase access to health

care, mental health services, child services, technology, housing services, educational services, nutrition services, employment services, and other services; and

''(ii) assisting in conducting individual and community needs assessments;

''(3) educate community members, including regarding effective strategies to promote healthy behaviors;'';

(D) in paragraph (4), as so redesignated, by striking ''to educate'' and inserting ''educate'';

(E) in paragraph (5), as so redesignated—

(i) by striking ''to identify'' and inserting ''identify'';

(ii) by striking ''healthcare agencies'' and inserting ''health care agencies''; and

(iii) by striking ''healthcare services and to eliminate duplicative care; or'' and inserting ''health care services and to streamline care, including serving as a liaison between communities and health care agencies; and''; and

(F) in paragraph (6), as so redesignated—

(i) by striking ''to educate, guide, and provide'' and inserting ''support community health workers in educating, guiding, or providing''; and

(ii) by striking ''maternal health and prenatal care'' and inserting ''chronic diseases, maternal health, prenatal, and postpartum care in order to improve maternal and infant health outcomes'';

(4) in subsection (c), by striking ''Each eligible entity'' and all that follows through ''accompanied by'' and inserting ''To be eligible to receive an award under subsection (a), an entity shall prepare and submit to the Secretary an application at such time, in such manner, and containing'';

(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking ''grants'' and inserting ''awards'';

(B) by amending paragraph (1) to read as follows:

''(1) propose to serve—

''(A) areas with populations that have a high rate of chronic disease, infant mortality, or maternal morbidity and mortality;

''(B) low-income populations, including medically underserved populations (as defined in section 330(b)(3));

''(C) populations residing in health professional shortage areas (as defined in section 332(a));

''(D) populations residing in maternity care health professional target areas identified under section 332(k); or

''(E) rural or traditionally underserved populations, including racial and ethnic minority populations or low-income populations;'';

(C) in paragraph (2), by striking ''; and'' and inserting '', including rural populations and racial and ethnic minority populations;'';

(D) in paragraph (3), by striking ''with community health workers.'' and inserting ''and established relationships with community health workers in the communities expected to be served by the program; or'' and

(E) by adding at the end the following:

''(4) develop a plan for providing services to the extent practicable, in the language and cultural context most appropriate to individuals expected to be served by the program.'';

(6) in subsection (e)—

(A) by striking ''community health worker programs'' and inserting ''eligible entities''; and

(B) by striking ''and one-stop delivery systems under section 121(e)'' and inserting '', health professions schools, minority-serving institutions (defined, for purposes of this subsection, as institutions and programs described in section 326(e)(1) of the Higher Education Act of 1965 and institutions described in section 371(a) of such Act), area health education centers under section 751 of this Act, and one-stop delivery systems under section 121'';

(7) by striking subsections (f), (g), (h), (i), and (j) and inserting the following:

''(f) TECHNICAL ASSISTANCE.—The Secretary may provide to eligible entities that receive awards under subsection (a) technical assistance with respect to planning, development, and operation of community health worker programs authorized or supported under this section.

''(g) DISSEMINATION OF BEST PRACTICES.—Not later than 4 years after the date of enactment of the PREVENT Pandemics Act, the Secretary shall, based on activities carried out under this section and in consultation with relevant stakeholders, identify and disseminate evi-

dence-based or evidence-informed practices regarding recruitment and retention of community health workers and paraprofessionals to address ongoing public health and community health needs, and to prepare for, and respond to, future public health emergencies.

''(h) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the PREVENT Pandemics Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning the effectiveness of the program under this section in addressing ongoing public health and community health needs. Such report shall include recommendations regarding any improvements to such program, including recommendations for how to improve recruitment, training, and retention of the community health workforce.

''(i) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2023 through 2027.'';

(8) by redesignating subsection (k) as subsection (j); and

(9) in subsection (j), as so redesignated—

(A) by striking paragraphs (1), (2), and (4);

(B) by redesignating paragraph (3) as paragraph (1);

(C) in paragraph (1), as so redesignated—

(i) by striking ''entity (including a State or public subdivision of a State'' and inserting ''entity, including a State or political subdivision of a State, an Indian Tribe or Tribal organization, an urban Indian organization, a community-based organization''; and

(ii) by striking ''as defined in section 1861(aa) of the Social Security Act))'' and inserting ''(as described in section 1861(aa)(4)(B) of the Social Security Act)''; and

(D) by adding at the end the following:

''(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms 'Indian Tribe' and 'Tribal organization' have the meanings given the terms 'Indian tribe' and 'tribal organization', respectively, in section 4 of the Indian Self-Determination and Education Assistance Act.

''(3) URBAN INDIAN ORGANIZATION.—The term 'urban Indian organization' has the meaning given such term in section 4 of the Indian Health Care Improvement Act.''.

(b) GAO STUDY AND REPORT.—Not later than 4 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the program authorized under section 399V of the Public Health Service Act (42 U.S.C. 280g–11) (as amended by subsection (a)), including a review of the outcomes and effectiveness of the program and coordination with applicable programs of the Health Resources and Services Administration to ensure there is no unnecessary duplication of efforts among such programs.

SEC. 223. IMPROVING PUBLIC HEALTH EMERGENCY RESPONSE CAPACITY.

(a) CERTAIN APPOINTMENTS TO SUPPORT PUBLIC HEALTH EMERGENCY RESPONSES.—Section 319 of the Public Health Service Act (42 U.S.C. 247d) is amended by adding at the end the following:

''(g) CERTAIN APPOINTMENTS TO SUPPORT PUBLIC HEALTH EMERGENCY RESPONSES.—

''(1) IN GENERAL.—In order to support the initial response to a public health emergency declared by the Secretary under this section, the Secretary may, subject to paragraph (2) and without regard to sections 3309 through 3318 of title 5, United States Code, appoint individuals directly to positions in the Department of Health and Human Services for which the Secretary has provided public notice in order to—

''(A) address a critical hiring need directly related to responding to a public health emergency declared by the Secretary under this section; or

''(B) address a severe shortage of candidates that impacts the operational capacity of the Department of Health and Human Services to respond in the event of a public health emergency declared by the Secretary under this section.

''(2) NUMBER OF APPOINTMENTS.—Each fiscal year in which the Secretary makes a determination of a public health emergency under subsection (a) (not including a renewal), the Secretary may directly appoint not more than—

"(A) [200] individuals under paragraph (1)(A); and

"(B) [50] individuals under paragraph (1)(B).

"(3) COMPENSATION.—The annual rate of basic pay of an individual appointed under this subsection shall be determined in accordance with chapter 51 and subchapter III of chapter 53 of title 5, United States Code.

"(4) REPORTING.—The Secretary shall establish and maintain records regarding the use of the authority under this subsection, including—

"(A) the number of positions filled through such authority;

"(B) the types of appointments of such positions;

"(C) the titles, occupational series, and grades of such positions;

"(D) the number of positions publicly noticed to be filled under such authority;

"(E) the number of qualified applicants who apply for such positions;

"(F) the qualification criteria for such positions; and

"(G) the demographic information of individuals appointed to such positions.

"(5) NOTIFICATION TO CONGRESS.—In the event the Secretary, within a single fiscal year, [directly appoints more than 75 percent of the individuals allowable under either subparagraph (A) or (B) of paragraph (2),] the Secretary shall, not later than [15] days after the date of such action, notify the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives. Such notification shall, in a manner that protects personal privacy, to the extent required by applicable Federal and State privacy law, at a minimum, include—

"(A) information on each such appointment within such fiscal year;

"(B) a description of how each such position relates to the requirements of subparagraph (A) or (B) of paragraph (1); and

"(C) the additional number of personnel, if any, the Secretary anticipates to be necessary to adequately support a response to a public health emergency declared under this section

using the authorities described in paragraph (1) within such fiscal year.

''(6) REPORTS TO CONGRESS.—Not later than September 30, 2023, and annually thereafter [for each fiscal year in which the authority under this subsection is used], the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the total number of appointments filled under this subsection within the fiscal year and a description of how the positions relate to the requirements of subparagraph (A) or (B) of paragraph (1).

''(7) SUNSET.—The authority under this subsection shall expire on September 30, 2028.''.

(b) GAO REPORT.—Not later than 2 years after the date of enactment of this Act, and again 180 days after the date on which the authority provided under section 319(g) of the Public Health Service Act (42 U.S.C. 247d(g)) expires pursuant to paragraph (7) of such section, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report

on the use of the authority provided under such section. Such report shall, in a manner that protects personal privacy, to the extent required by applicable Federal and State privacy law, at a minimum, include information on—

(1) the number of positions publicly noticed and filled under the authority of each of subparagraphs (A) and (B) of such section 319(g)(1);

(2) the occupational series, grades, and types of appointments of such positions;

(3) how such positions related to addressing a need or shortage described in subparagraph (A) or (B) of such section;

(4) how the Secretary of Health and Human Services made appointment decisions under each of subparagraphs (A) and (B) of such section;

(5) sources used to identify candidates for filling such positions;

(6) the number of individuals appointed under each such subparagraph;

(7) aggregated demographic information related to individuals appointed under each such subparagraph; and

(8) any challenges, limitations, or gaps related to the use of the authority under each such subpara-

graph and any related recommendations to address such challenges, limitations, or gaps.

SEC. 224. EXTENSION OF AUTHORITIES TO SUPPORT HEALTH PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS.

Section 224(q) of the Public Health Service Act (42 U.S.C. 233(q)) is amended by striking paragraph (6).

Subtitle D—Improving Public Health Responses

SEC. 231. CENTERS FOR PUBLIC HEALTH PREPAREDNESS AND RESPONSE.

(a) IN GENERAL.—Section 319F of the Public Health Service Act (42 U.S.C. 247d-6) is amended—

(1) by striking subsection (d) and inserting the following:

''(d) CENTERS FOR PUBLIC HEALTH PREPAREDNESS AND RESPONSE.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants, contracts, or cooperative agreements to institutions of higher education, including accredited schools of public health, or other nonprofit private entities to establish or support a network of Centers for Public

Health Preparedness and Response (referred to in this subsection as 'Centers').

''(2) ELIGIBILITY.—To be eligible to receive an award under this subsection, an entity shall submit to the Secretary an application containing such information as the Secretary may require, including a description of how the entity will—

''(A) coordinate relevant activities with State, local, and Tribal health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response, as informed by the public health preparedness and response needs of the community, or communities, involved;

''(B) prioritize efforts to implement evidence-informed or evidence-based practices to improve public health preparedness and response, including by helping to reduce the transmission of emerging infectious diseases; and

''(C) use funds awarded under this subsection, including by carrying out any activities described in paragraph (3).

''(3) USE OF FUNDS.—As a condition of receiving funds under this subsection, Centers established

or supported shall carry out activities to advance public health preparedness and response capabilities, which may include by—

"(A) identifying, translating, and disseminating promising research findings or strategies into evidence-informed or evidence-based practices to inform preparedness for, and responses to, chemical, biological, radiological, or nuclear threats, including emerging infectious diseases, and other public health emergencies, which may include conducting research related to public health preparedness and response systems;

"(B) improving awareness of such evidence-informed or evidence-based practices and other relevant scientific or public health information among health care professionals, public health professionals, other stakeholders, and the public, including through the development, evaluation, and dissemination of trainings and training materials, consistent with section 2802(b)(2), as applicable and appropriate, to support preparedness for, and responses to, such threats;

"(C) utilizing and expanding relevant technological and analytical capabilities to inform

public health and medical preparedness and response efforts;

''(D) expanding activities, including through public-private partnerships, related to public health preparedness and response, including participation in drills and exercises and training public health experts, as appropriate; and

''(E) providing technical assistance and expertise related to responses to public health emergencies, as appropriate, to State, local, and Tribal health departments and other entities pursuant to paragraph (2)(A).

''(4) DISTRIBUTION OF AWARDS.—In awarding grants, contracts, or cooperative agreements under this subsection, the Secretary shall support not fewer than 10 Centers, subject to the availability of appropriations, and ensure that such awards are equitably distributed among the geographical regions of the United States.''; and

(2) in subsection (f)(1)(C), by striking '', of which $5,000,000 shall be used to carry out paragraphs (3) through (5) of such subsection''.

(b) REPEAL.—Section 319G of the Public Health Service Act (42 U.S.C. 247d-7) is repealed.

SEC. 232. VACCINE DISTRIBUTION PLANS.

Section 319A of the Public Health Service Act (42 U.S.C. 247d–1) is amended—

(1) in subsection (a)—

(A) by inserting ‘‘, or other federally purchased vaccine to address another pandemic’’ before the period at the end of the first sentence; and

(B) by inserting ‘‘or other pandemic’’ before the period at the end of the second sentence; and

(2) in subsection (d), by inserting ‘‘or other pandemics’’ after ‘‘influenza pandemics’’.

TITLE III—ACCELERATING RESEARCH AND COUNTERMEASURE DISCOVERY

SEC. 301. RESEARCH AND ACTIVITIES RELATED TO LONG-TERM HEALTH EFFECTS OF SARS–COV–2 INFECTION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall, as appropriate—

(1) continue to conduct or support basic, clinical, epidemiological, behavioral, and translational research and public health surveillance related to the pathogenesis, prevention, diagnosis, and treatment

of the long-term health effects of SARS–CoV–2 infection; and

(2) in consultation with health professional associations, researchers, and other relevant experts, develop and inform recommendations, guidance, and provide educational materials for health care providers and the general public on the long-term effects of SARS–CoV–2 infection, consistent with the findings of studies and research under paragraph (1).

(b) ANNUAL REPORTS.—Not later than 1 year after the date of enactment of this Act, and annually thereafter for the next 4 years, the Secretary of Health and Human Services shall prepare and submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding an overview of the research conducted or supported under this section and any relevant findings. Such reports may include information about how the research and relevant findings under this section relate to other research efforts supported by other public or private entities.

SEC. 302. RESEARCH CENTERS FOR PATHOGENS OF PANDEMIC CONCERN.

Subpart 6 of part C of title IV of the Public Health Service Act is amended by inserting after section 447C (42 U.S.C. 285f–4) the following:

"SEC. 447D. RESEARCH CENTERS FOR PATHOGENS OF PANDEMIC CONCERN.

''(a) IN GENERAL.—The Director of the Institute, in collaboration, as appropriate, with the directors of applicable institutes, centers, and divisions of the National Institutes of Health, the Assistant Secretary for Preparedness and Response, and the Director of the Biomedical Advanced Research and Development Authority, shall establish or continue a multidisciplinary research program to advance the discovery and preclinical development of medical products for priority virus families and other viral pathogens with a significant potential to cause a pandemic, through support for research centers.

''(b) USES OF FUNDS.—The Director of the Institute shall award funding through grants, contracts, or cooperative agreements to public or private entities to provide support for research centers described in subsection (a) for the purpose of—

''(1) conducting basic research through preclinical development of new medical products or

technologies, including platform technologies, to address pathogens of pandemic concern;

''(2) identifying potential targets for therapeutic candidates, including antivirals, to treat such pathogens;

''(3) identifying existing medical products with the potential to address such pathogens, including candidates that could be used in outpatient settings; and

''(4) carrying out or supporting other research related to medical products to address such pathogens, as determined appropriate by the Director.

''(c) COORDINATION.—The Director of the Institute shall, as appropriate, provide for the coordination of activities among the centers described in subsection (a), including through—

''(1) facilitating the exchange of information and regular communication among the centers, as appropriate; and

''(2) requiring the periodic preparation and submission to the Director of reports on the activities of each center.

''(d) PRIORITY.—In awarding funding through grants, contracts, or cooperative agreements under subsection (a), the Director of the Institute shall, as appro-

priate, give priority to applicants with existing frameworks and partnerships, as applicable, to support the advancement of such research.

''(e) COLLABORATION.—The Director of the Institute shall—

''(1) collaborate with the heads of other appropriate Federal departments, agencies, and offices with respect to the identification of additional priority virus families and other viral pathogens with a significant potential to cause a pandemic; and

''(2) collaborate with the Director of the Biomedical Advanced Research and Development Authority with respect to the research conducted by centers described in subsection (a), including, as appropriate, providing any updates on the research advancements made by such centers, identifying any advanced research and development needs for such countermeasures, consistent with section 319L(a)(6), and taking into consideration existing manufacturing capacity and future capacity needs for such medical products or technologies, including platform technologies, supported by the centers described in subsection (a).

''(f) SUPPLEMENT, NOT SUPPLANT.—Any support received by a center described in subsection (a) under this

section shall be used to supplement, and not supplant, other public or private support for activities authorized to be supported.''.

SEC. 303. IMPROVING MEDICAL COUNTERMEASURE RESEARCH COORDINATION.

Section 402(b) in the Public Health Service Act (42 U.S.C. 282(b)) is amended—

(1) in paragraph (24), by striking ''and'' at the end;

(2) in paragraph (25), by striking the period and inserting ''; and''; and

(3) by inserting after paragraph (25) the following:

''(26) shall consult with the Assistant Secretary for Preparedness and Response, the Director of the Biomedical Advanced Research and Development Authority, the Director of the Centers for Disease Control and Prevention, and the heads of other Federal agencies and offices, as appropriate, regarding research needs to advance medical countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin, including emerging infectious diseases, chemical, radiological, or nuclear agent that may cause a public health emergency or

other research needs related to emerging public health threats.''.

SEC. 304. ACCESSING SPECIMEN SAMPLES AND DIAGNOSTIC TESTS.

(a) IMPROVING RESEARCH AND DEVELOPMENT OF MEDICAL COUNTERMEASURES FOR NOVEL PATHOGENS.—

(1) SAMPLE ACCESS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall make publicly available policies and procedures related to public and private entities accessing specimens of, or specimens containing, pathogens or suitable surrogates for, or alternatives to, such pathogens as the Secretary determines appropriate to support public health preparedness and response activities or biomedical research for purposes of the development and validation, as applicable, of medical products to address emerging infectious diseases and for use to otherwise respond to emerging infectious diseases. Such policies and procedures shall take into account, as appropriate, any applicable existing Federal resources.

(2) GUIDANCE.—The Secretary shall issue guidance regarding the procedures for carrying out paragraph (1), including—

(A) the method for requesting such samples;

(B) considerations for sample availability and use of suitable surrogates or alternatives to such pathogens, as appropriate, including applicable safeguard and security measures; and

(C) information required to be provided in order to receive such samples or suitable surrogates or alternatives.

(b) EARLIER DEVELOPMENT OF DIAGNOSTIC TESTS.—Title III of the Public Health Service Act is amended by inserting after section 319A (42 U.S.C. 247d–1) the following:

"SEC. 319B. EARLIER DEVELOPMENT OF DIAGNOSTIC TESTS.

''The Secretary may contract with public and private entities, as appropriate, to increase capacity in the rapid development, validation, manufacture, and dissemination of diagnostic tests, as appropriate, to State, local, and Tribal health departments and other appropriate entities for immediate public health response activities to address an emerging infectious disease with respect to which a

public health emergency is declared under section 319, or that has significant potential to cause such a public health emergency.''.

TITLE IV—MODERNIZING AND STRENGTHENING THE SUPPLY CHAIN FOR VITAL MEDICAL PRODUCTS

SEC. 401. WARM BASE MANUFACTURING CAPACITY FOR MEDICAL COUNTERMEASURES.

(a) IN GENERAL.—Section 319L of the Public Health Service Act (42 U.S.C. 247d–7e) is amended—

(1) in subsection (a)(6)(B)—

(A) by redesignating clauses (iv) and (v) as clauses (v) and (vi), respectively;

(B) by inserting after clause (iii), the following:

''(iv) activities to support, maintain, and improve domestic manufacturing surge capacity and capabilities, as appropriate, including through the utilization of advanced manufacturing and platform technologies, to increase the availability of products that are or may become qualified countermeasures or qualified pandemic or epidemic products;''; and

(C) in clause (vi) (as so redesignated), by inserting ''manufacturing,'' after ''improvement,'';

(2) in subsection (b)—

(A) in the first sentence of paragraph (1), by inserting ''support for domestic manufacturing surge capacity and capabilities,'' after ''initiatives for innovation,''; and

(B) in paragraph (2)—

(i) in subparagraph (B), by striking ''and'' at the end;

(ii) by redesignating subparagraph (C) as subparagraph (D); and

(iii) by inserting after subparagraph (B), the following:

''(C) activities to support, maintain, and improve domestic manufacturing surge capacity and capabilities, as appropriate, including through the utilization of advanced manufacturing and platform technologies, to increase the availability of products that are or may become qualified countermeasures or qualified pandemic or epidemic products; and'';

(3) in subsection (c)—

(A) in paragraph (2)(B), by inserting before the semicolon ‘‘, including through the establishment and maintenance of domestic manufacturing surge capacity and capabilities, consistent with subsection (a)(6)(B)(iv)’’;

(B) in paragraph (4)—

(i) in subparagraph (A)—

(I) in clause (i)—

(aa) in subclause (I), by striking ‘‘and’’ at the end; and

(bb) by adding at the end the following:

‘‘(III) facilitating such communication, as appropriate, regarding manufacturing surge capacity and capabilities with respect to qualified countermeasures and qualified pandemic or epidemic products to prepare for, or respond to, a public health emergency or potential public health emergency; and

‘‘(IV) facilitating such communication, as appropriate and in a manner that does not compromise national security, with respect to potential eli-

gibility for the material threat medical countermeasure priority review voucher program under section 565A of the Federal Food, Drug, and Cosmetic Act;'';

(II) in clause (ii)(III), by striking ''and'' at the end;

(III) by redesignating clause (iii) as clause (iv); and

(IV) by inserting after clause (ii), the following:

''(iii) communicate regularly with entities in receipt of an award pursuant to subparagraph (B)(v), and facilitate communication between such entities and other entities in receipt of an award pursuant to subparagraph (B)(iv), as appropriate, for purposes of planning regarding the availability of countermeasures and the maintenance of domestic manufacturing surge capacity and capabilities, including any planned uses of such capacity and capabilities in the near- and mid-term, and identification of any significant challenges re-

lated to the long-term maintenance of such capacity and capabilities; and'';

(ii) in subparagraph (B)—

(I) in clause (iii), by striking ''and'' at the end;

(II) in clause (iv), by striking the period and inserting ''; and''; and

(III) by adding at the end the following:

''(v) award contracts, grants, and cooperative agreements and enter into other transactions to support, maintain, and improve domestic manufacturing surge capacity and capabilities, including through supporting flexible or advanced manufacturing, to ensure that additional capacity is available to rapidly manufacture products that are or may become qualified countermeasures or qualified pandemic or epidemic products in the event of a public health emergency declaration or significant potential for a public health emergency.'';

(iii) in subparagraph (C)—

(I) in clause (i), by striking ''and'' at the end;

(II) in clause (ii), by striking the period at the end and inserting ''; and''; and

(III) by adding at the end the following:

''(iii) consult with the Commissioner of Food and Drugs, pursuant to section 565(b)(2) of the Federal Food, Drug, and Cosmetic Act, to ensure that facilities performing manufacturing, pursuant to an award under subparagraph (B)(v), are in compliance with applicable requirements under such Act and this Act, as appropriate, including current good manufacturing practice pursuant to section 501(a)(2)(B) of the Food, Drug, and Cosmetic Act; and'';

(iv) in subparagraph (D)(i), by inserting '', including to improve manufacturing capacities and capabilities for medical countermeasures'' before the semicolon;

(v) in subparagraph (E)(ix), by striking ''2023'' and inserting ''2028''; and

(vi) by adding at the end the following:

"(G) ANNUAL REPORTS BY AWARD RECIPIENTS.—As a condition of receiving an award under subparagraph (B)(v), a recipient shall develop and submit to the Secretary annual reports related to the maintenance of such capacity and capabilities, including ensuring that such capacity and capabilities are able to support the rapid manufacture of countermeasures as required by the Secretary."; and

(C) in paragraph (5), by adding at the end the following:

"(H) SUPPORTING WARM-BASE AND SURGE CAPACITY AND CAPABILITIES.—Pursuant to an award under subparagraph (B)(v), the Secretary may make payments for activities necessary to maintain domestic manufacturing surge capacity and capabilities supported under such award to ensure that such capacity and capabilities are able to support the rapid manufacture of countermeasures as required by the Secretary to prepare for, or respond to, an existing or potential public health emergency or otherwise address threats that pose a significant level of risk to national security. The Secretary may support the utilization of such ca-

pacity and capabilities under awards for countermeasure and product advanced research and development, as appropriate, to provide for the maintenance of such capacity and capabilities.''; and

(4) in subsection (f)—

(A) in paragraph (1), by striking ''Not later than 180 days after the date of enactment of this subsection'' and inserting ''Not later than 180 days after the date of enactment of the PREVENT Pandemics Act'';

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking ''this subsection'' and inserting ''the PREVENT Pandemics Act'';

(ii) in subparagraph (B), by striking ''and'' at the end; and

(iii) in subparagraph (C), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(D) plans for the near-, mid-, and long-term sustainment of manufacturing activities carried out under this section, including such activities pursuant to subsection (c)(5)(H), spe-

cific actions to regularly assess the ability of recipients of an award under subsection (c)(4)(B)(v) to rapidly manufacture countermeasures as required by the Secretary, and recommendations to address challenges, if any, related to such activities.''.

SEC. 402. SUPPLY CHAIN CONSIDERATIONS FOR THE STRATEGIC NATIONAL STOCKPILE.

Subclause (II) of section 319F–2(a)(2)(B)(i) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(2)(B)(i)) is amended to read as follows:

''(II) planning considerations for appropriate manufacturing capacity and capability to meet the goals of such additions or modifications (without disclosing proprietary information), including—

''(aa) consideration of the effect such additions or modifications may have on the availability of such products and ancillary medical supplies on the health care system; and

''(bb) an assessment of the current supply chain for such

products, including information on supply chain redundancies, any known domestic manufacturing capacity for such products, and any related vulnerabilities;''.

SEC. 403. STRATEGIC NATIONAL STOCKPILE EQUIPMENT MAINTENANCE.

Subparagraph (D) of section 319F–2(a)(3) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(3)) is amended to read as follows:

''(D) review and revise, as appropriate, the contents of the stockpile on a regular basis to ensure that—

''(i) emerging threats, advanced technologies, and new countermeasures are adequately considered;

''(ii) the potential depletion of countermeasures currently in the stockpile is identified and appropriately addressed, including through necessary replenishment; and

''(iii) such contents are in working condition or usable, as applicable, and are ready for deployment, which may include

conducting maintenance services on such contents of the stockpile and disposing of such contents that are no longer in working condition, or usable, as applicable;''.

SEC. 404. IMPROVING TRANSPARENCY AND PREDICTABILITY OF PROCESSES OF THE STRATEGIC NATIONAL STOCKPILE.

(a) GUIDANCE.—Not later than [60] days after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall issue guidance describing the processes by which the Secretary deploys the contents of the Strategic National Stockpile under section 319F–2(a) of the Public Health Service Act (42 U.S.C. 247d–6b(a)), or otherwise distributes medical countermeasures, as applicable, to States, territories, Indian Tribes and Tribal organizations (as such terms are defined under section 4 of the Indian Self-Determination and Education Assistance Act), and other applicable entities. Such guidance shall include information related to processes by which to request access to the contents of the Strategic National Stockpile, factors considered by the Secretary when making deployment or distribution decisions, and processes and points of contact through which entities may contact the Secretary to address any issues related to products requested or received

by such entity from the stockpile, and on other relevant topics.

(b) ANNUAL MEETINGS.—Section 319F–2(a)(3) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(3)) is amended—

(1) in subparagraph (J), by striking the period at the end and inserting ''; and''; and

(2) by adding at the end the following:

''(K) convene meetings, not less than once per year, with representatives from State, local, and Tribal health departments or officials, relevant industries, other Federal agencies, and other appropriate stakeholders, in a manner that does not compromise national security, to coordinate and share information related to maintenance and use of the stockpile, including a description of future countermeasure needs and additions, modifications, and replenishments of the contents of the stockpile, and considerations related to the manufacturing and procurement of products consistent with the requirements of the Buy American Act of 1933, as appropriate.''.

SEC. 405. IMPROVING SUPPLY CHAIN FLEXIBILITY FOR THE STRATEGIC NATIONAL STOCKPILE.

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

(1) in subsection (a)—

[(A) in paragraph (3)(F), by striking ''as required by the Secretary of Homeland Security'' and inserting ''at the discretion of the Secretary, in consultation with, or at the request of, the Secretary of Homeland Security,'';]

(B) by redesignating paragraphs (5) and (6) as paragraphs (7) and (8), respectively;

(C) by inserting after paragraph (4) the following:

''(5) VENDOR-MANAGED SURGE CAPACITY.—

''(A) IN GENERAL.—For the purposes of maintaining the stockpile under paragraph (1) and carrying out procedures under paragraph (3), the Secretary may enter into contracts [through a competitive process] or cooperative agreements with vendors, which may include manufacturers or distributors of medical products, with respect to medical products intended to be delivered to the ownership of the Federal Government. Each such contract or cooperative

agreement shall be subject to such terms and conditions as the Secretary may specify, including terms and conditions with respect to—

"(i) procurement, maintenance, storage, and delivery of reserve amounts of products under such contract or cooperative agreement, which may consider, as appropriate, costs of transporting and handling such products; and

"(ii) maintenance of domestic manufacturing capacity and capabilities of such products to ensure additional reserved production capacity and capabilities are available, and that such capacity and capabilities are able to support the rapid manufacture, purchase, and delivery of such products, as required by the Secretary to prepare for, or respond to, an existing or potential public health emergency.

"(B) REPORT.—Not later than [2 years] after the date of enactment of the PREVENT Pandemics Act, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Com-

merce of the House of Representatives a report on any contracts or cooperative agreements entered into under subparagraph (A) for purposes of establishing and maintaining vendor-managed inventory or reserve manufacturing capacity and capabilities for products intended for the stockpile, including a description of—

''(i) the amount of each award;

''(ii) the recipient of each award;

''(iii) the product or products covered through each award; and

''(iv) how the Secretary works with each recipient to ensure situational awareness related to the manufacturing capacity for, or inventory of, such products and coordinates the distribution and deployment of such products, as appropriate and applicable.''; and

(D) in subparagraph (A) of paragraph (7), as so redesignated—

(i) in clause (viii), by striking ''; and'' and inserting a semicolon;

(ii) in clause (ix), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(x) an assessment of any contracts or cooperative agreements entered into pursuant to paragraph (5).''; and

(2) in subsection (c)(2)(C), by striking ''on an annual basis'' and inserting ''not later than March 15 of each year''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 319F–2(f)(1) of the Public Health Service Act (42 U.S.C. 247d–6b(f)(1)) is amended by striking ''$610,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$610,000,000 for each of fiscal year 2019 through 2021, and $750,000,000 for each of fiscal years 2022 and 2023''.

SEC. 406. STRATEGIC NATIONAL STOCKPILE CONTRACT DURATION.

(a) IN GENERAL.—Section 319F–2(a) of the Public Health Service Act is amended by inserting after paragraph (5), as added by section [405(a)(1)(C)],the following:

''(6) CONTRACT DURATION.—

''(A) IN GENERAL.—Subject to subparagraphs (B) and (C), the Secretary, in maintaining the stockpile under paragraph (1) and car-

rying out procedures under paragraph (3) consistent with the requirements of the Federal Acquisition Regulations, shall enter into contracts for a period of not less than [2 years].

''(B) WAIVER.—The Secretary may waive the requirements of subparagraph (A) to procure additional amounts of a product as necessary—

''(i) to respond to a public health emergency declared by the Secretary pursuant to section 319;

''(ii) in the interest of national security; or

''(iii) to address an urgent need resulting from failure to perform by an entity under an existing contract.''.

''(C) CLARIFICATION.—Subparagraph (A) shall not apply to a contract for procurements pursuant to subsection (c).

''(D) REPORTING.—An entity in receipt of a contract pursuant to subparagraph (A) shall submit to the Secretary such reports as the Secretary may require related to the supply chains for each product covered by such contract, which may include information related to

potential vulnerabilities and redundancies associated with such supply chains.''.

(b) MODIFICATION TO MINIMUM CONTRACT TERM REQUIREMENTS.—Notwithstanding section 70953(b)(1) of the Infrastructure Investment and Jobs Act (Public Law 117–58), the requirement under such section that a contract for the procurement of personal protection equipment to be for a period of at least 2 years shall not apply with respect to such a contract entered into by the Secretary of Health and Human Services.

SEC. 407. REIMBURSEMENT FOR CERTAIN SUPPLIES.

Paragraph (8) of section 319F–2(a) of the Public Health Service Act (42 U.S.C. 247d–6b(a)), as so redesignated by section [405(a)(1)(B)], is amended to read as follows:

''(8) REIMBURSEMENT FOR CERTAIN SUPPLIES.—

''(A) IN GENERAL.—The Secretary may, at appropriate intervals, make available for purchase excess contents procured, [using emergency supplemental funds appropriated by Congress,] for, and maintained within, the stockpile under paragraph (1) to any Federal agency or State, local, or Tribal government. The Sec-

retary shall make such contents available for purchase only if—

''(i) the Secretary is able replenish the supply in such stockpile of such contents as necessary and appropriate;

''(ii) such contents are in excess of what is required for appropriate maintenance of such stockpile;

''(iii) the Secretary determines that the costs for maintaining such excess contents are not appropriate to expend to meet the needs of the stockpile; and

''(iv) the Secretary determines that such action does not compromise national security.

''(B) REIMBURSEMENT AND COLLECTION.—The Secretary may require reimbursement for contents that are made available under subparagraph (A), in an amount that reflects the cost of acquiring and maintaining such contents and the costs incurred to make available such contents in the time and manner specified by the Secretary. Amounts collected under this subsection shall be credited to the appropriations account or fund that incurred

the costs to procure such contents, and shall remain available, without further appropriation, until expended, for the purposes of the appropriation account or fund so credited.

''(C) RULE OF CONSTRUCTION.—This paragraph shall not be construed to preclude transfers of contents in the stockpile under other authorities.

''(D) REPORT.—Not later than 2 years after the date of enactment of the PREVENT Pandemics Act, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives a report on the use of the authority provided under this paragraph, including details of each action taken pursuant to this paragraph, the account or fund to which any collected amounts have been credited, and how the Secretary has used such amounts.

''(E) SUNSET.—The authority under this paragraph shall terminate on September 30, 2025.''.

SEC. 408. ACTION REPORTING ON STOCKPILE DEPLETION.

Section 319 of the Public Health Service Act (42 U.S.C. 247d), as amended by section [223], is further amended by adding at the end the following:

''(h) STOCKPILE DEPLETION REPORTING.—The Secretary shall, not later than [30] days after the deployment of contents of the Strategic National Stockpile under section 319F–2(a) to respond to a public health emergency declared by the Secretary under this section, and every [30 days] thereafter until the expiration or termination of such public health emergency, submit a report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives on—

''(1) the deployment of the contents of the stockpile in response to State, local, and Tribal requests;

''(2) the amount of such products that remain within the stockpile following such deployment; and

''(3) plans to replenish such products, as appropriate, including related timeframes and any barriers or limitations to replenishment.''.

SEC. 409. PROVISION OF MEDICAL COUNTERMEASURES TO INDIAN PROGRAMS AND FACILITIES.

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

(1) in subparagraph (C), by striking ''and local'' and inserting ''local, and Tribal''; and

(2) in subparagraph (J), by striking ''and local'' and inserting ''local, and Tribal''.

(b) DISTRIBUTION OF MEDICAL COUNTERMEASURES TO INDIAN TRIBES.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 319F–4 the following:

''SEC. 319F–5. PROVISION OF MEDICAL COUNTERMEASURES TO INDIAN PROGRAMS AND FACILITIES.

''In the event that the Secretary deploys the contents of the Strategic National Stockpile under section 319F–2(a), or otherwise distributes medical countermeasures to States to respond to a public health emergency declared by the Secretary under section 319, the Secretary shall, in coordination with the applicable States, make such contents or countermeasures directly available to Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)[, which may include through health programs or facilities operated by

the Indian Health Service], that are affected by such public health emergency.''.

SEC. 410. GRANTS FOR STATE STRATEGIC STOCKPILES.

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

''(i) PILOT PROGRAM TO SUPPORT STATE MEDICAL STOCKPILES.—

''(1) IN GENERAL.—The Secretary, in consultation with the Assistant Secretary for Preparedness and Response and the Director of the Centers for Disease Control and Prevention, shall award grants or cooperative agreements to not fewer than 5 States, or consortia of States, to establish, expand, or maintain a stockpile of appropriate drugs, vaccines and other biological products, medical devices, and other medical supplies determined by the State to be necessary to respond to a public health emergency declared by the Governor of a State or by the Secretary under section 319, or a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, in order to support the preparedness goals described in

paragraphs (2) through (6) and (8) of section 2802(b).

''(2) REQUIREMENTS.—

''(A) APPLICATION.—To be eligible to receive an award under paragraph (1), an entity shall prepare, in consultation with appropriate health care entities and health officials within the jurisdiction of such State or States, and submit to the Secretary an application that contains such information as the Secretary may require, including—

''(i) a plan for such stockpile, consistent with paragraph (4), including a description of the activities such entity will carry out under the agreement and an outline of proposed expenses; and

''(ii) a description of how such entity will coordinate with relevant entities in receipt of an award under section 319C–1 pursuant to paragraph (4), including through promoting alignment between the stockpile plan established pursuant to clause (i) and applicable plans that are established by such entity pursuant to section 319C–1.

"(B) MATCHING FUNDS.—

"(i) Subject to clause (ii), the Secretary may not make an award under this subsection unless the applicant agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in this subsection, to make available non-Federal contributions toward such costs in an amount equal to—

"(I) for each of fiscal years 2023 and 2024, not less than $1 for each [$10] of Federal funds provided in the award;

"(II) for each of fiscal years 2025 and 2026, not less than $1 for each [$5] of Federal funds provided in the award; and

"(III) for fiscal year 2027 and each fiscal year thereafter, not less than $1 for each [$3] of Federal funds provided in the award.

"(ii) WAIVER.—The Secretary may, upon the request of a State, waive the requirement under clause (i), in whole or in part, if the Secretary determines that ex-

traordinary economic conditions in the State in the fiscal year involved or in the previous fiscal year justify the waiver. A waiver provided by the Secretary under this subparagraph shall apply only to the fiscal year involved.

''(C) ADMINISTRATIVE EXPENSES.—Not more than 10 percent of amounts received by an entity pursuant to an award under this subsection may be used for administrative expenses.

''(3) LEAD ENTITY.—An entity in receipt of an award under paragraph (1) may designate a lead entity, which may be a public or private entity, as appropriate, to manage the stockpile at the direction of the State or consortium of States.

''(4) USE OF FUNDS.—An entity in receipt of an award under paragraph (1) shall use such funds to—

''(A) purchase, store, and maintain a stockpile of appropriate drugs, vaccines and other biological products, medical devices, and other medical supplies to be used during a public health emergency, major disaster, or emergency described in paragraph (1), in such num-

bers, types, and amounts as the entity determines necessary, consistent with such entity's stockpile plan established pursuant to paragraph (2)(A)(i);

"(B) deploy the stockpile as required by the entity to respond to an actual or potential public health emergency, major disaster, or other emergency described in paragraph (1);

"(C) replenish and make necessary additions or modifications to the contents of such stockpile, including to address potential depletion;

"(D) in consultation with Federal, State, and local officials, take into consideration the availability, deployment, dispensing, and administration requirements of medical products within the stockpile;

"(E) ensure that procedures are followed for inventory management and accounting, and for the physical security of the stockpile, as appropriate;

"(F) review and revise, as appropriate, the contents of the stockpile on a regular basis to ensure that, to the extent practicable, new technologies and medical products are considered;

"(G) carry out exercises, drills, and other training for purposes of stockpile deployment, dispensing, and administration of medical products, and for purposes of assessing the capability of such stockpile to address the medical supply needs of public health emergencies, major disasters, or other emergencies described in paragraph (1) of varying types and scales, which may be conducted in accordance with requirements related to exercises, drills, and other training for recipients of awards under section 319C–1 or 319C–2, as applicable; and

"(H) carry out other activities as the entity determines appropriate, to support State efforts to prepare for, and respond to, public health threats.

"(5) SUPPLEMENT NOT SUPPLANT.—Awards under paragraph (1) shall supplement, not supplant, the maintenance and use of the Strategic National Stockpile by the Secretary under subsection (a).

"(6) GUIDANCE FOR STATES.—Not later than 180 days after the date of enactment of this subsection, the Secretary, in consultation with States, health officials, and other relevant stakeholders, as appropriate, shall issue guidance, and update such

guidance as appropriate, for States related to maintaining and replenishing a stockpile of medical products, which may include strategies and best practices related to—

"(A) types of medical products and medical supplies that are critical to respond to public health emergencies, and may be appropriate for inclusion in a stockpile by States, with consideration of threats that require the large-scale and simultaneous deployment of stockpiles, including the stockpile maintained by the Secretary pursuant to subsection (a), and long-term public health and medical response needs;

"(B) appropriate management of the contents of a stockpile, including management by vendors of reserve amounts of medical products and supplies intended to be delivered to the ownership of the State and appropriate disposition of excess products, as applicable; and

"(C) the procurement of medical products and medical supplies consistent with the Buy American Act of 1933.

"(7) TECHNICAL ASSISTANCE.—The Secretary shall provide assistance to States, including technical assistance, as appropriate, in establishing, maintain-

ing, improving, and utilizing a medical stockpile, including appropriate inventory management and disposition of products.

"(8) REPORTING.—

"(A) STATE REPORTS.—Each entity receiving an award under paragraph (1) shall update, as appropriate, the plan established pursuant to paragraph (2)(A)(i) and submit to the Secretary an annual report on implementation of such plan, including any changes to the contents of the stockpile supported under such award. The Secretary shall use information obtained from such reports to inform the maintenance and management of the Strategic National Stockpile pursuant to subsection (a).

"(B) REPORTS TO CONGRESS.—Not later than [1] year after the initial issuance of awards pursuant to paragraph (1), and annually thereafter for the duration of the program established under this subsection, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on such program, including—

"(i) Federal and State expenditures to support stockpiles under such program;

"(ii) activities conducted pursuant to paragraph (4); and

"(iii) any additional information from the States that the Secretary determines relevant.

"(9) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2023 through 2028.".

(b) GAO REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the State stockpiles established or maintained pursuant to this section. Such report shall include an assessment of—

(1) coordination and communication between the Secretary of Health and Human Services and entities in receipt of an award under this section, or a lead entity designated by such entity;

(2) technical assistance provided by the Secretary of Health and Human Services to such entities; and

(3) the impact of such stockpiles on the ability of the State to prepare for and respond to a public health emergency, major disaster, or other emergency described in subsection (i)(1) of section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b), as added by subsection (a), including the availability and distribution of items from such State stockpile to health care entities and other applicable entities.

TITLE V—ENHANCING DEVELOPMENT AND COMBATING SHORTAGES OF MEDICAL PRODUCTS

Subtitle A—Development and Review

SEC. 501. ADVANCING QUALIFIED INFECTIOUS DISEASE PRODUCT INNOVATION.

(a) IN GENERAL.—Section 505E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355f) is amended—

(1) in subsection (c)—

(A) in paragraph (2), by striking ''; or'' and inserting '';'';

(B) in paragraph (3), by striking the period and inserting ''; or''; and

(C) by adding at the end the following:

''(4) an application pursuant to section 351(a) of the Public Health Service Act.'';

(2) in subsection (d)(1), by inserting ''of this Act or section 351(a) of the Public Health Service Act'' after ''section 505(b)''; and

(3) by amending subsection (g) to read as follows:

''(g) QUALIFIED INFECTIOUS DISEASE PRODUCT.—The term 'qualified infectious disease product' means a drug for human use that—

''(1) is—

''(A) an antibacterial or antifungal drug; or

''(B) a biological product that acts directly on bacteria or fungi or on substances produced by such bacteria or fungi; and

''(2) is intended to treat a serious or life-threatening infection, including such an infection caused by—

"(A) an antibacterial or antifungal resistant pathogen, including novel or emerging infectious pathogens; or

"(B) qualifying pathogens listed by the Secretary under subsection (f).".

(b) PRIORITY REVIEW.—Section 524A(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360n–1(a)) is amended by inserting "of this Act, or section 351(a) of the Public Health Service Act, that requires clinical data (other than bioavailability studies) to demonstrate safety or effectiveness" before the period.

SEC. 502. MODERNIZING CLINICAL TRIALS.

(a) CLARIFYING THE USE OF DIGITAL HEALTH TECHNOLOGIES IN CLINICAL TRIALS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the "Secretary") shall issue draft guidance regarding the appropriate use of validated digital health technologies in clinical trials to help improve recruitment for, retention in, participation in, and data collection during, clinical trials, and provide for novel clinical trial designs utilizing such technology for purposes of supporting the development of, and review of applications for, drugs and devices. Not

later than 18 months after the public comment period on such draft guidance ends, the Secretary shall issue a revised draft guidance or final guidance.

(2) CONTENT.—The guidance described in paragraph (1) shall include—

(A) recommendations for data collection methodologies by which sponsors may incorporate the use of digital health technologies in clinical trials to collect data remotely from trial participants;

(B) considerations for privacy and security protections for data collected during a clinical trial, including—

(i) recommendations for the protection of trial participant data that is collected or used in research, using digital health technologies; and

(ii) compliance with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), subpart B of part 50 of title 21, Code of Federal Regulations, subpart C of part 56 of title 21, Code of Federal Regulations, the Federal policy for the protec-

tion of human subjects under subpart A of part 46 of title 45, Code of Federal Regulations (commonly known as the ''Common Rule''), and part 2 of title 42, Code of Federal Regulations (or any successor regulations);

(C) considerations on data collection methods to help increase recruitment of clinical trial participants and the level of participation of such participants, reduce burden on clinical trial participants, and optimize data quality;

(D) recommendations for the use of electronic methods to obtain informed consent from clinical trial participants, taking into consideration applicable Federal law, including subpart B of part 50 of title 21, Code of Federal Regulations (or successor regulations), and, as appropriate, State law;

(E) best practices for communication and early engagement between sponsors and the Secretary on the development of data collection methods;

(F) the appropriate format to submit such data to the Secretary;

(G) a description of the manner in which the Secretary will assess or evaluate data collected through digital health technologies to support the development and approval, licensure, clearance, or authorization of the drug or device; and

(H) recommendations for increasing access to, and the use of, digital health technologies in clinical trials to facilitate the inclusion of diverse and underrepresented populations, as appropriate.

(b) ADVANCING DECENTRALIZED CLINICAL TRIALS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall issue draft guidance to provide recommendations to clarify and advance the use of decentralized clinical trials to support the development of drugs and devices and help improve trial participant engagement and advance the use of flexible and novel clinical trial designs. Not later than 1 year after the public comment period on such draft guidance ends, the Secretary shall issue a revised draft guidance or final guidance.

(2) CONTENT.—The guidance described in paragraph (1) shall include—

(A) recommendations for methods of remote data collection, including trial participant experience data, though the use of digital health technologies, telemedicine, local laboratories, local health care providers, or other options for data collection;

(B) considerations for sponsors to minimize or reduce burdens for clinical trial participants associated with participating in a clinical trial, such as the use of digital technologies, telemedicine, local laboratories, local health care providers, or other data collection or assessment options, health care provider home visits, direct-to-participant shipping of investigational drugs and devices, and electronic informed consent, as appropriate;

(C) recommendations regarding conducting decentralized clinical trials to facilitate and encourage diversity among the clinical trial participants, as appropriate;

(D) recommendations for strategies and methods for recruiting, retaining, and engaging with clinical trial participants, including com-

munication regarding the role of trial participants and community partners to facilitate clinical trial recruitment and engagement, including with respect to diverse and underrepresented populations, as appropriate;

(E) considerations for review and oversight by sponsors and institutional review boards, including remote trial oversight;

(F) recommendations for decentralized clinical trial protocol designs and processes for evaluating such proposed trial designs;

(G) recommendations for digital health technology and other remote assessment tools that may support decentralized clinical trials, including guidance on appropriate technological platforms and tools, data collection and use, data integrity, and communication to clinical trial participants through such technology;

(H) a description of the manner in which the Secretary will assess or evaluate data collected within a decentralized clinical trial to support the development of the drug or device, if the manner is different from that used for a non-decentralized trial;

(I) considerations for sponsors to validate digital technologies and establish appropriate clinical endpoints for use in decentralized trials; and

(J) considerations for privacy and security of personally identifiable information of trial participants.

(c) SEAMLESS AND CONCURRENT CLINICAL TRIALS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall update or issue draft guidance on the use of seamless, concurrent, and other innovative clinical trial designs to support the expedited development and review of applications for drugs under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or section 351 of the Public Health Service Act (42 U.S.C. 262), as appropriate. Not later than 1 year after the public comment period on such draft guidance ends, the Secretary shall issue a revised draft guidance or final guidance.

(2) CONTENT.—The guidance described in paragraph (1) shall include—

(A) recommendations on the use of expansion cohorts and other seamless clinical trial de-

signs to assess different aspects of product candidates in one continuous trial, including how such clinical trial designs, including how such clinical trial designs can be used as part of meeting the substantial evidence standard under section 505(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(d));

(B) recommendations on the use of clinical trial designs that involve the concurrent conduct of different or multiple clinical trial phases, and the concurrent conduct of preclinical testing, to expedite the development of new drugs;

(C) recommendations for how to streamline trial logistics and facilitate the efficient collection and analysis of clinical trial data, including any planned interim analyses;

(D) considerations to assist sponsors in ensuring the rights, safety, and welfare of clinical trial participants, maintaining compliance with good clinical practice regulations, minimizing risks to clinical trial data integrity, and ensuring the reliability of clinical trial results;

(E) recommendations for communication and early engagement between sponsors and the

Food and Drug Administration on the development of seamless, concurrent, or other adaptive trial designs, including review of, and feedback on, clinical trial protocols; and

(F) a description of the manner in which the Secretary will assess or evaluate data collected through seamless, concurrent, or other adaptive trial designs to support the development of the drug.

(d) INTERNATIONAL HARMONIZATION.—The Secretary may work with foreign regulators pursuant to memoranda of understanding or other arrangements governing the exchange of information to facilitate international harmonization of the regulation and use of decentralized clinical trials, digital technology in clinical trials, and seamless, concurrent, and other adaptive or innovative clinical trial designs.

SEC. 503. ACCELERATING COUNTERMEASURE DEVELOPMENT AND REVIEW.

Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4) is amended by adding at the end the following:

''(h) ACCELERATING COUNTERMEASURE DEVELOPMENT AND REVIEW DURING AN EMERGENCY.—

''(1) ACCELERATION OF COUNTERMEASURE DEVELOPMENT AND REVIEW.—The Secretary may, at the request of the sponsor of a countermeasure, during a domestic, military, or public health emergency or material threat described in section 564A(a)(1)(C) expedite the development and review of countermeasures for approval, licensure, clearance, or authorization under this title or section 351 of the Public Health Service Act.

''(2) ACTIONS.—The actions to expedite the development and review of a countermeasure under paragraph (1) may include the following:

''(A) Expedited review of submissions made by sponsors of countermeasures to the Food and Drug Administration, including rolling submissions of countermeasure applications and other submissions.

''(B) Expedited and increased engagement with sponsors regarding countermeasure development and manufacturing, including—

''(i) holding meetings with the sponsor and the review team and providing timely advice to, and interactive communication with, the sponsor regarding the development of the countermeasure to ensure that

the development program to gather the nonclinical and clinical data necessary for approval, licensure, clearance, or authorization is as efficient as practicable;

''(ii) involving senior managers and experienced review staff, as appropriate, in a collaborative, cross-disciplinary review;

''(iii) assigning a cross-disciplinary project lead for the review team to facilitate; and

''(iv) taking steps to ensure that the design of the clinical trials is as efficient as practicable, when scientifically appropriate, such as by minimizing the number of patients exposed to a potentially less efficacious treatment.

''(C) Expedited issuance of guidance documents and publication of other regulatory information regarding countermeasure development and manufacturing.

''(D) Other steps to expedite the development and review of a countermeasure application submitted for approval, licensure, clearance, or authorization, as the Secretary determines appropriate.

''(3) LIMITATION OF EFFECT.—Nothing in this subsection shall be construed to require the Secretary to grant, or take any other action related to, a request of a sponsor to expedite the development and review of a countermeasure for approval, licensure, clearance, or authorization under paragraph (1).''.

SEC. 504. THIRD PARTY TEST EVALUATION DURING EMERGENCIES.

(a) IN GENERAL.—Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4), as amended by section 503, is further amended by adding at the end the following:

''(i) THIRD PARTY EVALUATION OF TESTS USED DURING AN EMERGENCY.—

''(1) IN GENERAL.—For purposes of conducting evaluations and making recommendations regarding the validity, accuracy, and reliability of in vitro diagnostic products (as defined in section 809.3 of title 21, Code of Federal Regulations (or its successor regulations)) submitted for emergency use authorization under section 564, the Secretary may, as appropriate, consult with persons with respect to such evaluations and recommendations or enter into cooperative agreements or contracts with persons under

which such persons conduct such evaluations and make such recommendations.

''(2) REQUIREMENTS REGARDING EVALUATIONS AND RECOMMENDATIONS.—

''(A) IN GENERAL.—In evaluating and making recommendations to the Secretary regarding the validity, accuracy, and reliability of in vitro diagnostic products, as described in paragraph (1), a person shall consider and document whether the relevant criteria under subsection (c)(2) of section 564 for issuance of authorization under such section are met with respect to the in vitro diagnostic product.

''(B) WRITTEN RECOMMENDATIONS.—Recommendations made by a person under this subsection shall be submitted to the Secretary in writing, and shall include the reasons for such recommendation and other information that may be requested by the Secretary.''.

(b) GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall issue draft guidance on consultations with persons under subsection (i) of section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.

360bbb–4), as added by subsection (a), including considerations concerning conflicts of interest, compensation arrangements, and information sharing. Not later than 1 year after the public comment period on such draft guidance ends, the Secretary shall issue a revised draft guidance or final guidance.

SEC. 505. FACILITATING THE USE OF REAL WORLD EVIDENCE.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue or revise existing guidance on considerations for the use of real world data and real world evidence to support regulatory decision-making, as follows:

(1) With respect to drugs, such guidance shall address the use of such data and evidence to support the approval of a drug application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or a biological product application under section 351 of the Public Health Service Act (42 U.S.C. 262), or to support an investigational use exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act or section 351(a)(3) of the Public Health Service Act. Such guidance shall include considerations for the inclusion, in such applications, of real world data and real world evidence

obtained as a result of the use of drugs authorized for emergency use under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3).

(2) With respect to devices, such guidance shall address the use of such data and evidence to support the approval, clearance, or classification of a device pursuant to an application or submission submitted under section 510(k), 513(f)(2), or 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(k), 360c(f)(2), 360e), or to support an investigational use exemption under section 520(g) of such Act (21 U.S.C. 360j(g)). Such guidance shall include considerations for the inclusion, in such applications, submissions, or requests, of real world data and real world evidence obtained as a result of the use of devices authorized for emergency use under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3).

SEC. 506. ADVANCED PLATFORM TECHNOLOGIES.

Chapter V of the Federal Food, Drug, and Cosmetic Act is amended by inserting after section 506J of such Act (21 U.S.C. 356j) the following:

"SEC. 506K. ADVANCED PLATFORM TECHNOLOGY.

"(a) IN GENERAL.—The Secretary shall establish a process for the designation of advanced platform technologies that meet the criteria described in subsection (b).

"(b) CRITERIA.—A platform technology incorporated within or utilized by a drug is eligible for designation as an advanced platform technology under this section if—

"(1) the platform technology is incorporated in, or utilized by, a drug approved under section 505 of this Act or a biological product licensed under section 351 of the Public Health Service Act;

"(2) preliminary evidence submitted by the sponsor of the approved or licensed drug described in paragraph (1)[, or a sponsor that has been granted a right of reference to data submitted in the application for such drug], in a submission for an investigational use exemption under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act or in an application under section 505(b) of this Act or under section 351(a) of the Public Health Service Act for a subsequent drug, demonstrates that the platform technology has the potential to be incorporated in, or utilized by, more than one drug without an adverse effect on quality, manufacturing, or safety; and

''(3) data or information submitted by the applicable sponsor under paragraph (2) indicates that incorporation or utilization of the platform technology has a reasonable likelihood to bring significant efficiencies to the drug development and review processes.

''(c) REQUEST FOR DESIGNATION.—The sponsor of a drug may request the Secretary designate a platform technology as an advanced platform technology concurrently with, or at any time after, submission under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act for the investigation of a drug that incorporates or utilizes the platform technology that is the subject of the request.

''(d) DESIGNATION.—

''(1) IN GENERAL.—Not later than 60 calendar days after the receipt of a request under subsection (c), the Secretary shall determine whether the platform technology that is the subject of the request meets the criteria described in subsection (b).

''(2) DESIGNATION.—If the Secretary determines that the platform technology meets the criteria described in subsection (b), the Secretary shall designate the platform technology as an advanced platform technology [and shall expedite the develop-

ment and review of any subsequent application submitted under section 505(b) of this Act or section 351(a) of the Public Health Service Act for a drug that uses or incorporates the platform technology pursuant to subsection (e), as appropriate].

''(3) DETERMINATION NOT TO DESIGNATE.—If the Secretary determines that the platform technology does not meet the criteria under subsection (b), the Secretary shall include with the determination not to designate the technology a written description of the rationale for such determination.

''(4) REVOCATION OF DESIGNATION.—The Secretary may revoke a designation made under paragraph (2), if the Secretary determines that the designated platform technology no longer meets the criteria described in subsection (b). The Secretary shall communicate the determination to revoke a designation to the requesting sponsor in writing, including a description of the rationale for such determination.

''(e) ACTIONS.—The Secretary may take actions to expedite the development and review of an application for a drug that incorporates or utilizes an advanced platform technology, including—

''(1) engaging in early interactions with the sponsor to discuss the use of the advanced platform

technology and what is known about such technology, including data previously submitted that is relevant to establishing, as applicable, safety or efficacy under section 505(b) of this Act or safety, purity, or potency under section 351(a) of the Public Health Service Act;

''(2) providing timely advice to, and interactive communication with, the sponsor regarding the development of the drug that proposes to use the advanced platform technology to ensure that the development program designed to gather data necessary for approval or licensure is as efficient as practicable, which may include holding meetings with the sponsor and the review team throughout the development of the drug; and

''(3) considering inspectional findings related to the manufacture of a drug that incorporates or utilizes the advanced platform technology.

''(f) LEVERAGING DATA FROM ADVANCED PLATFORM TECHNOLOGIES.—The Secretary shall, consistent with applicable standards for approval, authorization, or licensure under this Act and section 351(a) of the Public Health Service Act, allow the sponsor of an application under section 505(b) of this Act or section 351(a) of the Public Health Service Act or a request for emergency use

authorization under section 564, in order to support approval, licensure, or authorization, to reference or rely upon data and information within such application or request that incorporates or utilizes the same [or substantially similar] advanced platform technology designated under subsection (d), provided that—

"(1) such data and information was developed by the same sponsor, pursuant to the application for the drug with respect to which designation of the advanced platform technology under subsection (d) was granted; or

"(2) the sponsor relying on such data and information received a right of reference to such data and information from the sponsor described in paragraph (1).

["(g) CHANGES TO AN ADVANCED PLATFORM TECHNOLOGY.—A major change to an advanced platform technology may be made, and the drug as made with the change to the advanced platform technology may be distributed, if the holder of an approved application of a drug or licensure of a biological product incorporating or utilizing such advanced platform technology receives approval or licensure of a supplemental application for such changes with respect to the platform technology. For changes that are not major changes, the Secretary [may

authorize] holders of approved applications or licenses, as applicable, to distribute such drugs without submitting a supplemental application for such changes.]

''(h) GUIDANCE.—Not later than 1 year after the date of enactment of this section, the Secretary shall issue draft guidance on the implementation of this section. Such guidance shall include examples of drugs that can be manufactured using platform technologies, including drugs that contain or consist of vectors and nucleic acids, information about the Secretary's review of platform technologies, the implementation of the advanced platform technology designation program, efficiencies that may be achieved in the development and review of products that incorporate or utilize advanced platform technologies, and recommendations and requirements for making and reporting manufacturing changes to an advanced platform technology in accordance with section 506A.

''(i) DEFINITIONS.—For purposes of this section:

''(1) The term 'platform technology' means—

''(A) a technology incorporated into a drug, such as a vector, nucleic acid, compounds with a common or similar chemistry, mechanism of action, delivery method or vehicle [(excluding packaging components)], other technology the Secretary determines to be appro-

priate, or combination of any such technologies, that—

"(i) is essential to the characterization of the drug; and

"(ii) can be adapted for, or incorporated or utilized in, more than one drug; or

"(B) a standardized production or manufacturing process that is used to create or develop more than one drug sharing common structural elements that can be incorporated into multiple different drugs.

"(2) The term 'advanced platform technology' means a platform technology that is designated as an advanced platform technology under subsection (d).

"(j) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to—

"(1) alter the authority of the Secretary to approve drugs pursuant to section 505 of this Act or license biological products pursuant to section 351 of the Public Health Service Act, including standards of evidence and applicable conditions for approval or licensure under the applicable Act; or

''(2) confer any new rights with respect to the permissibility of a sponsor of an application for a drug product or biological product referencing information contained in another application submitted by the holder of an approved application under section 505(c) of this Act or of a license under section 351(a) of the Public Health Service Act.''.

SEC. 507. INCREASING EUA DECISION TRANSPARENCY.

Section 564(h)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3(h)(1)) is amended—

(1) by inserting ''on the internet website of the Food and Drug Administration and'' after ''promptly publish''; and

(2) by striking ''application under section 505(i), 512(j), or 520(g), even if such summary may indirectly reveal the existence of such application'' and inserting ''application, request, or submission under this section or section 505(b), 505(i), 505(j), 512(b), 512(j), 512(n), 515, 510(k), 513(f)(2), 520(g), 520(m), 571, or 572 of this Act, or section 351(a) or 351(k) of the Public Health Service Act, even if such summary may reveal the existence of such an application, request, or submission, or data contained in such application, request, or submission''.

SEC. 508. IMPROVING FDA GUIDANCE AND COMMUNICATION.

(a) FDA REPORT AND IMPLEMENTATION OF GOOD GUIDANCE PRACTICES.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall develop, and publish on the website of the Food and Drug Administration—

(1) a report identifying best practices for the efficient prioritization, development, issuance, and use of guidance documents, within centers, across the Food and Drug Administration, and across other applicable agencies; and

(2) a plan for implementation of such best practices, including across other applicable agencies, which shall address—

(A) streamlining development and review of guidance documents within centers and across the Food and Drug Administration;

(B) streamlining processes for regulatory submissions to the Food and Drug Administration, including through the revision or issuance of guidance documents; and

(C) implementing innovative guidance development processes and practices and transitioning or updating guidance issued dur-

ing the COVID–19 public health emergency, as appropriate.

(b) REPORT AND IMPLEMENTATION OF FDA BEST PRACTICES FOR COMMUNICATING WITH EXTERNAL STAKEHOLDERS.—The Secretary, acting through the Commissioner of Food and Drugs, shall develop and publish on the website of the Food and Drug Administration a report on the practices of the Food and Drug Administration to broadly communicate with external stakeholders, other than through guidance documents, which shall include—

(1) a review of the types and methods of public communication that the Food and Drug Administration uses to communicate and interact with medical product sponsors and other external stakeholders;

(2) the identification of best practices for the efficient development, issuance, and use of such communications; and

(3) a plan for implementation of best practices for communication with external stakeholders, which shall address—

(A) advancing the use of innovative forms of communication, including novel document types and formats, to provide increased regulatory clarity to product sponsors and other

stakeholders, and advancing methods of communicating and interacting with medical product sponsors and other external stakeholders, including the use of tools such as product submission templates, webinars, and frequently asked questions communications;

(B) streamlining processes for regulatory submissions; and

(C) implementing innovative communication development processes and transitioning or updating communication practices used during the COVID–19 public health emergency, as appropriate.

(c) CONSULTATION.—In developing and publishing the report and implementation plan under this section, the Secretary shall consult with stakeholders, including researchers, academic organizations, pharmaceutical, biotechnology, and medical device developers, clinical research organizations, clinical laboratories, patient groups, and other appropriate stakeholders.

(d) MANNER OF ISSUANCE.— For purposes of carrying out this section, the Secretary may update an existing report or plan, and may combine the reports and implementation plans described in subsections (a) and (b) into one or more documents.

(e) TIMING.—The Secretary shall—

(1) not later than 1 year after the date of enactment of this Act, publish a draft of the reports and plans required under this section; and

(2) not later than 180 days after publication of the draft reports and plans under paragraph (1)—

(A) publish a final report and plan; and

(B) begin implementation of the best practices pursuant to such final plan.

SEC. 509. GAO STUDY AND REPORT ON HIRING CHALLENGES AT FDA.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report assessing the policies, practices, processes, and programs of the Food and Drug Administration with respect to hiring, recruiting, and retention, and the impact of such policies, practices, processes, and programs on the agency's ability to carry out its public health mission, including the agency's ability to respond to the COVID–19 public health emergency. Such report may involve policies, practices, processes, and programs

of the Department of Health and Human Services and other agencies, as applicable.

(b) CONTENT OF REPORT.—The report required under subsection (a) shall include an assessment of—

(1) challenges related to the efficient hiring, recruiting, and retention of the Food and Drug Administration workforce, including, as applicable, the end-to-end hiring process, time to hire, multiple hiring authorities, availability of candidates with necessary expertise, salary levels, and vacancy rates;

(2) causes of the challenges identified under paragraph (1), including an analysis of relevant policies, practices, processes, programs, organizational structure, resources, training, remote work capabilities, and data systems;

(3) challenges facing the Food and Drug Administration workforce, including with respect to workload, diversity, and morale;

(4) the impact of challenges identified under paragraphs (1) and (3) on operations of the Food and Drug Administration, including on meeting user fee agreement performance goals and inspection activities;

(5) any hiring or retention plans of the Food and Drug Administration, and progress towards im-

plementation and the metrics to measure success of such plans;

(6) successful or efficient hiring policies or authorities, including any relevant hiring authorities that resulted in efficient hiring for vacant positions, such as temporary direct hiring authorities during the COVID–19 public health emergency response;

(7) whether policies, practices, processes, and programs related to hiring, recruiting, and retention are implemented consistently across the Food and Drug Administration; and

(8) recommendations to address challenges identified, including recommendations regarding improvements to policies, practices, processes, and programs of the Food and Drug Administration with respect to hiring, recruiting, and retention.

Subtitle B—Mitigating Shortages

SEC. 511. ENSURING REGISTRATION OF FOREIGN DRUG AND DEVICE MANUFACTURERS.

(a) REGISTRATION OF CERTAIN FOREIGN ESTABLISHMENTS.—Section 510(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(i)) is amended by adding at the end the following:

''(5) The requirements of paragraphs (1) and (2) shall apply regardless of whether the drug or device under-

goes further manufacture, preparation, propagation, compounding, or processing at a separate establishment outside the United States prior to being imported or offered for import into the United States.''.

(b) UPDATING REGULATIONS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall update regulations, as appropriate, to implement the amendment made by subsection (a).

SEC. 512. EXTENDING EXPIRATION DATES FOR CERTAIN DRUGS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall issue draft guidance, or revise existing guidance, to address recommendations for sponsors of applications under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or section 351 of the Public Health Service Act (42 U.S.C. 262) regarding—

(1) the submission of stability testing data in such applications; and

(2) establishing in the labeling of drugs the longest feasible expiration date supported by such data, taking into consideration how extended expira-

tion dates may help prevent or mitigate drug shortages.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, and again 2 years thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that includes—

(1) the number of drugs for which the Secretary has requested the manufacturer make a labeling change regarding the expiration date; and

(2) for each drug for which the Secretary has requested a labeling change with respect to the expiration date, information regarding the circumstances of such request, including—

(A) the name and dose of such drug;

(B) the rationale for the request;

(C) whether the drug, at the time of the request, was listed on the drug shortage list under section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e), or was at risk of shortage;

(D) whether the request was made during a public health emergency declared under sec-

tion 319 of the Public Health Service Act (42 U.S.C. 247d); and

(E) whether the manufacturer made the requested change by the requested date, and for instances where the manufacturer does not make the requested change, the manufacturer's justification for not making the change, if the manufacturer agrees to provide such justification for inclusion in the report.

SEC. 513. UNANNOUNCED FOREIGN FACILITY INSPECTIONS PILOT PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct a pilot program under which the Secretary increases the conduct of unannounced inspections of foreign human drug establishments and evaluates the differences between inspections of domestic and foreign human drug establishments, including the impact of announcing inspections to persons who own or operate foreign human drug establishments in advance of an inspection. Such pilot program shall evaluate—

(1) differences in the number and type of violations of section 501(a)(2)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351(a)(2)(B)) identified during unannounced and announced in-

spections of foreign human drug establishments and any other significant differences between each type of inspection;

(2) costs and benefits associated with conducting announced and unannounced inspections of foreign human drug establishments;

(3) barriers to conducting unannounced inspections of foreign human drug establishments and any challenges to achieving parity between domestic and foreign human drug establishment inspections; and

(4) approaches for mitigating any negative effects of conducting announced inspections of foreign human drug establishments.

(b) PILOT PROGRAM INITIATION.—The Secretary shall initiate the pilot program under this section not later than 180 days after the date of enactment of this Act.

(c) REPORT.—The Secretary shall, not later than 180 days following the completion of the pilot program, make available on the website of the Food and Drug Administration a final report on the pilot program under this section, including—

(1) findings and any associated recommendations with respect to the evaluation under subsection (a), including any recommendations to address iden-

tified barriers to conducting unannounced inspections of foreign human drug establishments;

(2) findings and any associated recommendations regarding how the Secretary may achieve parity between domestic and foreign human drug inspections; and

(3) the number of unannounced inspections during the pilot that would not be unannounced under existing practices.

SEC. 514. COMBATING COUNTERFEIT DEVICES.

(a) PROHIBITED ACTS.—Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by adding at the end the following:

''(fff)(1) Forging, counterfeiting, simulating, or falsely representing, or without proper authority using any mark, stamp, tag, label, or other identification upon any device or container, packaging, or labeling thereof so as to render such device a counterfeit device.

''(2) Making, selling, disposing of, or keeping in possession, control, or custody, or concealing any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark or imprint of another or any likeness of any of the foregoing upon any device or container, packaging, or la-

beling thereof so as to render such device a counterfeit device.

''(3) The doing of any act which causes a device to be a counterfeit device, or the sale or dispensing, or the holding for sale or dispensing, of a counterfeit device.''.

(b) PENALTIES.—Section 303 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333) is amended—

(1) in subsection (b)(8), by inserting '', or who violates section 301(fff)(3) by knowingly making, selling or dispensing, or holding for sale or dispensing, a counterfeit device,'' after ''a counterfeit drug''; and

(2) in subsection (c), by inserting ''; or (6) for having violated section 301(fff)(2) if such person acted in good faith and had no reason to believe that use of the punch, die, plate, stone, or other thing involved would result in a device being a counterfeit device, or for having violated section 301(fff)(3) if the person doing the act or causing it to be done acted in good faith and had no reason to believe that the device was a counterfeit device'' before the period.

(c) SEIZURE.—Section 304(a)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 334(a)(2)) is amended—

(1) by striking ", and (E)" and inserting ", (E)"; and

(2) by inserting ", (F) Any device that is a counterfeit device, (G) Any container, packaging, or labeling of a counterfeit device, and (H) Any punch, die, plate, stone, labeling, container, or other thing used or designed for use in making a counterfeit device or devices" before the period.

SEC. 515. STRENGTHENING MEDICAL DEVICE SUPPLY CHAINS.

(a) IN GENERAL.—Section 506J of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356j) is amended—

(1) by redesignating subsections (h) and (i) as subsections (j) and (k), respectively; and

(2) by inserting after subsection (g) the following:

"(h) RISK MANAGEMENT PLANS.—Each manufacturer of a device that is critical to the public health, including devices that are life-supporting, life-sustaining, or intended for use in emergency medical care or during surgery, shall develop, maintain, and, as appropriate, implement a redundancy risk management plan that identifies and evaluates risks to the supply of the device, as applica-

ble, for each establishment in which such device is manufactured. A risk management plan under this subsection—

''(1) may identify and evaluate risks to the supply of more than 1 device manufactured at the same establishment; and

''(2) shall be subject to inspection and copying by the Secretary pursuant to section 704 or at the request of the Secretary.''.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, and annually for 4 years thereafter, the Secretary of Health and Human Services shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the use of information manufacturers submit pursuant to section 506J of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356j) and applicable guidance issued with respect to such section.

SEC. 516. PREVENTING MEDICAL DEVICE SHORTAGES.

(a) NOTIFICATIONS.—Section 506J of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356j), as amended by section 515, is further amended—

(1) in the flush text at the end of subsection (a), by inserting ''or of any other circumstance that is likely to lead to a meaningful disruption in the

supply of the device or a shortage of the device and other devices that could reasonably be substituted for that device in the United States'' before the period;

(2) in subsection (f), by inserting ''or (i)'' after ''subsection (a)''; and

(3) by inserting after subsection (h), as added by section 515, the following:

''(i) ADDITIONAL NOTIFICATIONS.—The Secretary may receive notifications from a manufacturers of a device that is life-supporting, life-sustaining, or intended for use in emergency medical care or during surgery, or any other device the Secretary determines to be critical to the public health, pertaining to a permanent discontinuance in the manufacture of the device (except for any discontinuance as a result of an approved modification of the device) or an interruption of the manufacture of the device that is likely to lead to a meaningful disruption in the supply of that device in the United States, and the reasons for such discontinuance or interruption.''.

(b) GUIDANCE ON VOLUNTARY NOTIFICATIONS OF DISCONTINUANCE OR INTERRUPTION OF DEVICE MANUFACTURE.—Not later than 1 year after the date of enactment of this Act, the Secretary shall issue draft guidance to facilitate voluntary notifications under subsection (i) of

section 506J of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356j), as added by subsection (a). Such guidance shall include a description of circumstances in which a voluntary notification under such subsection (i) may be appropriate, recommended timeframes within which sponsors should submit such a notification, the process for receiving such notifications, and actions the Secretary may take to mitigate or prevent a shortage resulting from a discontinuance or interruption in the manufacture of a device for which such notification is received. The Secretary shall issue final guidance not later than 1 year after the close of the comment period for the draft guidance.

SEC. 517. REMOTE RECORDS ASSESSMENTS FOR MEDICAL DEVICES.

(a) FACTORY INSPECTION.—Section 704(a)(4)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)(4)(A)) is amended—

(1) in the first sentence, by inserting ''or device'' after ''processing of a drug''; and

(2) in the second sentence, by striking ''shall include'' and all that follows through the period at the end and inserting the following: ''shall include—

''(A) a sufficient description of the records requested; and

"(B) a rationale for requesting such information in advance of, or in lieu of, an inspection.".

(b) GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary shall issue draft guidance describing circumstances in which the Secretary intends to issue requests for records or other information in advance of, or in lieu of, an inspection, processes for responding to such requests electronically or in physical form, and factors the Secretary intends to consider in evaluating whether such records are provided within a reasonable timeframe, within reasonable limits, and in a reasonable manner, accounting for resource and other limitations that may exist, including for small businesses. The Secretary shall issue final guidance not later than 1 year after the close of the comment period for the draft guidance.

SEC. 518. ADVANCED MANUFACTURING TECHNOLOGIES DESIGNATION PILOT PROGRAM.

Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.), as amended by section 506, is further amended by inserting after section 506K the following:

"SEC. 506L. ADVANCED MANUFACTURING TECHNOLOGIES DESIGNATION PILOT PROGRAM.

"(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Secretary shall initiate a pilot program under which persons may request designation of an advanced manufacturing technology as described in subsection (b).

"(b) DESIGNATION PROCESS.—The Secretary shall establish a process for the designation under this section of methods of manufacturing drugs, including biological products, as advanced manufacturing technologies. A method of manufacturing, including a combination of manufacturing methods, is eligible for designation as an advanced manufacturing technology if such method incorporates a novel technology, or uses an established technique or technology in a novel way, that will substantially—

"(1) enhance drug quality; or

"(2) improve the manufacturing process for a drug [and maintain drug quality], including by—

"(A) reducing development time for a drug using the designated manufacturing method; or

"(B) increasing or maintaining the supply of—

"(i) a drug that is life-supporting, life-sustaining, or of critical importance to providing health care; or

"(ii) a drug that is on the drug shortage list under section 506E.

"(c) EVALUATION OF AN ADVANCED MANUFACTURING TECHNOLOGY.—

"(1) SUBMISSION.—A person who requests designation of a method of manufacturing as an advanced manufacturing technology under this section shall submit to the Secretary data or information demonstrating that the method of manufacturing meets the criteria described in subsection (b) in a particular context of use. A request for the designation may be made concurrently with, or at any time after, the submission for an investigational use exemption under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act. The Secretary may facilitate the development and review of such data or information by—

"(A) providing timely advice to, and interactive communication with, such person regarding the development of the method of manufacturing; and

"(B) involving senior managers and experienced staff of the Food and Drug Administration, as appropriate, in a collaborative, cross-disciplinary review of the method of manufacturing, as applicable.

"(2) EVALUATION.—Not later than 180 calendar days after the receipt of a request under paragraph (1), the Secretary shall determine whether to designate such method of manufacturing as an advanced manufacturing technology, in a particular context of use, based on the data and information submitted under paragraph (1) and the criteria described in subsection (b).

"(d) DESIGNATION AS AN ADVANCED MANUFACTURING TECHNOLOGY.—If the Secretary designates a method of manufacturing as an advanced manufacturing technology, the Secretary shall—

"(1) expedite the development and review of an application submitted under section 505 of this Act or section 351 of the Public Health Service Act, including supplemental applications, for drugs that are manufactured using a designated advanced manufacturing technology; and

"(2) allow the holder of an advanced technology designation, or a person authorized by the advanced

manufacturing technology designation holder, to reference [or rely upon], in an application submitted under section 505 of this Act or section 351 of the Public Health Service Act, including a supplemental application, data and information about the designated advanced manufacturing technology for use in manufacturing drugs in the same context of use for which the designation was granted.

''(e) IMPLEMENTATION AND EVALUATION OF ADVANCED MANUFACTURING TECHNOLOGIES PILOT.—

''(1) PUBLIC MEETING.—The Secretary shall publish in the Federal Register a notice of a public meeting, to be held not later than 180 days after the date of enactment of this section, to discuss, and obtain input and recommendations from relevant stakeholders regarding—

''(A) the goals and scope of the pilot program, and a suitable framework, procedures, and requirements for such program; and

''(B) ways in which the Food and Drug Administration will support the use of advanced manufacturing technologies and other innovative manufacturing approaches for drugs.

''(2) PILOT PROGRAM GUIDANCE.—

''(A) IN GENERAL.—The Secretary shall—

"(i) not later than 180 days after the public meeting under paragraph (1), issue draft guidance regarding the goals and implementation of the pilot program under this section; and

"(ii) not later than 2 years after the date of enactment of this section, issue final guidance regarding the implementation of such program.

"(B) CONTENT.—The guidance described in subparagraph (A) shall address—

"(i) the process by which a person may request a designation under subsection (b);

"(ii) the data and information that a person requesting such a designation is required to submit under subsection (c), and how the Secretary intents to evaluate such submissions;

"(iii) the process to expedite the development and review of applications under subsection (d); and

"(iv) the criteria described in subsection (b) for eligibility for such a designation.

''(3) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing a description and evaluation of the pilot program being conducted under this section, including the types of innovative manufacturing approaches supported under the program.

''(f) SUNSET.—The Secretary may not carry out a pilot program initiated under this section after October 1, 2027.''.

SEC. 519. TECHNICAL CORRECTIONS.

(a) TECHNICAL CORRECTIONS TO THE CARES ACT.—Division A of the CARES Act (Public Law 116–136) is amended—

(1) in section 3111(1), by striking ''in paragraph (1)'' and inserting ''in the matter preceding paragraph (1)'';

(2) in section 3112(d)(1), by striking ''and subparagraphs (A) and (B)'' and inserting ''as subparagraphs (A) and (B)''; and

(3) in section 3112(e), by striking ''Federal Food, Drug, Cosmetic Act'' and inserting ''Federal Food, Drug, and Cosmetic Act''.

(b) TECHNICAL CORRECTIONS TO THE FEDERAL FOOD, DRUG, AND COSMETIC ACT RELATED TO THE CARES ACT.—

(1) SECTION 506C.—Section 506C(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c(a)) is amended, in the flush text at the end, by striking the second comma after ''in the United States''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect as if included in section 3112 of division A of the CARES Act (Public Law 116–136).

(c) OTHER TECHNICAL CORRECTION TO THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.—Section 505B(f)(6)(I) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355c(f)(6)(I)) is amended by striking ''subsection (a)(3)(B)'' and inserting ''subsection (a)(4)(C)''.