

118TH CONGRESS
1ST SESSION

S. _____

To reauthorize certain programs under the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

IN THE SENATE OF THE UNITED STATES

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

A BILL

To reauthorize certain programs under the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Pandemic and All-Hazards Preparedness and Response
6 Act”.

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

2

Sec. 1. Short title; table of contents.

TITLE I—STATE AND LOCAL READINESS AND RESPONSE

- Sec. 101. Public Health Emergency Preparedness program.
 Sec. 102. Improving and enhancing participation of EMS organizations in the Hospital Preparedness Program.
 Sec. 103. Improving medical readiness and response capabilities.
 Sec. 104. Pilot program to support State medical stockpiles.
 Sec. 105. Enhancing domestic wastewater surveillance for pathogen detection.
 Sec. 106. Reauthorization of Mosquito Abatement for Safety and Health program.

TITLE II—FEDERAL PLANNING AND COORDINATION

- Sec. 201. All-Hazards Emergency Preparedness and Response.
 Sec. 202. Strategic National Stockpile and material threats.
 Sec. 203. Medical countermeasures for viral threats with pandemic potential.
 Sec. 204. Public Health Emergency Medical Countermeasures Enterprise.
 Sec. 205. Pilot program for public health data availability.

TITLE III—ADDRESSING THE NEEDS OF ALL INDIVIDUALS

- Sec. 301. Transition of certain countermeasures between compensation programs.
 Sec. 302. Accelerating injury compensation program administration and ensuring program integrity.
 Sec. 303. Review of regulations.
 Sec. 304. Supporting individuals with disabilities during emergency responses.
 Sec. 305. National advisory committees.
 Sec. 306. Research and coordination of activities concerning the long-term health effects of SARS-CoV-2 infection.

TITLE IV—STRENGTHENING BIOSECURITY

- Sec. 401. Treatment of genetic variants and synthetic products of select agents and toxins.
 Sec. 402. Establishment of no-fault reporting system.
 Sec. 403. Evaluation of the Federal Select Agent Program and related policies.
 Sec. 404. Supporting research and laboratory surge capacity.

TITLE V—ADDITIONAL REAUTHORIZATIONS AND TECHNICAL AMENDMENTS

- Sec. 501. Epidemic Intelligence Service loan repayment program.
 Sec. 502. Temporary reassignment of State and local personnel during a public health emergency.
 Sec. 503. Vaccine tracking and distribution.
 Sec. 504. Regional health care emergency preparedness and response systems.
 Sec. 505. Emergency system for advance registration of volunteer health professional.
 Sec. 506. Limited antitrust exemption.
 Sec. 507. Trauma care.
 Sec. 508. Military and civilian partnership for trauma readiness.
 Sec. 509. National Disaster Medical System.
 Sec. 510. Volunteer Medical Reserve Corps.
 Sec. 511. Epidemiology-laboratory capacity grants.

Sec. 512. Veterans Affairs.

Sec. 513. Technical amendments.

1 **TITLE I—STATE AND LOCAL**
2 **READINESS AND RESPONSE**

3 **SEC. 101. PUBLIC HEALTH EMERGENCY PREPAREDNESS**
4 **PROGRAM.**

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

7 (1) in subsection (b)(2)—

8 (A) in subparagraph (A)(ii), by striking
9 “influenza” and inserting “response planning”;
10 and

11 (B) in subparagraph (H), by inserting “,
12 such as community-based organizations, includ-
13 ing faith-based organizations, and other public
14 and private entities” after “stakeholders”;

15 (2) in subsection (g)—

16 (A) in paragraph (1), in the matter pre-
17 ceding subparagraph (A), by inserting “and the
18 ability of each entity receiving an award under
19 subsection (a) to respond to all-hazards
20 threats” before the period at the end of the
21 first sentence;

22 (B) in paragraph (2)—

4

- 1 (i) in the paragraph heading, by strik-
2 ing “INFLUENZA” and inserting “RE-
3 SPONSE”; and
- 4 (ii) in subparagraph (A)—
- 5 (I) by striking “to pandemic in-
6 fluenza” and inserting “to a pathogen
7 causing a pandemic, including pan-
8 demic influenza”; and
- 9 (II) by striking “such pandemic
10 influenza” and inserting “such pan-
11 demic response”;
- 12 (C) in paragraph (5)—
- 13 (i) in the paragraph heading, by strik-
14 ing “INFLUENZA” and inserting “PAN-
15 DEMIC RESPONSE”;
- 16 (ii) in the matter preceding subpara-
17 graph (A), by striking “2019” and insert-
18 ing “2025”;
- 19 (iii) in clause (i), by striking “2018”
20 and inserting “2024”; and
- 21 (iv) in subparagraph (B), by striking
22 “pandemic influenza” and inserting “a
23 pathogen causing a pandemic”; and
- 24 (D) in paragraph (6)—

1 (i) in subparagraph (A), in the matter
2 preceding clause (i), by striking “The
3 amounts described in this paragraph are
4 the following amounts that are payable to
5 an entity for activities described in this
6 section of section 319C–2” and inserting
7 “The Secretary shall withhold from an en-
8 tity pursuant to paragraph (5) for non-
9 compliance with the requirements of this
10 section or section 319C–2 as follows”; and

11 (ii) in subparagraph (B), by inserting
12 “with respect to the requirements of this
13 section or section 319C–2” after “para-
14 graph (5)”; and

15 (3) in subsection (h)(1)(A), by striking
16 “\$685,000,000 for each of fiscal years 2019 through
17 2023” and inserting “\$735,000,000 for each of fis-
18 cal years 2024 through 2028”.

19 **SEC. 102. IMPROVING AND ENHANCING PARTICIPATION OF**
20 **EMS ORGANIZATIONS IN THE HOSPITAL PRE-**
21 **PAREDNESS PROGRAM.**

22 (a) INCREASING PARTICIPATION BY EMS IN THE
23 HOSPITAL PREPAREDNESS PROGRAM.—Section 319C–2
24 of the Public Health Service Act (42 U.S.C. 247d–3b) is
25 amended—

1 (1) in subsection (b)(1)(A)—

2 (A) in clause (iii)(III), by striking “; and”
3 and inserting semicolon; and

4 (B) by striking clause (iv) and inserting
5 the following:

6 “(iv) one or more emergency medical
7 service organizations; and

8 “(v) to the extent practicable, one or
9 more emergency management organiza-
10 tions; and”; and

11 (2) in subsection (g)(1)—

12 (A) by striking the heading and inserting:

13 “(1) LOCAL RESPONSE CAPABILITIES.—

14 “(A) PROGRAM COORDINATION.—”;

15 (B) by striking “extent practicable, en-
16 sure” and inserting the following: “extent prac-
17 ticable—

18 “(i) ensure”;

19 (C) by striking the period and inserting “;
20 and”; and

21 (D) by adding at the end the following:

22 “(ii) seek to increase participation of
23 underrepresented eligible entities described
24 in subsection (b)(1)(A), such as emergency

1 (B) in subsection (g)(1), as amended by
2 section 102(a)(2), by adding at the end the fol-
3 lowing:

4 “(B) REGIONAL OPERATIONS.—An eligible
5 entity shall establish and maintain, or leverage
6 an existing, capability to enable coordination of
7 regional medical operations, which may include
8 systems to facilitate information sharing and
9 coordination, within a coalition described under
10 subsection (b)(1)(A) and, as appropriate, be-
11 tween multiple coalitions that are in close geo-
12 graphic proximity to each other.”; and

13 (C) in subsection (j)(1)—

14 (i) in subparagraph (A), by striking
15 “2019 through 2023” and inserting “2024
16 through 2028”; and

17 (ii) in subparagraph (B)(iii), by strik-
18 ing “2023” and inserting “2028”; and

19 (2) in section 2802(b) (42 U.S.C. 300hh-
20 1(b))—

21 (A) in paragraph (3)(C), by inserting “and
22 current capacity of facilities within such sys-
23 tems, as applicable” before the period;

1 (B) in paragraph (5), by inserting “appli-
2 cable federally-funded activities and” after “(in-
3 cluding”;

4 (C) in paragraph (8)—

5 (i) in subparagraph (A), by inserting
6 “public health and medical” before “activi-
7 ties”;

8 (ii) in subparagraph (B), by striking
9 “familiarity with” and inserting “under-
10 standing of, and coordination between,”.

11 **SEC. 104. PILOT PROGRAM TO SUPPORT STATE MEDICAL**
12 **STOCKPILES.**

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

15 (1) in paragraph (2)(B)(i)—

16 (A) in subclause (I), by striking “and
17 2024” and inserting “through 2025”; and

18 (B) in subclause (II), by striking “2025”
19 and inserting “2026”;

20 (2) in paragraph (4)—

21 (A) in subparagraph (G), by striking “;
22 and” at the end and inserting a semicolon;

23 (B) by redesignating subparagraph (H) as
24 subparagraph (I);

1 (C) by inserting after subparagraph (G)
2 the following:

3 “(H) facilitate the sharing of best practices
4 between States within a consortia of States in
5 receipt of funding related to establishing and
6 maintaining a stockpile of medical products;
7 and”; and

8 (D) in subparagraph (I), as so redesign-
9 nated, by striking “State efforts” and inserting
10 “State or regional efforts”;

11 (3) by redesignating paragraphs (5) through
12 (9) as paragraphs (6) through (10), respectively;

13 (4) by inserting after paragraph (4) the fol-
14 lowing:

15 “(5) COORDINATION.—An entity in receipt of
16 an award under paragraph (1), in carrying out the
17 activities under this subsection, shall coordinate with
18 appropriate health care entities, health officials, and
19 emergency management officials within the jurisdic-
20 tion of such State or States.”; and

21 (5) in paragraph (10), as so redesignated, by
22 striking “\$3,500,000,000 for each of fiscal years
23 2023 and 2024” and inserting “such sums as may
24 be necessary for each of fiscal years 2024 through
25 2028”.

1 (b) GAO REPORT.—Section 2409(b) of the PRE-
2 VENT Pandemics Act (Public Law 117–328) is amend-
3 ed—

4 (1) in paragraph (2), by striking “; and” and
5 inserting a semicolon;

6 (2) in paragraph (3), by striking the period and
7 inserting “; and”; and

8 (3) by adding at the end the following:

9 “(4) the impact of any regional stockpiling ap-
10 proaches carried out under such subsection (i)(1) of
11 section 319F–2 of the Public Health Service Act (42
12 U.S.C. 247d–6b).”.

13 **SEC. 105. ENHANCING DOMESTIC WASTEWATER SURVEIL-**
14 **LANCE FOR PATHOGEN DETECTION.**

15 (a) IN GENERAL.—Subtitle C of title XXVIII of the
16 Public Health Service Act (42 U.S.C. 300hh–31 et seq.)
17 is amended by adding at the end the following:

18 **“SEC. 2827. WASTEWATER SURVEILLANCE FOR PATHOGEN**
19 **DETECTION.**

20 “(a) WASTEWATER SURVEILLANCE SYSTEM.—The
21 Secretary, acting through the Director of the Centers for
22 Disease Control and Prevention and in coordination with
23 other Federal departments and agencies, shall award
24 grants, contracts, or cooperative agreements to eligible en-
25 tities to establish, maintain, or improve activities related

1 to the detection and monitoring of infectious diseases
2 through wastewater for public health emergency prepared-
3 ness and response purposes.

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

6 “(1) be a State, Tribal, or local health depart-
7 ment, or a partnership between such a health de-
8 partment and other public and private entities; and

9 “(2) submit to the Secretary an application at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may reasonably require,
12 which shall include—

13 “(A) a description of activities proposed to
14 be carried out pursuant to an award under sub-
15 section (a);

16 “(B) factors such entity proposes to use to
17 select wastewater sampling sites;

18 “(C) a plan for responding, as appropriate,
19 to findings from such wastewater sampling,
20 consistent with applicable plans developed by
21 such entity pursuant to section 319C-1;

22 “(D) a plan to sustain such wastewater
23 surveillance activities described in such applica-
24 tion following the conclusion of the award pe-
25 riod; and

1 “(E) any additional information the Sec-
2 retary may require.

3 “(c) CONSIDERATION.—In making awards under sub-
4 section (a), the Secretary may give priority to eligible enti-
5 ties that have submitted an application that—

6 “(1) details plans to provide public access to
7 data generated through such wastewater surveillance
8 activities in a manner that enables comparison to
9 such data generated by other recipients of an award
10 under subsection (a); and

11 “(2) provides an assessment of community
12 needs related to ongoing infectious disease moni-
13 toring, including burden of infectious diseases that
14 can be detected in wastewater and availability of
15 other forms of infectious disease surveillance.

16 “(d) USE OF FUNDS.—An eligible entity shall use
17 amounts awarded under this section to—

18 “(1) establish, or enhance existing, capacity and
19 capabilities to conduct wastewater sampling and re-
20 lated analysis;

21 “(2) conduct wastewater surveillance, as appro-
22 priate, at individual facilities, institutions, and loca-
23 tions in rural areas, in which there is an increased
24 risk of infectious disease outbreaks; and

1 “(3) implement projects that use evidence-based
2 or promising practices to conduct wastewater sur-
3 veillance activities.

4 “(e) PARTNERSHIPS.—In carrying out activities
5 under this section, eligible entities shall identify opportuni-
6 ties to partner with other public or private entities to le-
7 verage relevant capabilities maintained by such entities,
8 as appropriate and consistent with this section.

9 “(f) TECHNICAL ASSISTANCE.—The Secretary, in
10 consultation with the heads of other applicable Federal
11 agencies and departments, as appropriate, shall provide
12 technical assistance to recipients of awards under this sec-
13 tion to facilitate the planning, development, and imple-
14 mentation of activities described in subsection (d).

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated such sums as may be necessary for each of fiscal
18 years 2024 through 2028.”.

19 (b) WASTEWATER SURVEILLANCE RESEARCH.—

20 (1) IN GENERAL.—The Secretary of Health and
21 Human Services (in this subsection referred to as
22 the “Secretary”) shall continue to conduct or sup-
23 port research on the use of wastewater surveillance
24 to detect and monitor emerging infectious diseases,
25 which may include—

1 (A) research to improve the efficiency of
2 wastewater sample collection and analysis and
3 increase the sensitivity and specificity of waste-
4 water testing methods; and

5 (B) implementation and development of
6 evidence-based practices to facilitate the esti-
7 mation of population-level data within a com-
8 munity.

9 (2) NON-DUPLICATION OF EFFORT.—The Sec-
10 retary shall ensure that activities carried out under
11 this subsection do not unnecessarily duplicate efforts
12 of other agencies and offices within the Department
13 of Health and Human Services related to wastewater
14 surveillance.

15 **SEC. 106. REAUTHORIZATION OF MOSQUITO ABATEMENT**
16 **FOR SAFETY AND HEALTH PROGRAM.**

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

19 (1) in subsection (a)(3)(A), by striking “sub-
20 section (b)(3)” and inserting “subsection (b)(4)”;

21 (2) in subsection (b)—

22 (A) by redesignating paragraphs (3)
23 through (6) as paragraphs (4) through (7), re-
24 spectively; and

1 (B) by inserting after paragraph (2) the
2 following:

3 “(3) CONSIDERATIONS.—The Secretary may
4 consider the use of innovative and novel technology
5 for mosquito prevention and control in making
6 grants under paragraph (1).”;

7 (3) by amending subsection (d) to read as fol-
8 lows:

9 “(d) USES OF FUNDS.—

10 “(1) TECHNICAL ASSISTANCE.—Amounts ap-
11 propriated under subsection (f) may be used by the
12 Secretary to provide training and technical assist-
13 ance with respect to the planning, development, and
14 operation of assessments and plans under subsection
15 (a) and control programs under subsection (b). The
16 Secretary may provide such training and technical
17 assistance directly or through awards of grants or
18 contracts to public and private entities.

19 “(2) EDUCATION.—A recipient of an award
20 under subsection (a) or (b) may use up to 5 percent
21 of the total amount provided for each fiscal year to
22 provide continuing education and training for indi-
23 viduals carrying out activities pursuant to such
24 award, including training and support for any appli-
25 cable public health entomologists.”; and

1 (4) in subsection (f)(1), by striking “2019
2 through 2023” and inserting “2024 through 2028”.

3 **TITLE II—FEDERAL PLANNING**
4 **AND COORDINATION**

5 **SEC. 201. ALL-HAZARDS EMERGENCY PREPAREDNESS AND**
6 **RESPONSE.**

7 Section 2811 of the Public Health Service Act (42
8 U.S.C. 300hh–10) is amended—

9 (1) in subsection (b)—

10 (A) in paragraph (3)—

11 (i) by striking “Oversee advanced”
12 and inserting the following:

13 “(A) IN GENERAL.—Oversee advanced”;

14 and

15 (ii) by adding at the end following:

16 “(B) DEVELOPMENT OF REQUIRE-
17 MENTS.—Lead the development and approval,
18 and, on a routine basis, the review and update,
19 of requirements for such countermeasures and
20 products, including related capabilities, to in-
21 form the advanced research, development, pro-
22 curement, and replenishment decisions of the
23 Department of Health and Human Services.”;

24 (B) in paragraph (4)—

25 (i) in subparagraph (F)—

1 (I) in the matter preceding clause
2 (i), by striking “and in consultation
3 with the Secretary of Homeland Secu-
4 rity,”; and

5 (II) in clause (i), by inserting
6 “enhance” after “capabilities and”;
7 and

8 (ii) in subparagraph (G)—

9 (I) in clause (i), by striking
10 “based on” and inserting “based on—
11 ”;

12 (II) in clause (ii), by striking “;
13 and” at the end and inserting a semi-
14 colon;

15 (III) in clause (iii), by striking
16 the period and inserting “; and”;

17 (IV) by adding at the end the fol-
18 lowing:

19 “(iv) that include, as appropriate, par-
20 ticipation by relevant industry, academia,
21 professional societies, and other stake-
22 holders.”;

23 (iii) in subparagraph (H)—

24 (I) by inserting “and the Direc-
25 tor of the Office of Pandemic Pre-

1 paredness and Response” after “Secu-
2 rity Affairs”; and

3 (II) by inserting “and medical
4 product and supply capacity planning
5 pursuant to subparagraph (J), includ-
6 ing discussion of any relevant identi-
7 fied supply chain vulnerabilities” be-
8 fore the period at the end;

9 (iv) in subparagraph (I), by inserting
10 “the Director of the Office of Pandemic
11 Preparedness and Response Policy,” after
12 “Security Affairs,”; and

13 (v) in subparagraph (J)(i), in the
14 matter preceding subclause (I), by insert-
15 ing “, including needs for active pharma-
16 ceutical ingredients, key starting materials,
17 and other critical components of such
18 products and supplies,” after “supply
19 needs”; and

20 (C) in paragraph (7)—

21 (i) in the matter preceding subpara-
22 graph (A), by inserting “and the require-
23 ments developed pursuant to paragraph
24 (3)(B)” after “subsection (d)”;

1 (ii) by redesignating subparagraphs
2 (E) and (F) as subparagraphs (F) and
3 (G), respectively; and

4 (iii) by inserting after subparagraph
5 (D) the following:

6 “(E) include a professional judgment of
7 anticipated budget needs for each future fiscal
8 year accounted for in such plan to account for
9 the full range of anticipated medical counter-
10 measure needs and life-cycle costs to address
11 such priorities and requirements;”;

12 (2) in subsection (d)—

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

15 “(1) IN GENERAL.—Not later than March 15,
16 2020, and biennially thereafter, the Assistant Sec-
17 retary for Preparedness and Response shall develop
18 and submit to the Committee on Health, Education,
19 Labor, and Pensions of the Senate and the Com-
20 mittee on Energy and Commerce of the House of
21 Representatives a coordinated strategy for medical
22 countermeasures to address chemical, biological, ra-
23 diological, and nuclear threats, informed by the re-
24 quirements developed pursuant to subsection
25 (b)(3)(B). Not later than 180 days after the submis-

1 sion of such strategy to such committees, the Assist-
2 ant Secretary for Preparedness and Response shall
3 submit an accompanying implementation plan to
4 such committees. In developing such a strategy and
5 plan, the Assistant Secretary for Preparedness and
6 Response shall consult with the Public Health Emer-
7 gency Medical Countermeasures Enterprise estab-
8 lished under section 2811–1.”; and

9 (B) in paragraph (2), in the matter pre-
10 ceeding subparagraph (A), by inserting “strategy
11 and” before “plan”; and

12 (3) in subsection (f)—

13 (A) in paragraph (1), in the matter pre-
14 ceeding subparagraph (A), by inserting “, includ-
15 ing an emerging infectious disease,” after “any
16 such agent”; and

17 (B) in paragraph (2)(A), by striking
18 “\$250,000,000 for each of fiscal years 2019
19 through 2023” and inserting “\$335,000,000
20 for each of fiscal years 2024 through 2028”.

21 **SEC. 202. STRATEGIC NATIONAL STOCKPILE AND MATE-**
22 **RIAL THREATS.**

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

25 (1) in subsection (a)—

1 (A) in paragraph (2)(B)(i), by striking
2 subclause (IV) and inserting the following:

3 “(IV) the emergency health secu-
4 rity threat or threats such counter-
5 measure procurement is intended to
6 address, including—

7 “(aa) whether such procure-
8 ment is consistent with meeting
9 emergency health security needs
10 associated with such threat or
11 threats; and

12 “(bb) in the case of a coun-
13 termeasure that addresses a bio-
14 logical agent, whether such agent
15 has an increased likelihood to be-
16 come resistant to, or evade, such
17 countermeasure relative to other
18 available medical counter-
19 measures;”; and

20 (B) in paragraph (3)—

21 (i) in subparagraph (B), by striking
22 “are followed, regularly reviewed, and up-
23 dated with respect to such stockpile” and
24 inserting “with respect to such stockpile

1 are followed, regularly reviewed, and up-
2 dated to reflect best practices”;

3 (ii) by redesignating subparagraphs
4 (H) through (K) as subparagraphs (I)
5 through (L), respectively; and

6 (iii) by inserting after subparagraph
7 (G) the following:

8 “(H) utilize tools to enable the timely and
9 accurate tracking, including the location and
10 geographic distribution, of the contents of the
11 stockpile throughout the deployment of such
12 contents;”;

13 (2) in subsection (c)(2)(C)—

14 (A) by striking “promptly”; and

15 (B) by inserting “, not later than 60 days
16 after such determination”;

17 (3) in subsection (f)(1), by striking
18 “\$610,000,000 for each of fiscal years 2019 through
19 2021, and \$750,000,000 for each of fiscal years
20 2022 and 2023” and inserting “\$965,000,000 for
21 each of fiscal years 2024 through 2028”; and

22 (4) in subsection (g)(1), by striking “2019
23 through 2028” and inserting “2024 through 2033”.

1 **SEC. 203. MEDICAL COUNTERMEASURES FOR VIRAL**
2 **THREATS WITH PANDEMIC POTENTIAL.**

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

5 (1) in subsection (c)(4)—

6 (A) in subparagraph (D), by amending
7 clause (iii) to read as follows:

8 “(iii) conduct research to promote
9 strategic initiatives, such as—

10 “(I) rapid diagnostics;

11 “(II) broad spectrum
12 antimicrobials;

13 “(III) medical countermeasures
14 for virus families that have significant
15 potential to cause a pandemic, includ-
16 ing such countermeasures that take
17 either pathogen-specific or broad spec-
18 trum approaches; and

19 “(IV) technologies to improve the
20 production and use of medical coun-
21 termeasures, which may include vac-
22 cine-manufacturing technologies, dose-
23 sparing technologies, efficacy-increas-
24 ing technologies, platform tech-
25 nologies, technologies to administer
26 countermeasures, and technologies to

1 improve storage and transportation of
2 countermeasures.”; and

3 (B) in subparagraph (F)(ii), by inserting
4 “priority virus families, and other viral patho-
5 gens with a significant potential to cause a pan-
6 demic,” after “pandemic influenza,”; and

7 (2) in subsection (d)(2), by striking
8 “\$611,700,000 for each of fiscal years 2019 through
9 2023” and inserting “\$950,000,000 for each of fis-
10 cal years 2024 through 2028”.

11 **SEC. 204. PUBLIC HEALTH EMERGENCY MEDICAL COUN-**
12 **TERMEASURES ENTERPRISE.**

13 Section 2811–1(c) of the Public Health Service Act
14 (42 U.S.C. 300hh–10a(c)) is amended—

15 (1) in paragraph (2), by striking “, as appro-
16 priate”; and

17 (2) by adding at the end the following:

18 “(3) INFORMATION SHARING.—The Secretary
19 shall, as appropriate and in a manner that does not
20 compromise national security, share information re-
21 lated to recommendations made and strategies devel-
22 oped under subparagraphs (A) and (C) of paragraph
23 (1) with relevant stakeholders, including industry
24 and State, local, and Tribal public health depart-
25 ments.”.

1 **SEC. 205. PILOT PROGRAM FOR PUBLIC HEALTH DATA**
2 **AVAILABILITY.**

3 (a) SITUATIONAL AWARENESS SYSTEM.—Section
4 319D of the Public Health Service Act (42 U.S.C. 247d–
5 4) is amended—

6 (1) in subsection (c)—

7 (A) in paragraph (1), by inserting “, and
8 facilitate the aggregation of relevant public
9 health data across the Department of Health
10 and Human Services” after “extent prac-
11 ticable”; and

12 (B) in paragraph (2)—

13 (i) in subparagraph (A)—

14 (I) by striking “among agencies”
15 and inserting “among, and direct
16 communication between, agencies”;

17 (II) by inserting “the sharing of
18 information from applicable public
19 health data systems,” after “Tech-
20 nology,”; and

21 (III) by striking “; and” at the
22 end and inserting a semicolon;

23 (ii) in subparagraph (B), by striking
24 the period at the end and inserting “;
25 and”; and

1 (iii) by adding at the end the fol-
2 lowing:

3 “(C) facilitate bidirectional communication
4 between agencies and offices of the Department
5 of Health and Human Services and State, local,
6 and Tribal public health officials.”;

7 (2) in subsection (d)—

8 (A) in paragraph (1)—

9 (i) by striking “, the Secretary may”
10 and inserting “and support the near real-
11 time public availability of data pursuant to
12 section 319D–2, the Secretary shall estab-
13 lish a pilot program to”; and

14 (ii) by striking “, in collaboration with
15 appropriate” and inserting “. Such States
16 or consortia of States shall carry out such
17 activities in collaboration with appropriate
18 stakeholders, such as”;

19 (B) in paragraph (2)(A), by inserting
20 “pursuant to paragraph (3)” after “may re-
21 quire”;

22 (C) by striking paragraph (6);

23 (D) by redesignating paragraphs (3)
24 through (5) as paragraphs (4) through (6), re-
25 spectively;

1 (E) by inserting after paragraph (2) the
2 following:

3 “(3) DATA GUIDANCE.—For purposes of this
4 subsection, the Secretary shall develop guidance on
5 data elements to be reported to the Secretary per-
6 taining to potentially catastrophic infectious disease
7 outbreaks, in such form and manner and at such
8 timing and frequency as determined by the Sec-
9 retary. When developing the guidance under this
10 subsection, the Secretary shall—

11 “(A) adopt and update, as necessary and
12 consistent with applicable requirements of sub-
13 section (b)(3) and section 2823, uniform stand-
14 ards for applicable entities to report data ele-
15 ments; and

16 “(B) ensure the data elements reported
17 under this subsection and made publicly avail-
18 able pursuant to section 319D–2 are made
19 available consistent with applicable Federal and
20 State privacy law, at a minimum.”; and

21 (F) in paragraph (4), as so redesignated—

22 (i) in subparagraph (A), by striking
23 “emergencies;” and inserting “emer-
24 gencies, including such diseases rec-
25 ommended by the National Public Health

1 Data Board established under section
2 319D–2; and”;

3 (ii) in subparagraph (B), by striking
4 “; and” and inserting a period; and

5 (iii) by striking subparagraph (C);
6 and

7 (3) in subsection (h)—

8 (A) in paragraph (1), by striking “2022
9 and 2023” and inserting “2024 through 2028”;
10 and

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

13 (b) DATA SELECTION AND ACCESS.—Title III of the
14 Public Health Service Act (42 U.S.C. 241 et seq.) is
15 amended by inserting after section 319D–1 the following:

16 **“SEC. 319D-2. PUBLIC HEALTH DATA PILOT PROGRAM.**

17 “(a) IN GENERAL.—The Secretary shall—

18 “(1) establish and maintain a near real-time,
19 open source, public-facing, and publicly available
20 website to provide deidentified, aggregated data on
21 potentially catastrophic disease outbreaks, in accord-
22 ance with subsection (b); and

23 “(2) collect the data elements pertaining to
24 such diseases recommended pursuant to subsection

1 (b)(1)(B), using existing processes or any new proc-
2 esses established pursuant to section 319D(d).

3 “(b) NATIONAL PUBLIC HEALTH DATA BOARD.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish a National Public Health Data Board to advise,
6 and make recommendations to the Secretary with re-
7 spect to—

8 “(A) the implementation of data and infor-
9 mation sharing under section 310B; and

10 “(B) potentially catastrophic infectious dis-
11 eases appropriate for inclusion in the public
12 health situational awareness system pilot pro-
13 gram established pursuant to section 319D(d)
14 and the website established under subsection
15 (a)(1).

16 “(2) MEMBERSHIP.—The Board established
17 under paragraph (1) shall consist of the following
18 members:

19 “(A) FEDERAL MEMBERS.—The following
20 Federal members:

21 “(i) The Secretary of Health and
22 Human Services.

23 “(ii) The Secretary of Defense.

24 “(iii) The Secretary of Veterans Af-
25 fairs.

1 “(iv) The National Coordinator for
2 Health Information Technology.

3 “(v) The Director of the National In-
4 stitutes of Health.

5 “(vi) The Director of the Centers for
6 Disease Control and Prevention.

7 “(vii) The Assistant Secretary for
8 Preparedness and Response.

9 “(viii) The Director of the Indian
10 Health Service.

11 “(ix) The Administrator of the Cen-
12 ters for Medicare & Medicaid Services.

13 “(B) NON-FEDERAL MEMBERS.—Such
14 other individuals appointed by the Secretary—

15 “(i) who have relevant public health,
16 medical, or scientific expertise, including—

17 “(I) individuals with expertise or
18 experience in—

19 “(aa) State, local, or Tribal
20 health data systems or practices;

21 or

22 “(bb) health care data;

23 “(II) representatives of national
24 public health organizations; and

1 “(ii) individuals with such other spe-
2 cific expertise as the Secretary determines
3 appropriate.

4 “(c) SUNSET.—This section shall cease to have force
5 or effect on September 30, 2028.”.

6 **TITLE III—ADDRESSING THE**
7 **NEEDS OF ALL INDIVIDUALS**

8 **SEC. 301. TRANSITION OF CERTAIN COUNTERMEASURES**
9 **BETWEEN COMPENSATION PROGRAMS.**

10 (a) TREATMENT OF INELIGIBILITY OF CERTAIN RE-
11 QUESTS RELATED TO COVID–19 COUNTERMEASURES.—

12 (1) REQUESTS INITIALLY SUBMITTED UNDER
13 CICP.—

14 (A) IN GENERAL.—In the case of a request
15 for compensation submitted under section
16 319F–4(b)(4) of the Public Health Service Act
17 (42 U.S.C. 247d–6e(b)(4)) for an injury or
18 death related to a COVID–19 vaccine that the
19 Secretary determines to be ineligible for the
20 program pursuant to subparagraph (B) of such
21 section 319F–4(b)(4), as added by subsection
22 (b)(1), the Secretary shall, not later than 30
23 days after such determination, notify the indi-
24 vidual submitting the request of such deter-
25 mination.

1 (B) SUBMISSION OF PETITION.—An indi-
2 vidual who receives a notification described in
3 subparagraph (A) shall be eligible to submit a
4 petition to the United States Court of Federal
5 Claims under section 2111 of the Public Health
6 Service Act (42 U.S.C. 300aa–11) with respect
7 to the same injury claimed in the request sub-
8 mitted under section 319F–4(b)(4) of such Act
9 (42 U.S.C. 247d–6e(b)(4)), provided that such
10 petition is submitted not later than the later
11 of—

12 (i) 1 year after receiving such notifi-
13 cation under subparagraph (A); or

14 (ii) the last date on which the indi-
15 vidual otherwise would be eligible to sub-
16 mit a petition relating to such injury, as
17 specified in section 2116 of the Public
18 Health Service Act (42 U.S.C. 300aa–16).

19 (2) REQUESTS INITIALLY SUBMITTED UNDER
20 VICP.—

21 (A) IN GENERAL.—If a special master de-
22 termines that—

23 (i) a petition submitted under section
24 2111 of the Public Health Service Act (42
25 U.S.C. 300aa–11) related to a COVID–19

1 vaccine is ineligible for the National Vac-
2 cine Injury Compensation Program under
3 subtitle 2 of title XXI of the Public Health
4 Service Act (42 U.S.C. 300aa–10 et seq.)
5 because it relates to a vaccine administered
6 at a time when the vaccine was not in-
7 cluded in the Vaccine Injury Table under
8 section 2114 and the petitioner is not eligi-
9 ble for compensation pursuant to section
10 2116(b) of such Act (42 U.S.C. 300aa–
11 16); and

12 (ii) the vaccine was administered
13 when it was a covered countermeasure sub-
14 ject to a declaration under section 319F–
15 3(b) of such Act (42 U.S.C. 247d–6d(b)),
16 the special master shall, not later than 30 days
17 after such determination, notify the petitioner
18 of such determination.

19 (B) SUBMISSION OF REQUEST.—An indi-
20 vidual who receives a notification described in
21 subparagraph (A) shall be eligible to submit a
22 request for compensation under section 319F–
23 4(b) of the Public Health Service Act (42
24 U.S.C. 247d–6e) with respect to the same in-

1 jury claimed in the petition submitted under
2 section 2111 of such Act—

3 (i) not later than 1 year after receiv-
4 ing such notification; or

5 (ii) in the case that the notification is
6 issued after judicial review of the petition
7 under subsection (e) or (f) of section 2112
8 of such Act (42 U.S.C. 300aa–12), not
9 later than 1 year after the decision of the
10 United States Court of Federal Claim or
11 the mandate is issued by the United States
12 Court of Appeals for the Federal Circuit
13 pursuant to such subsection (e) or (f).

14 (b) CHANGES TO CERTAIN PROGRAMS.—

15 (1) CICP.—Section 319F–4(b)(4) of the Public
16 Health Service Act (42 U.S.C. 247d–6e(b)(4)) is
17 amended—

18 (A) by striking “Except as provided” and
19 inserting the following:

20 “(A) IN GENERAL.—Except as provided”;
21 and

22 (B) by adding at the end the following:

23 “(B) EXCLUSION OF INJURIES CAUSED BY
24 VACCINES ON THE VACCINE INJURY TABLE.—

25 Notwithstanding any other provision of this sec-

1 tion, no individual may be eligible for com-
2 pensation under this section with respect to a
3 covered injury caused by a vaccine that, at the
4 time it was administered, was included in the
5 Vaccine Injury Table under section 2114.”; and

6 (C) in subsection (d)(3)—

7 (i) by striking “This section” and in-
8 serting the following:

9 “(A) IN GENERAL.—This section”; and

10 (ii) by adding at the end the fol-
11 lowing:

12 “(B) EXHAUSTION OF REMEDIES.—A cov-
13 ered individual shall not be considered to have
14 exhausted remedies as described in paragraph
15 (1), nor be eligible to seek remedy under section
16 319F–3(d), unless such individual has provided
17 to the Secretary all supporting documentation
18 necessary to facilitate the determinations re-
19 quired under subsection (b)(4).”.

20 (2) VICP.—Title XXI of the Public Health
21 Service Act (42 U.S.C. 300aa–1 et seq.) is amend-
22 ed—

23 (A) in section 2111(a)(2)(A) (42 U.S.C.
24 300aa–11(a)(2)(A)), in the matter preceding
25 clause (i), by inserting “containing the informa-

1 tion required under subsection (c)” after “un-
2 less a petition”;

3 (B) in section 2112(d) (42 U.S.C. 300aa-
4 12(d))—

5 (i) by adding at the end of paragraph
6 (1) the following: “Such designation shall
7 not occur until the petitioner has filed all
8 materials required under paragraphs (2)
9 and (3) of section 2111(c).”; and

10 (ii) in paragraph (3)(A)(ii), by strik-
11 ing “the petition was filed” and inserting
12 “on which the chief special master makes
13 the designation pursuant to paragraph
14 (1)”;

15 (C) in section 2114(e) (42 U.S.C. 300aa-
16 14(e))—

17 (i) in paragraph (2), in the matter
18 preceding subparagraph (A), by striking
19 “2 years” and inserting “6 months”; and

20 (ii) by adding at the end the fol-
21 lowing:

22 “(4) LICENSURE REQUIREMENT.—Notwith-
23 standing paragraphs (2) and (3), the Secretary may
24 not revise the Vaccine Injury Table to include a vac-
25 cine for which the Centers for Disease Control and

1 Prevention has issued a recommendation for routine
2 use in children or pregnant women until at least one
3 application for such vaccine has been approved
4 under section 351.”; and

5 (D) in section 2116(b) (42 U.S.C. 300aa-
6 16(b))—

7 (i) in the matter preceding paragraph
8 (1), by striking “except that no compensa-
9 tion may be provided” and inserting “ex-
10 cept that no petition may be filed”;

11 (ii) in paragraph (1)—

12 (I) by striking “death” and in-
13 serting “injury or death”; and

14 (II) by striking “, or” and insert-
15 ing “;”; and

16 (iii) by striking paragraph (2) and in-
17 serting the following:

18 “(2) the vaccine was administered at a time
19 when the vaccine was a covered countermeasure sub-
20 ject to a declaration under section 319F-3(b); or

21 “(3) any request for compensation for the same
22 vaccine-related injury or death is pending, or has
23 been resolved, under the program under section
24 319F-4.”.

1 **SEC. 302. ACCELERATING INJURY COMPENSATION PRO-**
2 **GRAM ADMINISTRATION AND ENSURING PRO-**
3 **GRAM INTEGRITY.**

4 (a) NATIONAL VACCINE INJURY COMPENSATION
5 PROGRAM.—

6 (1) IN GENERAL.—Section 2112(c) of the Pub-
7 lic Health Service Act (42 U.S.C. 300aa12(c)) is
8 amended—

9 (A) in paragraph (1), by striking “not
10 more than 8 special masters” and inserting
11 “not fewer than 10 special masters”; and

12 (B) in paragraph (4)—

13 (i) by striking “a term of 4 years”
14 and inserting “an initial term of 4 years”;

15 (ii) by striking the second and third
16 sentences; and

17 (iii) by adding at the end the fol-
18 lowing: “An individual appointed as special
19 master may be reappointed to serve one or
20 more additional terms of up to 8 years
21 each, pursuant to paragraph (1), and sub-
22 ject to termination under paragraphs (2)
23 and (3).”.

24 (2) PETITIONS FOR COMPENSATION.—Section
25 2111(a)(2)(A)(i) of the Public Health Service Act
26 (42 U.S.C. 300aa–11(a)(2)(A)(i)) is amended—

1 (A) in subclause (I), by striking “, and”
2 and inserting a semicolon;

3 (B) in subclause (II)—

4 (i) by moving the margin 2 ems to the
5 right; and

6 (ii) by striking “, or” and inserting “;
7 and”; and

8 (C) by adding at the end the following:

9 “(III) the judgment described in subclause
10 (I) does not result from a petitioner’s motion to
11 dismiss the case; or”.

12 (3) COMPENSATION.—Section 2115(e)(1) of the
13 Public Health Service Act (42 U.S.C. 300aa–
14 15(e)(1)) is amended by adding at the end the fol-
15 lowing: “When making a determination of good faith
16 under this paragraph, the special master or court
17 may consider whether the petitioner demonstrated
18 an intention to obtain compensation on such peti-
19 tion.”.

20 (b) COUNTERMEASURES INJURY COMPENSATION
21 PROGRAM.—Section 319F–4 of the Public Health Service
22 Act (42 U.S.C. 247d–6e) is amended—

23 (1) in subsection (b)(4), as amended by section
24 301(b), by adding at the end the following:

25 “(C) TIMING.—

1 “(i) IN GENERAL.—Each determina-
2 tion made by the Secretary under this
3 paragraph shall be issued as expeditiously
4 as practicable but not later than 240 days,
5 exclusive of suspended time, after the date
6 the petition was filed.

7 “(ii) REQUESTS FOR RECONSIDER-
8 ATION.—Applications to request reconsid-
9 eration of a determination in accordance
10 with section 262(f)(1) shall be made within
11 60 days of notification of the determina-
12 tion. The Secretary shall complete such re-
13 consideration as expeditiously as prac-
14 ticable but not later than 90 days, exclu-
15 sive of suspended time, after the date on
16 which the reconsideration was requested.”;

17 (2) in subsection (d)—

18 (A) in paragraph (1) by striking “240
19 days” and inserting “420 days, exclusive of sus-
20 pended time,”; and

21 (B) by adding at the end the following:

22 “(6) FAILURE TO RESPOND.—If an individual
23 who submits a request for benefits under subsection
24 (a) fails to respond to subsequent requests for infor-
25 mation or action, resulting in suspended time of over

1 240 continuous days or an aggregate period of over
2 420 days, the request shall be withdrawn and the in-
3 dividual shall not be considered as having exhausted
4 available remedies for purposes of paragraph (1).
5 The Secretary shall make no fewer than 3 attempts
6 to contact the individual prior to a withdrawal, with
7 not fewer than 60 days between each such at-
8 tempt.”; and

9 (3) in subsection (e) by adding at the end the
10 following:

11 “(6) SUSPENDED TIME.—The term ‘suspended
12 time’ means time during consideration of a request
13 for compensation under subsection (b)(4) during
14 which the Secretary is awaiting further information
15 or documentation from the requesting individual, fol-
16 lowing notification of the individual by the Secretary
17 that such information or documentation is required
18 to proceed with determination of eligibility and com-
19 pensation or payment.”.

20 **SEC. 303. REVIEW OF REGULATIONS.**

21 Not later than 120 days after the date of enactment
22 of this Act, the Secretary of Health and Human Services
23 shall update, as needed for purposes of carrying out the
24 amendments made by this Act, regulations governing ad-
25 ministration of the National Vaccine Injury Compensation

1 Program under subtitle 2 of title XXI of the Public Health
2 Service Act (42 U.S.C. 300aa–10 et seq.) and under the
3 Countermeasures Injury Compensation Program under
4 section 319F–4 of the Public Health Service Act (42
5 U.S.C. 247d–6e).

6 **SEC. 304. SUPPORTING INDIVIDUALS WITH DISABILITIES**
7 **DURING EMERGENCY RESPONSES.**

8 (a) **TECHNICAL ASSISTANCE CENTERS ON AT-RISK**
9 **INDIVIDUALS AND DISASTERS.—**

10 (1) **IN GENERAL.—**The Secretary of Health and
11 Human Services (referred to in this section as the
12 “Secretary”) may, through grants, contracts, or co-
13 operative agreements to eligible entities, establish
14 more than one research, training, and technical as-
15 sistance centers to provide appropriate information,
16 training, and technical assistance to States, local-
17 ities, Tribes, and other applicable entities related to
18 addressing the unique needs and considerations of
19 at-risk individuals, as defined in section 2802(b)(4)
20 of the Public Health Service Act (42 U.S.C. 300hh–
21 1(b)(4)), in the event of a public health emergency
22 declared by the Secretary pursuant to section 319 of
23 the Public Health Service Act (42 U.S.C. 247d).

1 (2) RESPONSIBILITIES OF THE CENTERS.—The
2 centers established under paragraph (1) shall con-
3 duct activities for the purpose of—

4 (A) developing, identifying, evaluating, and
5 disseminating evidence-based or evidence-in-
6 formed strategies to improve health and other
7 related outcomes for at-risk individuals related
8 to public health emergencies, including by ad-
9 dressing such unique needs and considerations
10 in carrying out public health and medical activi-
11 ties to prepare for, respond to, and recover
12 from, such public health emergencies; and

13 (B) assisting applicable entities in the im-
14 plementation of such evidence-based strategies,
15 including through sub-grants, contracts, or co-
16 operative agreements.

17 (3) PRIORITY.—In awarding grants for activi-
18 ties described in this subsection, the Secretary shall
19 give priority to eligible entities with demonstrated
20 expertise in, and ability to carry out, the activities
21 described in paragraph (2).

22 (4) CONSULTATION.—In carrying out activities
23 under paragraph (2), the centers established under
24 paragraph (1) shall take into consideration relevant
25 findings and recommendations of, and, as appro-

1 appropriate, consult with, the National Advisory Com-
2 mittee on Individuals with Disabilities and Disasters
3 established under section 2811C of the Public
4 Health Service Act (42 U.S.C. 300hh–10d).

5 (5) REPORTS.—Not later than 2 years after the
6 date of enactment of this Act and every 2 years
7 thereafter, the Secretary shall submit to the Com-
8 mittee on Health, Education, Labor, and Pensions
9 of the Senate and the Committee on Energy and
10 Commerce of the House of Representatives a report
11 describing the activities carried out under this sub-
12 section during the preceding 2 fiscal years.

13 (6) SUNSET.—This subsection shall cease to
14 have force or effect on September 30, 2028.

15 (b) CRISIS STANDARDS OF CARE.—Not later than 2
16 years after the date of enactment of this Act, the Sec-
17 retary, acting through the Director of the Office for Civil
18 Rights of the Department of Health and Human Services,
19 shall issue guidance to States and localities on the develop-
20 ment or modification of State and local crisis standards
21 of care for use during the response to a public health
22 emergency declared by the governor of a State or by the
23 Secretary under section 319 of the Public Health Service
24 Act (42 U.S.C. 247d), or a major disaster or emergency
25 declared by the President under section 401 or 501, re-

1 spectively, of the Robert T. Stafford Disaster Relief and
2 Emergency Assistance Act (42 U.S.C. 5170, 5191) to en-
3 sure that such standards of care are consistent with the
4 nondiscrimination requirements of section 504 of the Re-
5 habilitation Act of 1973 (29 U.S.C. 794), title II of the
6 Americans with Disabilities Act of 1990 (42 U.S.C. 12131
7 et seq.), and the Age Discrimination Act of 1975 (42
8 U.S.C. 6101 et seq.).

9 **SEC. 305. NATIONAL ADVISORY COMMITTEES.**

10 (a) NATIONAL ADVISORY COMMITTEE ON CHILDREN
11 AND DISASTERS.—Section 2811A of the Public Health
12 Service Act (42 U.S.C. 300hh–10b) is amended—

13 (1) in subsection (c)—

14 (A) by striking “may provide advice” and
15 inserting the following: “may provide—
16 “(1) advice”;

17 (B) by striking the period and inserting “;
18 and”; and

19 (C) by adding at the end the following:

20 “(2) recommendations to the Director of the
21 Office of Pandemic Preparedness and Response Pol-
22 icy and to Congress with respect to the public health
23 and emergency preparedness needs of children.”;
24 and

1 (2) in subsection (g), by striking “2023” and
2 inserting “2028”.

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

6 (1) in subsection (c)—

7 (A) by striking “may provide advice” and
8 inserting the following: “may provide—
9 “(1) advice”;

10 (B) by striking the period and inserting “;
11 and”; and

12 (C) by adding at the end the following:

13 “(2) recommendations to the Director of the
14 Office of Pandemic Preparedness and Response Pol-
15 icy and to Congress with respect to the public health
16 and emergency preparedness needs of seniors.”;

17 (2) in subsection (d)—

18 (A) in paragraph (1), by striking “17
19 members” and inserting “25 members”; and

20 (B) in paragraph (2)—

21 (i) in subparagraph (J), by striking
22 “2” and inserting “3”;

23 (ii) in subparagraph (K), by striking
24 “2” and inserting “3”;

1 (iii) by redesignating subparagraphs
2 (K) through (L) as subparagraphs (L)
3 through (M), respectively; and

4 (iv) by inserting after subparagraph
5 (J) the following:

6 “(K) At least 2 non-Federal health care
7 professionals with expertise in gerontology.”;

8 and

9 (3) by amending subsection (g) to read as fol-
10 lows:

11 “(g) SUNSET.—The Advisory Committee shall termi-
12 nate on September 30, 2028.”.

13 (c) NATIONAL ADVISORY COMMITTEE ON INDIVID-
14 UALS WITH DISABILITIES AND DISASTERS.—Section
15 2811C of the Public Health Service Act (42 U.S.C.
16 300hh–10d) is amended—

17 (1) by redesignating subsections (e) through (g)
18 as subsections (d) through (h), respectively;

19 (2) by inserting after subsection (b) the fol-
20 lowing:

21 “(c) ADDITIONAL DUTIES.—The Advisory Committee
22 may provide—

23 “(1) advice and recommendations to the Sec-
24 retary and to Congress with respect to individuals
25 with disabilities and the medical and public health

1 grants and cooperative agreements as applicable to
2 preparedness and response activities under this title
3 and title III; and

4 “(2) recommendations to the Director of the
5 Office of Pandemic Preparedness and Response Pol-
6 icy and to Congress with respect to the public health
7 and emergency preparedness needs of individuals
8 with disabilities.”;

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

10 (A) in paragraph (1), by striking “17
11 members” and inserting “25 members”;

12 (B) in paragraph (2)—

13 (i) by striking subparagraphs (K)
14 through (M); and

15 (ii) by inserting after subparagraph
16 (J) the following:

17 “(K) 15 non-Federal members (at least 4
18 of whom shall be individuals with disabilities)
19 from diverse backgrounds, including the fol-
20 lowing:

21 “(i) One representative from each of
22 the following:

23 “(I) A nongovernmental organi-
24 zation that provides disaster prepared-
25 ness and response services.

1 “(II) A community-based organi-
2 zation that represents individuals with
3 multiple types of disabilities.

4 “(III) A State-based organization
5 that represents individuals with mul-
6 tiple types of disabilities.

7 “(IV) A national organization
8 that represents individuals with mul-
9 tiple types of disabilities.

10 “(V) A national organization that
11 represents older adults.

12 “(VI) An organization that pro-
13 vides relevant housing services, includ-
14 ing during the response to, and recov-
15 ery from, disasters.

16 “(VII) An organization that rep-
17 resents disabled veterans.

18 “(ii) Four individuals with geographi-
19 cally diverse expertise in emergency man-
20 agement.

21 “(iii) Two non-Federal health care
22 professionals with expertise in disability ac-
23 cessibility before, during, and after disas-
24 ters, medical and mass care disaster plan-

1 ning, preparedness, response, or recov-
2 ery.”; and

3 (C) by adding at the end the following:

4 “(3) CONSIDERATION.—In appointing members,
5 including the Chair, to the Committee under this
6 subsection, the Secretary may give consideration to
7 disability status.”; and

8 (4) by amending subsection (h), as so redesign-
9 nated, to read as follows:

10 “(h) SUNSET.—The Advisory Committee shall termi-
11 nate on September 30, 2028.”.

12 **SEC. 306. RESEARCH AND COORDINATION OF ACTIVITIES**
13 **CONCERNING THE LONG-TERM HEALTH EF-**
14 **FECTS OF SARS-COV-2 INFECTION.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (referred to in this section as the “Sec-
17 retary”) shall, as appropriate—

18 (1) coordinate activities among relevant Federal
19 departments and agencies with respect to addressing
20 the long-term health effects of SARS-CoV-2 infec-
21 tion, which may include conditions that arise as a
22 result of such infection;

23 (2) continue to conduct or support basic, clin-
24 ical, epidemiological, behavioral, and translational
25 research and public health surveillance related to the

1 pathogenesis, prevention, diagnosis, and treatment
2 of the long-term health effects of SARS-CoV-2 in-
3 fection, which may include conditions and any ef-
4 fects on cognition and neural structure and function
5 that arise as a result of such infection; and

6 (3) consistent with the findings of studies and
7 research under paragraph (1), in consultation with
8 health professional associations, scientific and med-
9 ical researchers, and other relevant experts, develop
10 and inform recommendations, guidance, and edu-
11 cational materials on the long-term effects of SARS-
12 CoV-2 infection, which may include conditions that
13 arise as a result of such infection, and provide such
14 recommendations, guidance, and educational mate-
15 rials to health care providers and the general public.

16 (b) CONSIDERATIONS.—In conducting or supporting
17 research under this section, the Secretary shall consider
18 the diversity of research participants or cohorts to ensure
19 inclusion of a broad range of participants, as applicable
20 and appropriate.

21 (c) ADDITIONAL ACTIVITIES.—The Secretary may—

22 (1) acting through the Director of the Agency
23 for Healthcare Research and Quality, conduct or
24 support research related to—

1 (A) the improvement of health care deliv-
2 ery for individuals experiencing long-term
3 health effects of SARS-CoV-2, which may in-
4 clude conditions that arise as a result of such
5 infection;

6 (B) the identification of any trends associ-
7 ated with differences in diagnosis and treat-
8 ment of the long-term health effects of SARS-
9 CoV-2 infection and related conditions; and

10 (C) the development or identification of
11 tools and strategies to help health care entities
12 and providers care for such populations, which
13 may include addressing any differences identi-
14 fied pursuant to subparagraph (B);

15 (2) publicly disseminate the results of such re-
16 search; and

17 (3) establish a primary care technical assistance
18 initiative to convene primary care providers and or-
19 ganizations, which may include support for con-
20 tinuing training and education for such providers, as
21 applicable and appropriate, in order to collect and
22 disseminate best practices related to the care of indi-
23 viduals with long-term health effects of SARS-CoV-
24 2 infection, which may include conditions that arise
25 as a result of such infection.

1 (d) ANNUAL REPORTS.—Not later than 1 year after
2 the date of enactment of this Act, and annually thereafter
3 for the next 4 years, the Secretary shall prepare and sub-
4 mit a report to the Committee on Health, Education,
5 Labor, and Pensions of the Senate and the Committee on
6 Energy and Commerce of the House of Representatives
7 regarding an overview of the research conducted or sup-
8 ported under this section and any relevant findings. Such
9 reports may include information about how the research
10 and relevant findings under this section relate to other re-
11 search efforts supported by other public or private entities.

12 (e) PUBLIC AVAILABILITY OF INFORMATION.—In
13 making information or reports publicly available under
14 this section, the Secretary shall take into consideration the
15 delivery of such information in a manner that takes into
16 account the range of communication needs of the intended
17 recipients, including at-risk individuals.

18 **TITLE IV—STRENGTHENING**
19 **BIOSECURITY**

20 **SEC. 401. TREATMENT OF GENETIC VARIANTS AND SYN-**
21 **THETIC PRODUCTS OF SELECT AGENTS AND**
22 **TOXINS.**

23 Section 351A(a)(1) of the Public Health Service Act
24 (42 U.S.C. 262a(a)(1)) is amended by adding at the end
25 the following:

1 “(C) INCLUSIONS.—

2 “(i) IN GENERAL.—For purposes of
3 the list under this paragraph, the following
4 shall be considered to be a biological agent
5 or toxin included on the list:

6 “(I) Any biological agent that in-
7 corporates nucleic acids coding for a
8 virulence factor from a listed agent or
9 toxin.

10 “(II) Any biological agent or
11 toxin that is genetically homologous to
12 a listed agent or toxin with respect to
13 nucleotides coding for virulence fac-
14 tors or toxicity.

15 “(III) Any biological agent or
16 toxin that is synthetically derived with
17 virulence or toxicity characteristics of
18 a listed agent or toxin.

19 “(IV) Any nucleic acid that en-
20 codes for components contributing to
21 pathogenicity, transmissibility, or tox-
22 icity of a listed agent or toxin.

23 “(ii) EXEMPTIONS.—The Secretary
24 may exempt from inclusion on the list
25 under this paragraph any biological agent,

1 toxin, or nucleic acid described in clause
2 (i), if such agent, toxin, or nucleic acid
3 does not meet the criteria under subpara-
4 graph (B).”.

5 **SEC. 402. ESTABLISHMENT OF NO-FAULT REPORTING SYS-**
6 **TEM.**

7 Title III of the Public Health Service Act is amended
8 by inserting after section 351A (42 U.S.C. 262a)the fol-
9 lowing:

10 **“SEC. 351B. NO-FAULT REPORTING SYSTEM.**

11 “(a) DEFINITIONS.—In this section:

12 “(1) The term ‘listed agents and toxins’ has the
13 meaning given the term in section 351A(l).

14 “(2) The term ‘reporting system’ means the re-
15 porting system established under subsection (b)(1).

16 “(b) ESTABLISHMENT.—

17 “(1) IN GENERAL.—Not later than 2 years
18 after the date of enactment of the Pandemic and
19 All-Hazards Preparedness and Response Act, the
20 Secretary shall establish a confidential, anonymous,
21 voluntary, no-fault reporting system related to acci-
22 dents, near-accidents, or other safety incidents in-
23 volving biological agents and toxins, in order to sup-
24 port continuous improvement and sharing of lessons
25 learned related to such incidents.

1 “(2) AVAILABILITY.—The ability to submit re-
2 ports on a voluntary basis to the reporting system
3 shall be made available to individuals affiliated with
4 laboratories located in the United States, or at fed-
5 erally-funded entities outside the United States, that
6 conduct research involving biological agents and tox-
7 ins.

8 “(3) DATA.—Not later than 1 year after the
9 date of enactment of the Pandemic and All-Hazards
10 Preparedness and Response Act, the Secretary shall
11 publish a notice in the Federal Register on plans for
12 the reporting system, including—

13 “(A) data elements that will be included in
14 the submission of reports;

15 “(B) procedures and processes for the sub-
16 mission of reports;

17 “(C) criteria for incidents that may be re-
18 ported to such system; and

19 “(D) procedures for privacy and
20 anonymization.

21 “(4) PROTOTYPING AND TESTING.—The Sec-
22 retary shall test and prototype the reporting system
23 for not less than 1 year before finalizing the report-
24 ing system.

1 “(5) EXTERNAL FEEDBACK.—The Secretary
2 shall seek feedback on development of the reporting
3 system from external stakeholders, including prior to
4 publication of the information under paragraph (3)
5 and prior to introduction of prototypes and finaliza-
6 tion of such system under paragraph (4).

7 “(c) FOIA.—

8 “(1) IN GENERAL.—Information submitted to,
9 or derived from, the reporting system shall be ex-
10 empt from disclosure under section 552 of title 5,
11 United States Code.

12 “(2) APPLICABILITY.—For purposes of para-
13 graph (1), this section shall be considered a statute
14 described in section 552(b)(3)(B) of title 5, United
15 States Code.

16 “(d) PROHIBITION ON USE AS EVIDENCE.—Informa-
17 tion submitted to, or derived from, the reporting system
18 shall not be used in any Federal or State enforcement ac-
19 tion or criminal prosecution.

20 “(e) PRIVACY; DISCIPLINARY ACTION FOR UNAU-
21 THORIZED DISCLOSURE.—An individual or entity that
22 submits information to the reporting system under sub-
23 section (b) shall not be required to provide their name.

24 “(f) RELATIONSHIP TO BSAT REPORTING SYS-
25 TEM.—The voluntary reporting system established under

1 this section shall supplement, and not supplant, the man-
2 datory reporting requirements applicable to the misuse of
3 listed agents and toxins.”.

4 **SEC. 403. EVALUATION OF THE FEDERAL SELECT AGENT**
5 **PROGRAM AND RELATED POLICIES.**

6 (a) IN GENERAL.—Not later than 3 years after the
7 date of enactment of this Act, the National Science Advi-
8 sory Board for Biosecurity (referred to in this section as
9 the “Board”) established pursuant to section 4040 of the
10 Public Health Service Act (42 U.S.C. 283r) shall evaluate
11 the effectiveness of the Federal Select Agent Program (re-
12 ferred to in this section as the “Program”) in mitigating
13 risks to the United States population with respect to bio-
14 logical threats and make recommendations to the Presi-
15 dent related to the modernization of the Program, includ-
16 ing to address scientific advancements and integration of
17 the Program and other related Federal policies and frame-
18 works for biosafety and biosecurity.

19 (b) FRAMEWORK.—

20 (1) IN GENERAL.—The recommendations devel-
21 oped under subsection (a) shall include a proposed
22 framework for an integrated approach to the over-
23 sight of biological research that raises significant
24 biosafety and biosecurity concerns, which may in-

1 clude proposals to harmonize relevant Federal poli-
2 cies such as the following:

3 (A) The Federal Select Agent Program.

4 (B) Federal policies relating to dual-use
5 research of concern.

6 (C) Federal policies related to federally-
7 funded research involving enhanced pathogens
8 of pandemic potential.

9 (D) The Biosafety in Microbiological and
10 Biomedical Laboratories Manual of the Depart-
11 ment of Health and Human Services.

12 (E) The Guidelines for Research Involving
13 Recombinant or Synthetic Nucleic Acid Mol-
14 ecules of the National Institutes of Health.

15 (2) REQUIREMENTS FOR FRAMEWORK.—The
16 framework proposed under paragraph (1) shall—

17 (A) be developed in consultation with
18 stakeholders and experts from institutions of
19 higher education, industry, and other govern-
20 ment agencies; and

21 (B) make recommendations related to miti-
22 gating any identified risks associated with exist-
23 ing gaps in oversight of such research, which
24 may include research that does not receive Fed-
25 eral funding, taking into consideration any na-

1 tional security concerns, the potential benefits
2 of such research, considerations related to the
3 research community, transparency, and public
4 availability of information, and international re-
5 search collaboration.

6 (c) REORGANIZATION.—In carrying out this section,
7 the Board may make recommendations related to the clar-
8 ification of the authorities and responsibilities of relevant
9 Federal departments and agencies and any necessary reor-
10 ganization of such authorities and responsibilities among
11 such departments and agencies.

12 (d) REPORT.—Not later than 1 year after the
13 issuance of recommendations under subsection (a), the
14 President shall submit to the Committee on Health, Edu-
15 cation, Labor, and Pensions of the Senate and the Com-
16 mittee on Energy and Commerce of the House of Rep-
17 resentatives, and, as applicable, other appropriate commit-
18 tees of Congress, a report that describes plans to imple-
19 ment such recommendations, including the identification
20 of—

- 21 (1) any barriers to implementation; and
- 22 (2) any areas in which the President disagrees
- 23 with the findings or recommendations of the Board.

1 **SEC. 404. SUPPORTING RESEARCH AND LABORATORY**
2 **SURGE CAPACITY.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this section as the “Sec-
5 retary”) shall make awards to establish or maintain, as
6 applicable, not fewer than 12 regional biocontainment lab-
7 oratories, for purposes of—

8 (1) conducting biomedical research to support
9 public health and medical preparedness for, and
10 rapid response to, biological agents, including emerg-
11 ing infectious diseases;

12 (2) ensuring the availability of surge capacity
13 for purposes of responding to such biological agents;

14 (3) supporting information-sharing between,
15 and the dissemination of findings to, researchers and
16 other relevant individuals to facilitate collaboration
17 between industry and academia; and

18 (4) providing, as appropriate and applicable,
19 technical assistance and training to researchers and
20 other relevant individuals to support the biomedical
21 research workforce in improving the management
22 and mitigation of safety and security risks in the
23 conduct of research involving such biological agents.

24 (b) REQUIREMENTS.—As a condition of receiving a
25 grant under this section, a regional biocontainment labora-
26 tory shall agree—

1 (1) to such oversight activities as the Secretary
2 determines appropriate, including periodic meetings
3 with relevant officials of the Department of Health
4 and Human Services, facility inspections, and other
5 activities as necessary and appropriate to ensure
6 compliance with the terms and conditions of such
7 award; and

8 (2) to report accidents, near-accidents, or other
9 safety incidents involving biological agents and tox-
10 ins into the no-fault reporting system established
11 pursuant to section 351B of the Public Health Serv-
12 ice Act, as added by section 402.

13 (c) DEFINITION.—In this section, the term “regional
14 biocontainment laboratory” means a Biosafety or Animal
15 Biosafety Level-3 and Level-2 facility located at an insti-
16 tution in the United States that is designated by the Sec-
17 retary to carry out the activities described in subsection
18 (a).

19 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 \$52,000,000 for each of fiscal years 2024 through 2028.

22 (e) ADMINISTRATIVE EXPENSES.—Of the amount
23 available to carry out this section for a fiscal year, the
24 Secretary may use not more than 5 percent for the admin-
25 istrative expenses of carrying out this section.

1 (f) REPORT TO CONGRESS.—Not later than 1 year
2 after the date of the enactment of this Act, and biannually
3 thereafter, the Secretary, in consultation with the heads
4 of applicable Federal departments and agencies shall re-
5 port to the Committee on Health, Education, Labor, and
6 Pensions of the Senate and the Committee on Energy and
7 Commerce of the House of Representatives on—

8 (1) the activities and accomplishments of the
9 regional biocontainment laboratories;

10 (2) any published or disseminated research
11 findings based on research conducted in such labora-
12 tories in the applicable year;

13 (3) oversight activities carried out by the Sec-
14 retary pursuant to subsection (b);

15 (4) activities undertaken by the Secretary to
16 take into consideration the capacity and capabilities
17 of the network of regional biocontainment labora-
18 tories in activities to prepare for and respond to bio-
19 logical agents, which may include leveraging such ca-
20 pacity and capabilities to support the Laboratory
21 Response Network, as applicable and appropriate;

22 (5) plans for the maintenance and sustainment
23 of federally-funded activities conducted at the re-
24 gional biocontainment laboratories, consistent with
25 the strategy required under section 2312 of the

1 PREVENT Pandemics Act (Public Law 117–328);
2 and

3 (6) activities undertaken by the Secretary to co-
4 ordinate with applicable agencies to ensure work car-
5 ried out by such facilities is prioritized and com-
6 plementary to one another, and avoiding unneces-
7 sary duplication.

8 **TITLE V—ADDITIONAL REAU-**
9 **THORIZATIONS AND TECH-**
10 **NICAL AMENDMENTS**

11 **SEC. 501. EPIDEMIC INTELLIGENCE SERVICE LOAN REPAY-**
12 **MENT PROGRAM.**

13 Section 317F(c)(2) of the Public Health Service Act
14 (42 U.S.C. 247b–7(c)(2)) is amended by striking “2019
15 through 2023” and inserting “2024 through 2028”.

16 **SEC. 502. TEMPORARY REASSIGNMENT OF STATE AND**
17 **LOCAL PERSONNEL DURING A PUBLIC**
18 **HEALTH EMERGENCY.**

19 Section 319(e)(8) of the Public Health Service Act
20 (42 U.S.C. 247d(e)(8)) is amended by striking “2023”
21 and inserting “2028”.

22 **SEC. 503. VACCINE TRACKING AND DISTRIBUTION.**

23 Section 319A(e) of the Public Health Service Act (42
24 U.S.C. 247d–1(e)) is amended by striking “2019 through
25 2023” and inserting “2024 through 2028”.

1 **SEC. 504. REGIONAL HEALTH CARE EMERGENCY PRE-**
2 **PAREDNESS AND RESPONSE SYSTEMS.**

3 Section 319C–3(e)(2) of the Public Health Service
4 Act (42 U.S.C. 247d–3c(e)(2)) is amended by striking
5 “2023” and inserting “2028”.

6 **SEC. 505. EMERGENCY SYSTEM FOR ADVANCE REGISTRA-**
7 **TION OF VOLUNTEER HEALTH PROFES-**
8 **SIONAL.**

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

12 **SEC. 506. LIMITED ANTITRUST EXEMPTION.**

13 Section 319L–1(b) of the Public Health Service Act
14 (42 U.S.C. 247d–7f(b)) is amended by striking “at the
15 end of the 17-year period that begins on the date of enact-
16 ment of this Act” and inserting “on September 30, 2028”.

17 **SEC. 507. TRAUMA CARE.**

18 Section 1232(a) of the Public Health Service Act (42
19 U.S.C. 300d–32(a)) is amended by striking “2023
20 through 2027” and inserting “2024 through 2028”.

21 **SEC. 508. MILITARY AND CIVILIAN PARTNERSHIP FOR**
22 **TRAUMA READINESS.**

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

1 **SEC. 509. NATIONAL DISASTER MEDICAL SYSTEM.**

2 Section 2812 of the Public Health Service Act (42
3 U.S.C. 300hh–11) is amended—

4 (1) in subsection (c)(4)(B), by striking “2023”
5 and inserting “2028”; and

6 (2) in subsection (g), by striking “\$57,400,000
7 for each of fiscal years 2019 through 2023” and in-
8 serting “\$65,900,000 for each of fiscal years 2024
9 through 2028”.

10 **SEC. 510. VOLUNTEER MEDICAL RESERVE CORPS.**

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

14 **SEC. 511. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.**

15 Section 2821(b) of the Public Health Service Act (42
16 U.S.C. 300hh–31(b)) is amended, in the matter preceding
17 paragraph (1), by striking “2019 through 2023” and in-
18 serting “2024 through 2028”.

19 **SEC. 512. VETERANS AFFAIRS.**

20 Section 8117(g) of title 38, United States Code is
21 amended by striking “2019 through 2023” and inserting
22 “2024 through 2028”.

23 **SEC. 513. TECHNICAL AMENDMENTS.**

24 (a) Title XXI of the Public Health Service Act (42
25 U.S.C. 300aa–1 et seq.) is amended—

1 (1) in section 2105(b), by striking “, 2103, and
2 2104” each place it appears and inserting “and
3 2103”;

4 (2) in section 2110(b), by striking “the pro-
5 gram” and inserting “The Program”;

6 (3) in section 2111(a)—

7 (A) in paragraph (6), by striking “1988
8 for” and inserting “1988, for”; and

9 (B) in paragraph (10), by striking “United
10 States Claims Court” and inserting “United
11 States Court of Federal Claims”;

12 (4) in section 2112—

13 (A) in subsection (c)(6)(A), by striking
14 “United States Claims Courts” and inserting
15 “United States Court of Federal Claims”; and

16 (B) in subsection (f)—

17 (i) by striking “United States Claims
18 Court on” and inserting “United States
19 Court of Federal Claims on”; and

20 (ii) by striking “United States Claims
21 Court’s judgment” and inserting “judg-
22 ment of the United States Court of Fed-
23 eral Claims”;

24 (5) in section 2115(b)(3), by striking “sub-
25 section (e)” and inserting “subsection (e)”;

1 (6) in section 2117—

2 (A) in the section heading, by striking
3 “**SUBROGRATION**” and inserting “**SUBROGA-**
4 **TION**”; and

5 (B) in subsection (a), by striking
6 “subrogated” and inserting “subrogated”; and

7 (7) in section 2127—

8 (A) in subsection (b)(1), by inserting “and
9 Prevention” before the period; and

10 (B) in subsection (c), by striking “Com-
11 mittee on Labor and Human Resources” and
12 inserting “Committee on Health, Education,
13 Labor, and Pensions”.

14 (b) Section 319F–3 of the Public Health Service Act
15 (42 U.S.C. 247d–6d) is amended—

16 (1) in subsection (c)(5)(B)(ii)(I), by striking
17 “chapter 5” and inserting “chapter V”; and

18 (2) in subsection (i)(7)—

19 (A) by striking “321(g)(1))” and inserting
20 “321(g)(1))”; and

21 (B) by striking “321(h))” and inserting
22 “321(h))”.

23 (c) Section 319F–4 of the Public Health Service Act
24 (42 U.S.C. 247d–6e) is amended—

1 (1) in subsection (b)(1), by striking “under
2 319F-3(b)” and inserting “under section 319F-
3 3(b)”; and

4 (2) in subsection (d)(5), by striking “under
5 subsection (a) the Secretary determines that a cov-
6 ered individual qualifies for compensation” and in-
7 serting “a covered individual is determined under
8 subsection (a) to be eligible for compensation under
9 this section”.

10 (d) Part C of title II of the Public Health Service
11 Act (42 U.S.C. 239 et seq.) is amended—

12 (1) in section 261(a)(2)(A), by striking “speci-
13 alities” and inserting “specialties”;

14 (2) in section 265(c)(5), by striking “involves”
15 and inserting “involved”;

16 (3) in section 266(b)(3)(B)(ii), by striking “to
17 with respect to an eligible” and inserting “with re-
18 spect to an eligible”; and

19 (4) in section 267(b), by striking “such Act”
20 and inserting “such part”.

21 (e) Section 351A(e)(7)(B)(ii) is amended by striking
22 “judical” and inserting “judicial”.