IN THE SENATE OF THE UNITED STATES

Mrs. Murray (for herself, Mr. Bennet, Mr. Brown, Ms. Warren, Mr. Reed, Mr. Merkley, Mr. Blumenthal, Mr. Markey, Mr. Schatz, Ms. Baldwin, Mr. Menendez, Ms. Smith, Ms. Duckworth, Mr. Casey, Mr. Van Hollen, Ms. Klobuchar, Ms. Rosen, Ms. Hirono, and Mr. Durbin) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To support public health infrastructure.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Public Health Infrastructure Saves Lives Act”.

SEC. 2. CORE PUBLIC HEALTH INFRASTRUCTURE FOR

STATE, TERRITORIAL, LOCAL, AND TRIBAL

HEALTH DEPARTMENTS.

(a) PROGRAM.—The Secretary of Health and Human Services (referred to in this Act as the “Secretary”), act-
ing through the Director of the Centers for Disease Con-
trol and Prevention, shall establish a core public health
infrastructure program to strengthen the public health
system of the United States, including the Nation’s ability
to respond to the COVID–19 pandemic, consisting of
awarding grants under subsection (b).

(b) Grants.—

(1) Award.—For the purpose of addressing
core public health infrastructure needs, the Sec-
retary—

(A) shall award a grant to each State or
territorial health department, and to local
health departments that serve 500,000 people
or more; and

(B) shall award grants on a competitive
basis to State, territorial, or local health depart-
ments.

(2) Allocation.—Of the total amount of
funds awarded as grants under this subsection for a
fiscal year—

(A) not less than 50 percent shall be for
grants to health departments under paragraph
(1)(A); and
(B) not less than 30 percent shall be for grants to State, territorial, or local health departments under paragraph (1)(B).

(c) Use of Funds.—The Secretary may award a grant to an entity under subsection (b)(1) only if the entity agrees to use the full amount of the grant to address core public health infrastructure needs, including those identified in the accreditation process under subsection (h).

(d) Formula Grants to Health Departments.—In making grants under subsection (b)(1)(A), the Secretary shall award funds to each health department in accordance with—

(1) a formula—

(A) based on population size, burden of preventable disease and disability, and poverty rate, with special consideration given to territories; and

(B) which, in the event of an award made during the public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d) in response to COVID–19, shall consider the COVID–19 burden of each jurisdiction; and
(2) application requirements established by the Secretary, including a requirement that the health department submit a plan by the end of year 1 of the grant that demonstrates to the satisfaction of the Secretary that the health department will—

(A) address its highest priority core public health infrastructure needs;

(B) in the case of such a plan submitted during the public health emergency described in paragraph (1)(B), identify the core public health infrastructure needs that are the highest priority for strengthening the response to COVID–19 and similar public health threats and other public health emergencies; and

(C) for State health departments, allocate at least 25 percent of the grant funds to local health departments within the State to support the local jurisdiction’s contribution to core public health infrastructure.

(e) COMPETITIVE GRANTS TO STATE, TERRITORIAL, AND LOCAL HEALTH DEPARTMENTS.—In making grants under subsection (b)(1)(B), the Secretary shall give priority to applicants demonstrating core public health infrastructure needs for all public health agencies in the applicant’s jurisdiction to be certified by the accreditation proc-
section (h), or for an entity for which a waiver has been received under subparagraph (A) or (B) of subsection (h)(2), that has otherwise demonstrated the applicant has core public health infrastructure needs for all public health agencies.

(f) Permitted Use.—The Secretary may make available a subset of the funds available for grants under subsection (b)(1) for purposes of awarding planning grants to health departments eligible to receive a grant under subsection (b)(1)(B). Recipients of such a planning grant may use such award to assess core public health infrastructure needs.

(g) Maintenance of Effort.—The Secretary may award a grant to an entity under subsection (b) only if the entity demonstrates to the satisfaction of the Secretary that—

(1) funds received through the grant will be expended only to supplement, and not supplant, non-Federal and Federal funds otherwise available to the entity for the purpose of addressing core public health infrastructure needs; and

(2) with respect to activities for which the grant is awarded, the entity will maintain expenditures of non-Federal amounts for such activities at a level not less than the level of such expenditures main-
tained by the entity for the fiscal year preceding the fiscal year for which the entity receives the grant.

(h) SUPPORT OF A NATIONAL PUBLIC HEALTH ACCREDITATION PROGRAM.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

(A) support continued development, and periodic review and updating of standards for accreditation of State, territorial, local, or tribal health departments for the purpose of advancing the quality and performance of such departments with an emphasis on core public health infrastructure;

(B) implement a program to accredit such health departments in accordance with such standards; and

(C) beginning in fiscal year 2025, ensure that any entity receiving a grant under subsection (b) is accredited as described in subparagraph (A) or meets another standard of accountability specific to public health infrastructure, subject to paragraph (2).
(2) Waivers.—The Secretary may waive the requirement under paragraph (1)(C) with respect to—

(A) any individual entity until fiscal year 2027; or

(B) after fiscal year 2027, any individual entity that demonstrates that it would be a significant hardship to comply with such requirement.

(3) Cooperative Agreement.—The Secretary may enter into a cooperative agreement with a private nonprofit entity to carry out this subsection.

(i) Report.—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 an annual report on progress being made to accredit entities under subsection (h). Such report shall include—

(1) a strategy, including goals and objectives, for accrediting entities under subsection (h) and achieving the purpose described in subsection (h)(1); and

(2) a list of funding recipients and the amounts received, including directly funded entities under subsection (b)(1), as well as local health depart-
ments that receive funding in accordance with sub-
section (d)(2)(C);

(3) data reported by grantees funded under this
section pursuant to a minimum data set required by
the Secretary, which shall include each grantee’s ac-
tivities, standardized financial reporting, and re-
source allocation data; and

(4) identification of gaps in research related to
core public health infrastructure and recommenda-
tions of priority areas for such research.

(j) TRIBAL SET-ASIDE.—Of the amount appropriated
under subsection (a) for a fiscal year, the Secretary shall
reserve 3 percent for purposes of, acting through the Di-
rector of the Centers for Disease Control and Prevention
and in consultation with the Director of the Indian Health
Service, awarding grants under this section to Tribal
health departments and to epidemiology centers estab-
lished under section 214 of the Indian Health Care Im-

SEC. 3. CORE PUBLIC HEALTH INFRASTRUCTURE AND AC-
TIVITIES FOR CDC.

(a) IN GENERAL.—The Secretary, acting through the
Director of the Centers for Disease Control and Preven-
tion, shall expand and improve the core public health in-
frastructure and activities of the Centers for Disease Con-
trol and Prevention to address unmet and emerging public health needs and provide technical assistance to grantees funded under this provision, including the administration of the grants under section 2(b)(1).

(b) REPORT.—The Secretary shall submit to the Congress an annual report on the activities funded through this section.

SEC. 4. CORE PUBLIC HEALTH INFRASTRUCTURE DEFINED.

For purposes of this Act, the term “core public health infrastructure” means all of the following elements, and the workforce needed to establish and maintain such elements:

(1) **Assessment (including surveillance, epidemiology, and laboratory capacity).**—The ability to track the health of a community through data, case finding, and laboratory tests with particular attention to those most at risk.

(2) **All hazards preparedness and response.**—The capacity to respond to emergencies of all kinds.

(3) **Policy development and support.**—The ability to translate public health science into appropriate policy and regulation.

(4) **Communications.**—The ability to reach the public effectively with timely, science-based in-
formation to mitigate the impact of public health threats, with particular attention to hard-to-reach populations.

(5) Community partnership development.—The capacity to harness and align community resources and organizations to advance the health of all members of the community.

(6) Organizational competencies (leadership and governance).—The ability to lead internal and external stakeholders to consensus and action.

(7) Accountability and performance management (including quality improvement, information technology, human resources, financial management, and law).—The ability to apply business practices, including a standardized approach to financial reporting, that ensure efficient use of resources, achieve desired outcomes, and foster a continuous learning environment.

(8) Equity.—Utilizing all of the preceding elements, the capacity to address and correct health disparities (including disparities related to race, ethnicity, national origin, socioeconomic status, primary language, sex (including sexual orientation and gender identity), disability status, and other factors),
advance health equity in all communities, and implement culturally and linguistically appropriate programs and interventions.

SEC. 5. FUNDING.

(a) IN GENERAL.—To carry out this Act, there are hereby appropriated, out of amounts in the Treasury not otherwise appropriated, the following to be made available until expended:

(1) For fiscal year 2022, $750,000,000.
(2) For fiscal year 2023, $1,000,000,000.
(3) For fiscal year 2024, $2,000,000,000.
(4) For fiscal year 2025, $3,000,000,000.
(5) For fiscal year 2026 and each subsequent fiscal year, $4,500,000,000.

(b) CORE PUBLIC HEALTH INFRASTRUCTURE AND ACTIVITIES.—Of the amounts made available under this section for a fiscal year, not more than $350,000,000 shall be used to carry out section 3.

(c) SUPPLEMENT.—Amounts made available under this section shall be used to supplement, and not supplant, amounts otherwise made available for the purposes described in this Act.