

106TH CONGRESS
2D SESSION

H. R. 4964

To amend title III of the Public Health Service Act to enhance the Nation's capacity to address public health threats and emergencies.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2000

Mr. BURR of North Carolina (for himself and Mr. STUPAK) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend title III of the Public Health Service Act to enhance the Nation's capacity to address public health threats and emergencies.

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.**

4 This Act may be cited as the "Public Health Threats
5 and Emergencies Act".

6 **SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**

7 **ACT.**

8 Part B of title III of the Public Health Service Act
9 (42 U.S.C. 243 et seq.) is amended by striking section
10 319 and inserting the following:

1 **“SEC. 319. PUBLIC HEALTH EMERGENCIES.**

2 “(a) EMERGENCIES.—If the Secretary determines,
3 after consultation with the Director of the Centers for Dis-
4 ease Control and Prevention and other public health offi-
5 cials as may be necessary, that—

6 “(1) a disease or disorder presents a public
7 health emergency; or

8 “(2) a public health emergency, including sig-
9 nificant outbreaks of infectious diseases or bioter-
10 rorist attacks, otherwise exists,

11 the Secretary may take such action as may be appropriate
12 to respond to the public health emergency, including mak-
13 ing grants and entering into contracts and conducting and
14 supporting investigations into the cause, treatment, or
15 prevention of a disease or disorder as described in para-
16 graphs (1) and (2).

17 “(b) PUBLIC HEALTH EMERGENCY FUND.—

18 “(1) IN GENERAL.—There is established in the
19 Treasury a fund to be designated as the ‘Public
20 Health Emergency Fund’ to be made available to
21 the Secretary without fiscal year limitation to carry
22 out subsection (a) only if a public health emergency
23 has been declared by the Secretary under such sub-
24 section. There is authorized to be appropriated to
25 the Fund such sums as may be necessary.

1 “(2) REPORT.—Not later than 90 days after
2 the end of each fiscal year, the Secretary shall pre-
3 pare and submit to the Committee on Health, Edu-
4 cation, Labor, and Pensions of the Senate and the
5 Committee on Commerce of the House of Represent-
6 atives a report describing—

7 “(A) the expenditures made from the Pub-
8 lic Health Emergency Fund in such fiscal year;
9 and

10 “(B) each public health emergency for
11 which the expenditures were made and the ac-
12 tivities undertaken with respect to each emer-
13 gency which was conducted or supported by ex-
14 penditures from the Fund.

15 “(c) SUPPLEMENT NOT SUPPLANT.—Funds appro-
16 priated under this section shall be used to supplement and
17 not supplant other Federal, State, and local public funds
18 provided for activities under this section.

19 **“SEC. 319A. NATIONAL NEEDS TO COMBAT THREATS TO**
20 **PUBLIC HEALTH.**

21 “(a) CAPACITIES.—

22 “(1) IN GENERAL.—Not later than 1 year after
23 the date of enactment of this section, the Secretary,
24 and such Administrators, Directors, or Commis-
25 sioners, as may be appropriate, and in collaboration

1 with State and local health officials, shall establish
2 reasonable capacities that are appropriate for na-
3 tional, State, and local public health systems and the
4 personnel or work forces of such systems. Such ca-
5 pacities shall be revised every 10 years, or more fre-
6 quently as the Secretary determines to be necessary.

7 “(2) BASIS.—The capacities established under
8 paragraph (1) shall improve, enhance or expand the
9 capacity of national, state and local public health
10 agencies to detect and respond effectively to signifi-
11 cant public health threats, including major out-
12 breaks of infectious disease, pathogens resistant to
13 antimicrobial agents and acts of bioterrorism. Such
14 capacities may include the capacity to—

15 “(A) recognize the clinical signs and epide-
16 miological characteristic of significant outbreaks
17 of infectious disease;

18 “(B) identify disease-causing pathogens
19 rapidly and accurately;

20 “(C) develop and implement plans to pro-
21 vide medical care for persons infected with dis-
22 ease-causing agents and to provide preventive
23 care as needed for individuals likely to be ex-
24 posed to disease-causing agents;

1 “(D) communicate information relevant to
2 significant public health threats rapidly to local,
3 State and national health agencies; or

4 “(E) develop or implement policies to pre-
5 vent the spread of infectious disease or anti-
6 microbial resistance.

7 “(b) REPORT.—Not later than 1 year after the date
8 of enactment of this section, and every 10 years thereafter,
9 the Secretary shall prepare and submit to the Committee
10 on Health, Education, Labor, and Pensions of the Senate
11 and the Committee on Commerce of the House of Rep-
12 resentatives a report describing the capacities established
13 pursuant to subsection (a).

14 “(c) SUPPLEMENT NOT SUPPLANT.—Funds appro-
15 priated under this section shall be used to supplement and
16 not supplant other Federal, State, and local public funds
17 provided for activities under this section.

18 “(d) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide technical assistance to the States to assist such
20 States in fulfilling the requirements of this section.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of the fiscal years
24 2001 through 2006.

1 **“SEC. 319B. ASSESSMENT OF PUBLIC HEALTH NEEDS.**

2 “(a) PROGRAM AUTHORIZED.—Not later than 1 year
3 after the date of enactment of this section and every 10
4 years thereafter, the Secretary shall award grants to
5 States to perform, in collaboration with local public health
6 agencies, an evaluation to determine the extent to which
7 States or local public health agencies can achieve the ca-
8 pacities applicable to State and local public health agen-
9 cies described in subsection (a) of section 319A. The Sec-
10 retary shall provide technical assistance to States in addi-
11 tion to awarding such grants.

12 “(b) PROCEDURE.—

13 “(1) IN GENERAL.—A State may contract with
14 an outside entity to perform the evaluation described
15 in subsection (a).

16 “(2) METHODS.—To the extent practicable, the
17 evaluation described in subsection (a) shall be com-
18 pleted by using commonly accepted methods.

19 “(c) REPORT BY STATE.—Not later than 1 year after
20 the date on which a State receives a grant under this sub-
21 section, such State shall prepare and submit to the Sec-
22 retary a report describing the results of the evaluation de-
23 scribed in subsection (a) with respect to such State.

24 “(d) SUPPLEMENT NOT SUPPLANT.—Funds appro-
25 priated under this section shall be used to supplement and

1 not supplant other Federal, State, and local public funds
2 provided for activities under this section.

3 “(E) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of the fiscal years
6 2002 and 2003.

7 **“SEC. 319C. GRANTS TO IMPROVE STATE AND LOCAL PUB-**
8 **LIC HEALTH AGENCIES.**

9 “(a) PROGRAM AUTHORIZED.—The Secretary shall
10 award competitive grants to eligible entities to address
11 core public health capacity needs using the capacities de-
12 veloped under section 319A, with a particular focus on
13 building capacity to identify, detect, monitor, and respond
14 to threats to the public health.

15 “(b) ELIGIBLE ENTITIES.—A State or political sub-
16 division of a State, or a consortium of 2 or more States
17 or political subdivisions of States, that has completed an
18 evaluation under section 319B(a), or an evaluation that
19 is substantially equivalent as determined by the Secretary
20 under section 319B(a), shall be eligible for grants under
21 subsection (b).

22 “(c) USE OF FUNDS.—An eligible entity that receives
23 a grant under subsection (b), may use funds received
24 under such grant to—

25 “(1) train public health personnel;

1 “(2) develop, enhance, coordinate, or improve
2 participation in an electronic network by which dis-
3 ease detection and public health related information
4 can be rapidly shared among national, regional,
5 State, and local public health agencies and health
6 care providers;

7 “(3) develop a plan for responding to public
8 health emergencies, including significant outbreaks
9 of infectious diseases or bioterrorism attacks, which
10 is coordinated with the capacities of applicable na-
11 tional, State, and local national health agencies; and

12 “(4) enhance laboratory capacity and facilities.

13 “(d) REPORT.—Not later than 1 year after the date
14 of enactment of this section and annually thereafter, the
15 Secretary shall prepare and submit to the Committee on
16 Health, Education, Labor, and Pensions of the Senate and
17 the Committee on Commerce of the House of Representa-
18 tives a report that describes the activities carried out
19 under this section.

20 “(e) SUPPLEMENT NOT SUPPLANT.—Funds appro-
21 priated under this section shall be used to supplement and
22 not supplant other Federal, State, and local public funds
23 provided for activities under this section.

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of the fiscal years
2 2001 through 2006.

3 **“SEC. 319D. REVITALIZING THE CENTERS FOR DISEASE**
4 **CONTROL AND PREVENTION.**

5 “(a) FINDINGS.—Congress finds that the Centers for
6 Disease Control and Prevention have an essential role in
7 defending against and combatting public health threats of
8 the twenty-first century and requires secure and modern
9 facilities that are sufficient to enable such Centers to con-
10 duct this important mission.

11 “(b) AUTHORIZATION OF APPROPRIATIONS.—For the
12 purposes of achieving the mission of the Centers for Dis-
13 ease Control and Prevention described in subsection (a),
14 for constructing new facilities and renovating existing fa-
15 cilities of such Centers, including laboratories, laboratory
16 support buildings, health communication facilities, office
17 buildings and other facilities and infrastructure, for better
18 conducting the capacities described in section 319A, and
19 for supporting related public health activities, there are
20 authorized to be appropriated such sums as may be nec-
21 essary for each of fiscal years 2001 through 2010.

22 **“SEC. 319E. COMBATING ANTIMICROBIAL RESISTANCE.**

23 “(a) TASK FORCE.—

24 “(1) IN GENERAL.—The Secretary shall estab-
25 lish an Antimicrobial Resistance Task Force to co-

1 ordinate Federal programs relating to antimicrobial
2 resistance. The Secretary may appoint or select a
3 committee, or other organization in existence as of
4 the date of enactment of this section, to serve as
5 such a task force, if such committee, or other orga-
6 nization meets the requirements of this section.

7 “(2) MEMBERS OF TASK FORCE.—The task
8 force described in paragraph (1) shall be composed
9 of representatives from such Federal agencies, public
10 health constituencies, manufacturers, medical profes-
11 sional societies and others as determined to be nec-
12 essary by the Secretary, to develop and implement a
13 comprehensive strategic plan to address the public
14 health threat of antimicrobial resistance.

15 “(3) AGENDA.—

16 “(A) IN GENERAL.—The task force de-
17 scribed in paragraph (1) shall consider factors
18 the Secretary considers appropriate,
19 including—

20 “(i) public health factors contributing
21 to increasing antimicrobial resistance;

22 “(ii) public health needs to detect and
23 monitor antimicrobial resistance;

24 “(iii) detection, prevention, and con-
25 trol strategies for resistant pathogens;

1 “(iv) the need for improved informa-
2 tion and data collection;

3 “(v) the assessment of the risk im-
4 posed by pathogens presenting a threat to
5 the public health; and

6 “(vi) any other issues which the Sec-
7 retary determines are relevant to anti-
8 microbial resistance.

9 “(B) DETECTION AND CONTROL.—The
10 Secretary, in consultation with the task force
11 described in paragraph (1) and State and local
12 public health officials, shall—

13 “(i) develop, improve, coordinate or
14 enhance participation in a surveillance plan
15 to detect and monitor emerging anti-
16 microbial resistance; and

17 “(ii) develop, improve, coordinate or
18 enhance participation in an integrated in-
19 formation system to assimilate, analyze,
20 and exchange antimicrobial resistance data
21 between public health departments.

22 “(4) MEETINGS.—The task force described
23 under paragraph (1) shall convene not less than
24 twice a year, or more frequently as the Secretary de-
25 termines to be appropriate.

1 “(b) RESEARCH AND DEVELOPMENT OF NEW ANTI-
2 MICROBIAL DRUGS AND DIAGNOSTICS.—The Director of
3 National Institute of Health and the Director of the Cen-
4 ter for Disease Control and Prevention, in collaboration
5 with members of the task force established under sub-
6 section (a), shall conduct and support research, investiga-
7 tions, experiments, demonstrations, and studies in the
8 health sciences that are related to—

9 “(1) the development of new therapeutics, in-
10 cluding vaccines and antimicrobials, against resist-
11 ant pathogens;

12 “(2) the development or testing of medical
13 diagnostics to detect pathogens resistant to
14 antimicrobials;

15 “(3) the epidemiology, mechanisms, and patho-
16 genesis of antimicrobial resistance;

17 “(4) the sequencing of the genomes of priority
18 pathogens as determined by the Director of the Na-
19 tional Institutes of Health in consultation with the
20 task force established under subsection (a); and

21 “(5) other relevant research areas.

22 “(c) EDUCATION OF MEDICAL AND PUBLIC HEALTH
23 PERSONNEL.—The Secretary, after consultation with the
24 Surgeon General, the Director of the Centers for Disease
25 Control and Prevention, the Director of Health Resources

1 and Services Administration, the Director of the Agency
2 for Healthcare Research and Quality, members of the task
3 force described in subsection (a), and professional organi-
4 zations and societies, shall—

5 “(1) develop and implement educational pro-
6 grams to increase the awareness of the general pub-
7 lic with respect to the public health threat of anti-
8 microbial resistance and the appropriate use of anti-
9 biotics;

10 “(2) develop and implement educational pro-
11 grams to instruct health care professionals in the
12 prudent use of antibiotics; and

13 “(3) develop and implement programs to train
14 laboratory personnel in the recognition or identifica-
15 tion of resistance in pathogens.

16 “(d) GRANTS.—

17 “(1) IN GENERAL.—The Secretary shall award
18 competitive grants to eligible entities to enable such
19 entities to increase the capacity to detect, monitor,
20 and combat antimicrobial resistance.

21 “(2) ELIGIBLE ENTITIES.—Eligible entities for
22 grants under paragraph (1) shall be State or local
23 public health agencies.

24 “(3) USE OF FUNDS.—An eligible entity receiv-
25 ing a grant under paragraph (1) shall use funds

1 from such grant for activities that are consistent
2 with the factors identified by the task force under
3 subsection (a)(3), which may include activities
4 that—

5 “(A) provide training to enable such entity
6 to identify patterns of resistance rapidly and
7 accurately;

8 “(B) develop, improve, coordinate or en-
9 hance participation in information systems by
10 which data on resistant infections can be shared
11 rapidly among relevant national, State, and
12 local health agencies and health care providers;
13 and

14 “(C) develop and implement policies to
15 control the spread of antimicrobial resistance.

16 “(e) GRANTS FOR DEMONSTRATION PROGRAMS.—

17 “(1) IN GENERAL.—The Secretary shall award
18 competitive grants to eligible entities to establish
19 demonstration programs to promote judicious use of
20 antimicrobial drugs or control the spread of anti-
21 microbial-resistant pathogens.

22 “(2) ELIGIBLE ENTITIES.—Eligible entities for
23 grants under paragraph (1) may include hospitals,
24 clinics, institutions of long-term care, or professional
25 medical societies.

1 “(2) coordinate research and development into
2 equipment to detect pathogens likely to be used in
3 a bioterrorist attack on the civilian population and
4 protect against infection from such pathogens;

5 “(3) develop shared standards for equipment to
6 detect and to protect against infection from patho-
7 gens likely to be used in a bioterrorist attack on the
8 civilian population; and

9 “(4) coordinate the development, maintenance,
10 and procedures for the release of, strategic reserves
11 of vaccines, drugs, and medical supplies which may
12 be needed rapidly after a bioterrorist attack upon
13 the civilian population.

14 “(b) WORKING GROUP ON THE PUBLIC HEALTH AND
15 MEDICAL CONSEQUENCES OF BIOTERRORISM.—

16 “(1) IN GENERAL.—The Secretary, in collabo-
17 ration with the Director of the Federal Emergency
18 Management Agency and the Attorney General, shall
19 establish a joint interdepartmental working group to
20 address the public health and medical consequences
21 of a bioterrorist attack on the civilian population.

22 “(2) FUNCTIONS.—Such working group shall—

23 “(A) assess the priorities for and enhance
24 the preparedness of public health institutions,
25 providers of medical care, and other emergency

1 service personnel to detect, diagnose, and re-
2 spond to a bioterrorist attack; and

3 “(B) in the recognition that medical and
4 public health professionals are likely to provide
5 much of the first response to such an attack,
6 develop, coordinate, enhance, and assure the
7 quality of joint planning and training programs
8 that address the public health and medical con-
9 sequences of a bioterrorist attack on the civilian
10 population between—

11 “(i) local firefighters, ambulance per-
12 sonnel, police and public security officers,
13 or other emergency response personnel;
14 and

15 “(ii) hospitals, primary care facilities,
16 or public health agencies.

17 “(3) WORKING GROUP MEMBERSHIP.—In estab-
18 lishing such working group, the Secretary shall act
19 through the Director of the Office of Emergency
20 Preparedness and the Director of the Centers for
21 Disease Control and Prevention.

22 “(4) COORDINATION.—The Secretary shall en-
23 sure coordination and communication between the
24 working groups established in this subsection and
25 subsection (a).

1 “(c) GRANTS.—

2 “(1) IN GENERAL.—The Secretary, in coordina-
3 tion with the working group established under sub-
4 section (b), shall award grants on a competitive
5 basis to eligible entities to enable such entities to in-
6 crease their capacity to detect, diagnose, and re-
7 spond to acts of bioterrorism upon the civilian popu-
8 lation.

9 “(2) ELIGIBILITY.—To be an eligible entity
10 under this subsection, such entity must be a State,
11 political subdivision of a State, consortium of 2 or
12 more States or political subdivisions of States, or a
13 hospital, clinic, or primary care facility.

14 “(3) USE OF FUNDS.—An entity that receives
15 a grant under this subsection shall use such funds
16 for activities that are consistent with the priorities
17 identified by the working group under subsection
18 (b), including—

19 “(A) training health care professionals and
20 public health personnel to enhance the ability of
21 such personnel to recognize the symptoms and
22 epidemiological characteristics of exposure to a
23 potential bioweapon;

24 “(B) addressing rapid and accurate identi-
25 fication of potential bioweapons;

1 “(C) coordinating medical care for individ-
2 uals exposed to bioweapons; and

3 “(D) facilitating and coordinating rapid
4 communication of data generated from a bioter-
5 rorist attack between national, State, and local
6 health agencies.

7 “(4) COORDINATION.—The Secretary, in award-
8 ing grants under this subsection, shall—

9 “(A) notify the Director of the Office of
10 Justice Programs, and the Director of the Na-
11 tional Domestic Preparedness Office annually
12 as to the amount and status of grants awarded
13 under this subsection; and

14 “(B) coordinate grants awarded under this
15 subsection with grants awarded by the Office of
16 Emergency Preparedness and the Centers for
17 Disease Control and Prevention for the purpose
18 of improving the capacity of health care pro-
19 viders and public health agencies to respond to
20 bioterrorist attacks on the civilian population.

21 “(5) ACTIVITIES.—An entity that receives a
22 grant under this subsection shall, to the greatest ex-
23 tent practicable, coordinate activities carried out
24 with such funds with the activities of a local Metro-
25 politan Medical Response System.

1 “(d) FEDERAL ASSISTANCE.—The Secretary shall
2 ensure that the Department of Health and Human Serv-
3 ices is able to provide such assistance as may be needed
4 to State and local health agencies to enable such agencies
5 to respond effectively to bioterrorist attacks.

6 “(e) EDUCATION.—The Secretary, in collaboration
7 with members of the working group described in sub-
8 section (b), and professional organizations and societies,
9 shall—

10 “(1) develop and implement educational pro-
11 grams to instruct public health officials, medical
12 professionals, and other personnel working in health
13 care facilities in the recognition and care of victims
14 of a bioterrorist attack; and

15 “(2) develop and implement programs to train
16 laboratory personnel in the recognition and identi-
17 fication of a potential bioweapon.

18 “(f) FUTURE RESOURCE DEVELOPMENT.—The Di-
19 rector of National Institutes of Health and the Director
20 of the Centers for Disease Control and Prevention shall
21 consult with the working group described in subsection
22 (a), to develop priorities for and conduct research, inves-
23 tigation, experiments, demonstrations, and studies in the
24 health sciences related to—

1 “(1) the epidemiology and pathogenesis of po-
2 tential bioweapons;

3 “(2) the development of new vaccines or other
4 therapeutics against pathogens likely to be used in
5 a bioterrorist attack;

6 “(3) the development of medical diagnostics to
7 detect potential bioweapons; and

8 “(4) other relevant research areas.

9 “(g) REPORT.—Not later than 180 days after the
10 date of enactment of this section, and annually, on June
11 30 of each year thereafter, the Secretary shall prepare and
12 submit to the Committee on Health, Education, Labor,
13 and Pensions of the Senate, the Committee on Commerce
14 of the House of Representatives, the Committee on Armed
15 Services of the Senate, the Committee on Armed Services
16 of the House of Representatives, and other congressional
17 committees as may be appropriate, a report that—

18 “(1) details the activities carried out by the
19 working groups under subsections (a) and (b) during
20 the fiscal year preceding the date on which the re-
21 port is submitted and describing such activities to be
22 undertaken by Federal agencies to combat bioter-
23 rorism in the subsequent year;

24 “(2) describes the programs carried out under
25 subsection (c); and

1 “(3) describes activities carried out by the Sec-
2 retary under subsections (d) and (e).

3 “(h) GENERAL ACCOUNTING OFFICE REPORT.—Not
4 later than 180 days after the date of enactment of this
5 section, the Comptroller General shall submit to the Com-
6 mittee on Health, Education, Labor, and Pensions of the
7 Senate and the Committee on Commerce of the House of
8 Representatives a report that describes—

9 “(1) Federal activities primarily related to re-
10 search on, preparedness for, and the management of
11 the public health and medical consequences of a bio-
12 terrorist attack against the civilian population;

13 “(2) the coordination of the activities described
14 in paragraph (1);

15 “(3) the amount of Federal funds authorized or
16 appropriated for the activities described in para-
17 graph (1); and

18 “(4) the effectiveness of such efforts in pre-
19 paring national, State, and local authorities to ad-
20 dress the public health and medical consequences of
21 a potential bioterrorist attack against the civilian
22 population.

23 “(i) SUPPLEMENT NOT SUPPLANT.—Funds appro-
24 priated under this section shall be used to supplement and

1 not supplant other Federal, State, and local public funds
2 provided for activities under this section.

3 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of the fiscal years
6 2001 through 2006.”.

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