

107TH CONGRESS
2^D SESSION

S. 2487

AN ACT

To provide for global pathogen surveillance and response.

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 “Global Pathogen Sur-
5 veillance Act of 2002”.

1 **SEC. 2. FINDINGS; PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) Bioterrorism poses a grave national security
5 threat to the United States. The insidious nature of
6 the threat, the likely delayed recognition in the event
7 of an attack, and the underpreparedness of the do-
8 mestic public health infrastructure may produce cat-
9 astrophic consequences following a biological weap-
10 ons attack upon the United States.

11 (2) A contagious pathogen engineered as a bio-
12 logical weapon and developed, tested, produced, or
13 released in another country can quickly spread to
14 the United States. Given the realities of inter-
15 national travel, trade, and migration patterns, a
16 dangerous pathogen released anywhere in the world
17 can spread to United States territory in a matter of
18 days, before any effective quarantine or isolation
19 measures can be implemented.

20 (3) To effectively combat bioterrorism and en-
21 sure that the United States is fully prepared to pre-
22 vent, diagnose, and contain a biological weapons at-
23 tack, measures to strengthen the domestic public
24 health infrastructure and improve domestic surveil-
25 lance and monitoring, while absolutely essential, are
26 not sufficient.

1 (4) The United States should enhance coopera-
2 tion with the World Health Organization, regional
3 health organizations, and individual countries, in-
4 cluding data sharing with appropriate United States
5 departments and agencies, to help detect and quickly
6 contain infectious disease outbreaks or bioterrorism
7 agents before they can spread.

8 (5) The World Health Organization (WHO) has
9 done an impressive job in monitoring infectious dis-
10 ease outbreaks around the world, particularly with
11 the establishment in April 2000 of the Global Out-
12 break Alert and Response network.

13 (6) The capabilities of the World Health Orga-
14 nization are inherently limited in that its disease
15 surveillance and monitoring is only as good as the
16 data and information the World Health Organization
17 receives from member countries and are further lim-
18 ited by the narrow range of diseases (plague, chol-
19 era, and yellow fever) upon which its disease surveil-
20 lance and monitoring is based, and the consensus
21 process used by the World Health Organization to
22 add new diseases to the list. Developing countries in
23 particular often cannot devote the necessary re-
24 sources to build and maintain public health infra-
25 structures.

1 (7) In particular, developing countries could
2 benefit from—

3 (A) better trained public health profes-
4 sionals and epidemiologists to recognize disease
5 patterns;

6 (B) appropriate laboratory equipment for
7 diagnosis of pathogens;

8 (C) disease reporting that is based on
9 symptoms and signs (known as “syndrome sur-
10 veillance”) enabling the earliest possible oppor-
11 tunity to conduct an effective response;

12 (D) a narrowing of the existing technology
13 gap in syndrome surveillance capabilities, based
14 on reported symptoms, and real-time informa-
15 tion dissemination to public health officials; and

16 (E) appropriate communications equip-
17 ment and information technology to efficiently
18 transmit information and data within national
19 and regional health networks, including inex-
20 pensive, Internet-based Geographic Information
21 Systems (GIS) for early recognition and diag-
22 nosis of diseases.

23 (8) An effective international capability to mon-
24 itor and quickly diagnose infectious disease out-
25 breaks will offer dividends not only in the event of

1 biological weapons development, testing, production,
2 and attack, but also in the more likely cases of natu-
3 rally occurring infectious disease outbreaks that
4 could threaten the United States. Furthermore, a
5 robust surveillance system will serve to deter ter-
6 rorist use of biological weapons, as early detection
7 will help mitigate the intended effects of such malev-
8 olent uses.

9 (b) PURPOSE.—The purposes of this Act are as fol-
10 lows:

11 (1) To enhance the capability and cooperation
12 of the international community, including the World
13 Health Organization and individual countries,
14 through enhanced pathogen surveillance and appro-
15 priate data sharing, to detect, identify, and contain
16 infectious disease outbreaks, whether the cause of
17 those outbreaks is intentional human action or nat-
18 ural in origin.

19 (2) To enhance the training of public health
20 professionals and epidemiologists from eligible devel-
21 oping countries in advanced Internet-based, and
22 other electronic syndrome surveillance systems, in
23 addition to traditional epidemiology methods, so that
24 they may better detect, diagnose, and contain infec-
25 tious disease outbreaks, especially those due to

1 pathogens most likely to be used in a biological
2 weapons attack.

3 (3) To provide assistance to developing coun-
4 tries to purchase appropriate public health labora-
5 tory equipment necessary for infectious disease sur-
6 veillance and diagnosis.

7 (4) To provide assistance to developing coun-
8 tries to purchase appropriate communications equip-
9 ment and information technology, including, as ap-
10 propriate, relevant computer equipment, Internet
11 connectivity mechanisms, and telephone-based appli-
12 cations, to facilitate the exchange of Geographic In-
13 formation Systems-based syndrome surveillance in-
14 formation and to effectively gather, analyze, and
15 transmit public health information for infectious dis-
16 ease surveillance and diagnosis.

17 (5) To make available greater numbers of
18 United States Government public health profes-
19 sionals to international health organizations, re-
20 gional health networks, and United States diplo-
21 matic missions where appropriate.

22 (6) To establish “lab-to-lab” cooperative rela-
23 tionships between United States public health lab-
24 oratories and established foreign counterparts.

1 (7) To expand the training and outreach activi-
2 ties of overseas United States laboratories, including
3 Centers for Disease Control and Prevention and De-
4 partment of Defense entities, to enhance the public
5 health capabilities of developing countries.

6 (8) To provide appropriate technical assistance
7 to existing regional health networks and, where ap-
8 propriate, seed money for new regional networks.

9 **SEC. 3. DEFINITIONS.**

10 In this Act:

11 (1) **ELIGIBLE DEVELOPING COUNTRY.**—The
12 term “eligible developing country” means any devel-
13 oping country that—

14 (A) has agreed to the objective of fully
15 complying with requirements of the World
16 Health Organization on reporting public health
17 information on outbreaks of infectious diseases;

18 (B) has not been determined by the Sec-
19 retary, for purposes of section 40 of the Arms
20 Export Control Act (22 U.S.C. 2780), section
21 620A of the Foreign Assistance Act of 1961
22 (22 U.S.C. 2371), or section 6(j) of the Export
23 Administration Act of 1979 (50 U.S.C. App.
24 2405), to have repeatedly provided support for
25 acts of international terrorism, unless the Sec-

1 retary exercises a waiver certifying that it is in
2 the national interest of the United States to
3 provide assistance under the provisions of this
4 Act; and

5 (C) is a state party to the Biological
6 Weapons Convention.

7 (2) ELIGIBLE NATIONAL.—The term “eligible
8 national” means any citizen or national of an eligible
9 developing country who does not have a criminal
10 background, who is not on any immigration or other
11 United States watch list, and who is not affiliated
12 with any foreign terrorist organization.

13 (3) INTERNATIONAL HEALTH ORGANIZATION.—
14 The term “international health organization” in-
15 cludes the World Health Organization and the Pan
16 American Health Organization.

17 (4) LABORATORY.—The term “laboratory”
18 means a facility for the biological, microbiological,
19 serological, chemical, immuno-hematological,
20 hematological, biophysical, cytological, pathological,
21 or other examination of materials derived from the
22 human body for the purpose of providing informa-
23 tion for the diagnosis, prevention, or treatment of
24 any disease or impairment of, or the assessment of
25 the health of, human beings.

1 (5) SECRETARY.—Unless otherwise provided,
2 the term “Secretary” means the Secretary of State.

3 (6) SELECT AGENT.—The term “select agent”
4 has the meaning given such term for purposes of
5 section 72.6 of title 42, Code of Federal Regula-
6 tions.

7 (7) SYNDROME SURVEILLANCE.—The term
8 “syndrome surveillance” means the recording of
9 symptoms (patient complaints) and signs (derived
10 from physical examination) combined with simple ge-
11 ographic locators to track the emergence of a disease
12 in a population.

13 **SEC. 4. PRIORITY FOR CERTAIN COUNTRIES.**

14 Priority in the provision of United States assistance
15 for eligible developing countries under all the provisions
16 of this Act shall be given to those countries that permit
17 personnel from the World Health Organization and the
18 Centers for Disease Control and Prevention to investigate
19 outbreaks of infectious diseases on their territories, pro-
20 vide early notification of disease outbreaks, and provide
21 pathogen surveillance data to appropriate United States
22 departments and agencies.

23 **SEC. 5. RESTRICTION.**

24 Notwithstanding any other provision of this Act, no
25 foreign nationals participating in programs authorized

1 under this Act shall have access, during the course of such
2 participation, to select agents that may be used as, or in,
3 a biological weapon, except in a supervised and controlled
4 setting.

5 **SEC. 6. FELLOWSHIP PROGRAM.**

6 (a) ESTABLISHMENT.—There is established a fellow-
7 ship program (in this section referred to as the “pro-
8 gram”) under which the Secretary, in consultation with
9 the Secretary of Health and Human Services, and, subject
10 to the availability of appropriations, award fellowships to
11 eligible nationals of developing countries to pursue public
12 health education or training, as follows:

13 (1) MASTER OF PUBLIC HEALTH DEGREE.—
14 Graduate courses of study leading to a master of
15 public health degree with a concentration in epidemi-
16 ology from an institution of higher education in the
17 United States with a Center for Public Health Pre-
18 paredness, as determined by the Centers for Disease
19 Control and Prevention.

20 (2) ADVANCED PUBLIC HEALTH EPIDEMIOLOGY
21 TRAINING.—Advanced public health training in epi-
22 demiology for public health professionals from eligi-
23 ble developing countries to be carried out at the
24 Centers for Disease Control and Prevention (or
25 equivalent State facility), or other Federal facility

1 (excluding the Department of Defense or United
2 States National Laboratories), for a period of not
3 less than 6 months or more than 12 months.

4 (b) SPECIALIZATION IN BIOTERRORISM.—In addition
5 to the education or training specified in subsection (a),
6 each recipient of a fellowship under this section (in this
7 section referred to as a “fellow”) may take courses of
8 study at the Centers for Disease Control and Prevention
9 or at an equivalent facility on diagnosis and containment
10 of likely bioterrorism agents.

11 (c) FELLOWSHIP AGREEMENT.—

12 (1) IN GENERAL.—In awarding a fellowship
13 under the program, the Secretary, in consultation
14 with the Secretary of Health and Human Services,
15 shall require the recipient to enter into an agree-
16 ment under which, in exchange for such assistance,
17 the recipient—

18 (A) will maintain satisfactory academic
19 progress (as determined in accordance with reg-
20 ulations issued by the Secretary and confirmed
21 in regularly scheduled updates to the Secretary
22 from the institution providing the education or
23 training on the progress of the recipient’s edu-
24 cation or training);

1 (B) will, upon completion of such edu-
2 cation or training, return to the recipient's
3 country of nationality or last habitual residence
4 (so long as it is an eligible developing country)
5 and complete at least four years of employment
6 in a public health position in the government or
7 a nongovernmental, not-for-profit entity in that
8 country or, with the approval of the Secretary
9 and the government concerned, in an inter-
10 national health organization; and

11 (C) agrees that, if the recipient is unable
12 to meet the requirements described in subpara-
13 graph (A) or (B), the recipient will reimburse
14 the United States for the value of the assist-
15 ance provided to the recipient under the fellow-
16 ship, together with interest at a rate deter-
17 mined in accordance with regulations issued by
18 the Secretary but not higher than the rate gen-
19 erally applied in connection with other Federal
20 loans.

21 (2) WAIVERS.—The Secretary may waive the
22 application of paragraph (1)(B) and (1)(C) if the
23 Secretary determines that it is in the national inter-
24 est of the United States to do so.

1 (d) IMPLEMENTATION.—The Secretary, in consulta-
2 tion with the Secretary of Health and Human Services,
3 is authorized to enter into an agreement with any eligible
4 developing country under which the developing country
5 agrees—

6 (1) to establish a procedure for the nomination
7 of eligible nationals for fellowships under this sec-
8 tion;

9 (2) to guarantee that a fellow will be offered a
10 professional public health position within the devel-
11 oping country upon completion of his studies; and

12 (3) to certify to the Secretary when a fellow has
13 concluded the minimum period of employment in a
14 public health position required by the fellowship
15 agreement, with an explanation of how the require-
16 ment was met.

17 (e) PARTICIPATION OF UNITED STATES CITIZENS.—
18 On a case-by-case basis, the Secretary may provide for the
19 participation of United States citizens under the provi-
20 sions of this section if the Secretary determines that it
21 is in the national interest of the United States to do so.
22 Upon completion of such education or training, a United
23 States recipient shall complete at least five years of em-
24 ployment in a public health position in an eligible devel-
25 oping country or the World Health Organization.

1 **SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECH-**
2 **NIQUES AND SYNDROME SURVEILLANCE.**

3 (a) **IN GENERAL.**—In conjunction with the Centers
4 for Disease Control and Prevention and the Department
5 of Defense, the Secretary shall, subject to the availability
6 of appropriations, support short training courses in-coun-
7 try (not in the United States) to laboratory technicians
8 and other public health personnel (who are eligible per-
9 sons) from developing countries in laboratory techniques
10 relating to the identification, diagnosis, and tracking of
11 pathogens responsible for possible infectious disease out-
12 breaks. Training under this section may be conducted in
13 overseas facilities of the Centers for Disease Control and
14 Prevention or in Overseas Medical Research Units of the
15 Department of Defense, as appropriate. The Secretary
16 shall coordinate such training courses, where appropriate,
17 with the existing programs and activities of the World
18 Health Organization.

19 (b) **TRAINING IN SYNDROME SURVEILLANCE.**—In
20 conjunction with the Centers for Disease Control and Pre-
21 vention and the Department of Defense, the Secretary
22 shall, subject to the availability of appropriations, estab-
23 lish and support short training courses in-country (not in
24 the United States) for health care providers and other
25 public health personnel from eligible developing countries
26 in techniques of syndrome surveillance reporting and rapid

1 analysis of syndrome information using Geographic Infor-
2 mation System (GIS) tools. Training under this subsection
3 may be conducted via the Internet or in appropriate facili-
4 ties as determined by the Secretary. The Secretary shall
5 coordinate such training courses, where appropriate, with
6 the existing programs and activities of the World Health
7 Organization.

8 **SEC. 8. ASSISTANCE FOR THE PURCHASE AND MAINTENANCE OF PUBLIC HEALTH LABORATORY EQUIPMENT.**

11 (a) **AUTHORIZATION.**—The President is authorized,
12 on such terms and conditions as the President may deter-
13 mine, to furnish assistance to eligible developing countries
14 to purchase and maintain public health laboratory equip-
15 ment described in subsection (b).

16 (b) **EQUIPMENT COVERED.**—Equipment described in
17 this subsection is equipment that is—

18 (1) appropriate, where possible, for use in the
19 intended geographic area;

20 (2) necessary to collect, analyze, and identify
21 expeditiously a broad array of pathogens, including
22 mutant strains, which may cause disease outbreaks
23 or may be used as a biological weapon;

24 (3) compatible with general standards set forth
25 by the World Health Organization and, as appro-

1 appropriate, the Centers for Disease Control and Preven-
2 tion, to ensure interoperability with regional and
3 international public health networks; and

4 (4) not defense articles, defense services, or
5 training as defined under the Arms Export Control
6 Act.

7 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
8 tion shall be construed to exempt the exporting of goods
9 and technology from compliance with applicable provisions
10 of the Export Administration Act of 1979 (or successor
11 statutes).

12 (d) LIMITATION.—Amounts appropriated to carry
13 out this section shall not be made available for the pur-
14 chase from a foreign country of equipment that, if made
15 in the United States, would be subject to the Arms Export
16 Control Act or likely be barred or subject to special condi-
17 tions under the Export Administration Act of 1979 (or
18 successor statutes).

19 (e) PROCUREMENT PREFERENCE.—In the use of
20 grant funds authorized under subsection (a), preference
21 should be given to the purchase of equipment of United
22 States manufacture. The use of amounts appropriated to
23 carry out this section shall be subject to section 604 of
24 the Foreign Assistance Act of 1961.

1 (f) **HOST COUNTRY'S COMMITMENTS.**—The assist-
 2 ance provided under this section shall be contingent upon
 3 the host country's commitment to provide the resources,
 4 infrastructure, and other assets required to house, main-
 5 tain, support, secure, and maximize use of this equipment
 6 and appropriate technical personnel.

7 **SEC. 9. ASSISTANCE FOR IMPROVED COMMUNICATION OF**
 8 **PUBLIC HEALTH INFORMATION.**

9 (a) **ASSISTANCE FOR PURCHASE OF COMMUNICATION**
 10 **EQUIPMENT AND INFORMATION TECHNOLOGY.**—The
 11 President is authorized to provide, on such terms and con-
 12 ditions as the President may determine, assistance to eligi-
 13 ble developing countries for the purchase and maintenance
 14 of communications equipment and information technology
 15 described in subsection (b), and supporting equipment,
 16 necessary to effectively collect, analyze, and transmit pub-
 17 lic health information.

18 (b) **COVERED EQUIPMENT.**—Equipment (and infor-
 19 mation technology) described in this subsection is equip-
 20 ment that—

21 (1) is suitable for use under the particular con-
 22 ditions of the area of intended use;

23 (2) meets appropriate World Health Organiza-
 24 tion standards to ensure interoperability with like

1 equipment of other countries and international orga-
2 nizations; and

3 (3) is not defense articles, defense services, or
4 training as defined under the Arms Export Control
5 Act.

6 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
7 tion shall be construed to exempt the exporting of goods
8 and technology from compliance with applicable provisions
9 of the Export Administration Act of 1979 (or successor
10 statutes).

11 (d) LIMITATION.—Amounts appropriated to carry
12 out this section shall not be made available for the pur-
13 chase from a foreign country of equipment that, if made
14 in the United States, would be subject to the Arms Export
15 Control Act or likely be barred or subject to special condi-
16 tions under the Export Administration Act of 1979 (or
17 successor statutes).

18 (e) PROCUREMENT PREFERENCE.—In the use of
19 grant funds under subsection (a), preference should be
20 given to the purchase of communications (and information
21 technology) equipment of United States manufacture. The
22 use of amounts appropriated to carry out this section shall
23 be subject to section 604 of the Foreign Assistance Act
24 of 1961.

1 (f) ASSISTANCE FOR STANDARDIZATION OF REPORT-
2 ING.—The President is authorized to provide, on such
3 terms and conditions as the President may determine,
4 technical assistance and grant assistance to international
5 health organizations (including regional international
6 health organizations) to facilitate standardization in the
7 reporting of public health information between and among
8 developing countries and international health organiza-
9 tions.

10 (g) HOST COUNTRY'S COMMITMENTS.—The assist-
11 ance provided under this section shall be contingent upon
12 the host country's commitment to provide the resources,
13 infrastructure, and other assets required to house, sup-
14 port, maintain, secure, and maximize use of this equip-
15 ment and appropriate technical personnel.

16 **SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO**
17 **UNITED STATES MISSIONS AND INTER-**
18 **NATIONAL ORGANIZATIONS.**

19 (a) IN GENERAL.—Upon the request of a United
20 States chief of diplomatic mission or an international
21 health organization, and with the concurrence of the Sec-
22 retary of State, the head of a Federal agency may assign
23 to the respective United States mission or organization
24 any officer or employee of the agency occupying a public
25 health position within the agency for the purpose of en-

1 hancing disease and pathogen surveillance efforts in devel-
2 oping countries.

3 (b) REIMBURSEMENT.—The costs incurred by a Fed-
4 eral agency by reason of the detail of personnel under sub-
5 section (a) may be reimbursed to that agency out of the
6 applicable appropriations account of the Department of
7 State if the Secretary determines that the relevant agency
8 may otherwise be unable to assign such personnel on a
9 non-reimbursable basis.

10 **SEC. 11. LABORATORY-TO-LABORATORY EXCHANGE PRO-**
11 **GRAM.**

12 (a) AUTHORITY.—The head of a Federal agency, with
13 the concurrence of the Secretary, is authorized to provide
14 by grant, contract, or otherwise for educational exchanges
15 by financing educational activities—

16 (1) of United States public health personnel in
17 approved public health and research laboratories in
18 eligible developing countries; and

19 (2) of public health personnel of eligible devel-
20 oping countries in United States public health and
21 research laboratories.

22 (b) APPROVED PUBLIC HEALTH LABORATORIES DE-
23 FINED.—In this section, the term “approved public health
24 and research laboratories” means non-United States Gov-
25 ernment affiliated public health laboratories that the Sec-

1 retary determines are well-established and have a dem-
2 onstrated record of excellence.

3 **SEC. 12. EXPANSION OF CERTAIN UNITED STATES GOVERN-**
4 **MENT LABORATORIES ABROAD.**

5 (a) IN GENERAL.—Subject to the availability of ap-
6 propriations, the Centers for Disease Control and Preven-
7 tion and the Department of Defense shall each—

8 (1) increase the number of personnel assigned
9 to laboratories of the Centers or the Department, as
10 appropriate, located in eligible developing countries
11 that conduct research and other activities with re-
12 spect to infectious diseases; and

13 (2) expand the operations of those laboratories,
14 especially with respect to the implementation of on-
15 site training of foreign nationals and activities af-
16 fecting neighboring countries.

17 (b) COOPERATION AND COORDINATION BETWEEN
18 LABORATORIES.—Subsection (a) shall be carried out in
19 such a manner as to foster cooperation and avoid duplica-
20 tion between and among laboratories.

21 (c) RELATION TO CORE MISSIONS AND SECURITY.—
22 The expansion of the operations of overseas laboratories
23 of the Centers or the Department under this section shall
24 not—

1 (1) detract from the established core missions
2 of the laboratories; or

3 (2) compromise the security of those labora-
4 tories, as well as their research, equipment, exper-
5 tise, and materials.

6 **SEC. 13. ASSISTANCE FOR REGIONAL HEALTH NETWORKS**
7 **AND EXPANSION OF FOREIGN EPIDEMI-**
8 **LOGY TRAINING PROGRAMS.**

9 (a) **AUTHORITY.**—The President is authorized, on
10 such terms and conditions as the President may deter-
11 mine, to provide assistance for the purposes of—

12 (1) enhancing the surveillance and reporting ca-
13 pabilities for the World Health Organization and ex-
14 isting regional health networks; and

15 (2) developing new regional health networks.

16 (b) **EXPANSION OF FOREIGN EPIDEMIOLOGY TRAIN-**
17 **ING PROGRAMS.**—The Secretary of Health and Human
18 Services is authorized to establish new country or regional
19 Foreign Epidemiology Training Programs in eligible devel-
20 oping countries.

21 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

22 (a) **AUTHORIZATION OF APPROPRIATIONS.**—

23 (1) **IN GENERAL.**—Subject to subsection (c),
24 there are authorized to be appropriated \$70,000,000

1 for the fiscal year 2003 and \$80,000,000 for fiscal
2 year 2004, to carry out this Act.

3 (2) ALLOCATION OF FUNDS.—Of the amounts
4 made available under paragraph (1)—

5 (A) \$50,000,000 for the fiscal year 2003
6 and \$50,000,000 for the fiscal year 2004 are
7 authorized to be available to carry out sections
8 6, 7, 8, and 9;

9 (B) not more than \$2,000,000 shall be
10 available for each of the fiscal years 2003 and
11 2004 for the specific training programs author-
12 ized in section 6, of which not more than
13 \$500,000 shall be available to carry out sub-
14 section (a)(1) of such section and not more
15 than \$1,500,000 shall be available to carry out
16 subsection (a)(2) of such section;

17 (C) \$5,000,000 for the fiscal year 2003
18 and \$5,000,000 for the fiscal year 2004 are au-
19 thorized to be available to carry out section 10;

20 (D) \$2,000,000 for the fiscal year 2003
21 and \$2,000,000 for the fiscal year 2004 are au-
22 thorized to be available to carry out section 11;

23 (E) \$8,000,000 for the fiscal year 2003
24 and \$18,000,000 for the fiscal year 2004 are

1 authorized to be available to carry out section
2 12; and

3 (F) \$5,000,000 for the fiscal year 2003
4 and \$5,000,000 for the fiscal year 2004 are au-
5 thorized to be available to carry out section 13.

6 (b) AVAILABILITY OF FUNDS.—The amount appro-
7 priated pursuant to subsection (a) is authorized to remain
8 available until expended.

9 (c) REPORTING REQUIREMENT.—

10 (1) REPORT.—Not later than 90 days after the
11 date of enactment of this Act, the Secretary shall
12 submit a report, in conjunction with the Secretary of
13 Health and Human Services and the Secretary of
14 Defense, containing—

15 (A) a description of the implementation of
16 programs under this Act; and

17 (B) an estimate of the level of funding re-
18 quired to carry out those programs at a suffi-
19 cient level.

20 (2) LIMITATION ON OBLIGATION OF FUNDS.—
21 Not more than 10 percent of the amount appro-
22 priated pursuant to subsection (a) may be obligated
23 before the date on which a report is submitted, or

- 1 required to be submitted, whichever first occurs,
- 2 under paragraph (1).

Passed the Senate August 1, 2002.

Attest:

Secretary.

107TH CONGRESS
2D SESSION

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AN ACT

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response.