

Pandemic and All-Hazards Preparedness And Response Act (PAHPARA)

TITLE I—STATE AND LOCAL READINESS AND RESPONSE

Sec.101. Temporary reassignment of State and local personnel during a public health emergency.	Updates existing authority to allow State and Tribal Health Officials to request temporary assistance for emergency responses.
Sec.102. Public Health Emergency Preparedness program.	Updates the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement by ensuring consideration of all pandemic threats in response plans required under current law, clarifying requirements related to public input on such plans, and making technical changes to the withholding process for PHEP and the Hospital Preparedness Program.
Sec.103. Improving and enhancing participation of EMS organizations in the Hospital Preparedness Program.	Encourages participation of emergency medical services organizations within local and regional health care coalitions that are funded through the Hospital Preparedness Program.
Sec. 104. Improving medical readiness and response capabilities.	Reauthorizes the Hospital Preparedness Program, improves the coordination of day-to-day and surge regional medical operations within and among health care coalitions.
Sec.105. Pilot program to support State medical stockpiles.	Extends the state medical stockpiles pilot program through fiscal year 2028 and makes changes to encourage coordination between states that receive an award as part of a consortium.
Sec.106. Enhancing domestic wastewater surveillance for pathogen detection.	Codifies activities to detect the circulation of infectious diseases through wastewater testing and directs the Secretary to continue to support research to improve these activities in the future.
Sec.107. Reauthorization of Mosquito Abatement for Safety and Health program.	Reauthorizes the Mosquito Abatement for Safety and Health program and directs the Secretary of Health and Human Services to consider the use of innovative and novel technology for mosquito control.

TITLE II—FEDERAL PLANNING AND COORDINATION

Sec.201. All-Hazards Emergency Preparedness and Response.	Amends the authorization of the Assistant Secretary for Preparedness and Response (ASPR) by codifying the Assistant Secretary’s role in leading the development of requirements for countermeasures and amends existing language to clarify that planning for medical product and supply needs during a response includes raw materials and critical components. Makes changes to current law related to the Public Health Emergency Medical Countermeasures
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	Enterprise (PHEMCE) Multi-Year Budget and Strategy and Implementation Plan.
Sec. 202. National Health Security Strategy.	Updates the National Health Security Strategy to improve preparedness related to medical readiness, considerations with respect to the blood supply, settings that pose an increased risk for the transmission of infectious diseases during a public health emergency, and natural disasters and other extreme weather events.
Sec.203. Improving development and distribution of diagnostic tests.	Requires the Secretary of Health and Human Services to establish a strategic framework to support domestic capacity and capabilities related to diagnostic testing.
Sec.204. Pilot program for public health data availability	Amends existing authorities to direct the Secretary of Health and Human Services to establish a pilot program for state and regional public health situational awareness activities and improve coordination within the Department of Health and Human Services so that deidentified, aggregated data on potentially catastrophic infectious disease outbreaks can be made publicly available in near real-time. Additionally, establishes a National Public Health Data Board to advise on the implementation of the pilot program.
Sec.205. Combating antimicrobial resistance.	Updates current law to account for the current activities of the CARB Task Force and the President’s Advisory Council on Combatting Antibiotic-Resistant Bacteria and codifying the related National Action Plan.
Sec.206. Strategic National Stockpile and material threats.	Updates the Annual Threat-Based Review for the Strategic National Stockpile (SNS) and amends procedures for administering the Stockpile to ensure that the Secretary is utilizing best practices. Additionally, reauthorizes the SNS through fiscal year 2028 and Project BioShield through fiscal year 2033.
Sec.207. Medical countermeasures for viral threats with pandemic potential.	Encourages Biomedical Advanced Research and Development Authority (BARDA) to prepare for “Disease X” by supporting innovative medical countermeasures to address virus families with significant pandemic potential. Reauthorizes BARDA through fiscal year 2028.
Sec.208. Public Health Emergency Medical Countermeasures Enterprise.	Requires that the Secretary of Health and Human Services share information with stakeholders related to recommendations made and strategies developed by the PHEMCE and strengthens consultation between PHEMCE and public health officials.

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Sec.209. Strengthening public health communication.	Authorizes the establishment of a Federal Advisory Committee to provide recommendations through a one-time report to improve the communication of scientific and evidence-based public health information.
Sec.210. Fellowship and training programs.	Allows the Secretary to convert individuals who complete an epidemiology, surveillance, or laboratory fellowship or training program to a career-conditional appointment following completion of their fellowships.
Sec.211. Assessment of COVID-19 mitigation policies.	GAO study on the economic impact and health outcomes associated with strategies used during the response to the COVID-19 pandemic.
TITLE III—ADDRESSING THE NEEDS OF ALL INDIVIDUALS	
Sec.301. Transition of certain countermeasures between compensation programs.	Updates the Vaccine Injury Compensation Program (VICP) and the Countermeasures Injury Compensation Program (CICP) to establish procedures in the event that a product transitions from CICP to VICP.
Sec.302. Accelerating injury compensation program administration and ensuring program integrity.	Updates the number of special masters to adjudicate petitions for compensation under VICP from 8 to no fewer than 10 and makes clarifications related to exhaustion of remedies.
Sec.303. Compensation for injuries relating to the public health emergency cause by SARS–CoV–2.	For covered COVID-19 countermeasures administered during the public health emergency declaration, the time allowable to file after date of administration is extended to 3 years or one year after enactment of this section, whichever is later. The Secretary is directed to submit a professional judgement budget of resources needed to process backlogs for both programs.
Sec.304. Review of regulations.	Directs the Secretary of Health and Human Services to review and update regulations to align with statutory changes made in this bill.
Sec.305. Supporting individuals with disabilities, older adults, and other at-risk individuals during emergency responses.	Establishes technical assistance centers to assist localities with planning for the needs of at-risk individuals (which includes older adults, individuals with disabilities, pregnant women, and children) during the public health and medical response to an emergency. Directs HHS to issue guidance to ensure that state crisis standards of care are consistent with existing federal laws on discrimination against older adults and individuals with disabilities.
Sec.306. National Advisory Committees.	Extends three existing National Advisory Committees that provide advice to the federal government on preparedness and response planning related to children, seniors, and individuals with disabilities and makes changes to the composition of the Committees.

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Sec.307. Research and coordination of activities concerning the long-term health effects of SARS–COV–2 infection.	Directs the Secretary of Health and Human Services to coordinate federal activities to address the long-term health effects of SARS-CoV-2, including research into the causes, treatment, and care of these health effects.
Sec.308. National Academies study on prizes.	Directs the National Academies to study alternative models and strategies to promote drug development in comparison to current practices in the United States.
TITLE IV—STRENGTHENING BIOSECURITY	
Sec.401. Treatment of genetic variants and synthetic products of select agents and toxins.	Updates the Federal Select Agent Program (FSAP) to clarify that functionally equivalent variants or synthetic products of Select Agents are subject to the Program.
Sec.402. Establishment of no-fault reporting system.	Establishes an anonymous, voluntary, no-fault reporting system for accidents or safety incidents involving pathogens and biological toxins that occur at domestic or other federally funded laboratories.
Sec.403. Evaluation of the Federal Select Agent Program and related policies.	Tasks the National Science Advisory Board for Biosecurity with evaluating FSAP’s effectiveness and make recommendations on how to address recent scientific advancements and update FSAP and other relevant federal policies to achieve a more integrated approach for overseeing risky biological research.
Sec.404. Supporting research and laboratory surge capacity.	Codifies the Regional Biocontainment Laboratories to support preparedness and provide surge capacity for responding to biological agents.
Sec.405. Gene synthesis.	Directs the Secretary to update the 2010 “Screening Framework Guidance for Providers of Synthetic Double-Stranded DNA” to account for technological and scientific advancements to support improved screening of gene synthesis orders, regularly update the list of sequences for which gene synthesis providers should screen, and conduct a landscape review and provide technical assistance.
Sec.406. Limitation Relate to countries of concern conducting certain research.	Updates language from the PREVENT Pandemics Act to apply the existing moratorium related to supporting research in countries of concern on a five-year basis and review and lift such moratorium on a country-by-country basis.
Sec.407. Assessment of artificial intelligence threats to health security.	Directs HHS to commission a National Academies study on the potential vulnerabilities to health security posed by artificial intelligence.
TITLE V—PREVENTING DRUG SHORTAGES	

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Sec.501. Improving notification procedures in case of increased demand for critical drugs.	Requires manufacturers to notify FDA when a circumstance, such as an increase in demand or export restriction, is likely to leave the manufacturer unable to meet demand for their drug without a meaningful shortfall or delay, and removes the exclusion from reporting requirements for over-the-counter drugs. Manufacturers must report such circumstances to FDA within 10 business days.
Sec.502. Reporting on supply chains.	Requires manufacturers to provide information about the manufacturers of the active pharmaceutical ingredients in their drugs, correlated to the manufacturing volume information that they must currently report to FDA
Sec.503. Reporting on use of new authorities and requirements with respect to drug shortages.	Requires the Secretary to submit a report to the relevant Committees of Congress regarding its implementation of shortage-related authorities, and the status of shortage-related guidance documents.

TITLE VI—ADDITIONAL REAUTHORIZATIONS AND TECHNICAL AMENDMENTS

Sec.601. Medical countermeasure priority review voucher.	Reauthorizes through FY 2028.
Sec.602. Epidemic Intelligence Service loan repayment program.	Reauthorizes through FY 2028.
Sec.603. Vaccine tracking and distribution.	Reauthorizes through FY 2028.
Sec.604. Regional health care emergency preparedness and response systems.	Reauthorizes the demonstration projects through FY 2028.
Sec.605. Emergency system for advance registration of volunteer health professional.	Reauthorizes through FY 2028.
Sec.606. Limited antitrust exemption.	Reauthorizes through FY 2028.
Sec.607. Trauma care.	Reauthorizes through FY 2028.
Sec.608. Military and civilian partnership for trauma readiness.	Reauthorizes through FY 2028.
Sec.609. National Disaster Medical System.	Reauthorizes through FY 2028.
Sec.610. Volunteer Medical Reserve Corps.	Reauthorizes through FY 2028.

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Sec. 611. Epidemiology-laboratory capacity grants.	Reauthorizes through FY 2028.
Sec. 612. Veterans Affairs.	Reauthorizes Veterans Affairs Emergency Preparedness activities through FY 2028.
Sec. 613. Technical amendments.	Technical amendments to the Public Health Service Act.