

109TH CONGRESS
1ST SESSION

H. R. 4603

To amend the Public Health Service Act with respect to pandemic influenza,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2005

Mrs. LOWEY (for herself, Ms. PELOSI, Mr. HOYER, Mr. MENENDEZ, Mr. EMANUEL, Ms. DELAURO, Mr. GEORGE MILLER of California, Mr. SPRATT, Mr. DINGELL, Mr. OBEY, Mr. WAXMAN, Mr. LANTOS, Mr. CONYERS, Mr. THOMPSON of Mississippi, Mr. MARKEY, Mr. PALLONE, Mr. BROWN of Ohio, Ms. DEGETTE, Mrs. CAPPS, Ms. SCHAKOWSKY, Ms. BALDWIN, Ms. MCCOLLUM of Minnesota, Mr. CUMMINGS, Ms. BORDALLO, Ms. SOLIS, Mr. LEWIS of Georgia, Mr. OWENS, Mr. MCGOVERN, Ms. MATSUI, Mr. McNULTY, Mr. DAVIS of Illinois, Mrs. DAVIS of California, Mrs. MALONEY, Mr. MORAN of Virginia, Ms. SCHWARTZ of Pennsylvania, Mr. CHANDLER, Mr. CASE, Mr. KILDEE, Mr. CROWLEY, Mr. LARSON of Connecticut, Mr. GRIJALVA, Mr. HINCHEY, Mrs. CHRISTENSEN, Mr. McDERMOTT, Mr. ACKERMAN, Mr. LEVIN, Mr. ABERCROMBIE, Mr. SERRANO, and Mr. SCHIFF) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Resources, Agriculture, International Relations, Education and the Workforce, Science, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act with respect to
pandemic influenza, 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,*

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

2 (a) **SHORT TITLE.**—This Act may be cited as the
3 “Pandemic and Seasonal Influenza Act of 2005” .

4 (b) **TABLE OF CONTENTS.**—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—DOMESTIC PROGRAMS REGARDING SEASONAL AND
PANDEMIC INFLUENZA**

- Sec. 101. Emergency declaration; compensation program; liability protections.
Sec. 102. Additional funding for various programs and activities relating to seasonal and pandemic influenza.
Sec. 103. Accountability.
Sec. 104. Grants to improve State, local, and hospital preparedness for and response to public health emergencies; State pandemic influenza preparedness plans.
Sec. 105. Partnerships for community and hospital preparedness.
Sec. 106. Purchase of unsold doses of seasonal vaccines.
Sec. 107. Surveillance.
Sec. 108. Global Network for Avian Influenza Surveillance.
Sec. 109. Procurements for Strategic National Stockpile.
Sec. 110. National tracking and distribution system for vaccines and anti-virals.
Sec. 111. Public education and awareness campaign.
Sec. 112. Health professional training.
Sec. 113. Research at National Institutes of Health.
Sec. 114. Research at Centers for Disease Control and Prevention.
Sec. 115. Collaboration with National Science Foundation regarding effective communication strategies.
Sec. 116. Funds for inspections of manufacturing facilities; postmarket safety.
Sec. 117. Coordination with Department of Homeland Security.
Sec. 118. Definition.

**TITLE II—PROTECTING HEALTH CARE WORKERS AND FIRST
RESPONDERS FROM PANDEMIC INFLUENZA**

- Sec. 201. Preparedness and response.
Sec. 202. Relation to States and political subdivisions receiving funds under title I.

**TITLE III—INTERNATIONAL ASSISTANCE TO COMBAT THE AVIAN
INFLUENZA VIRUS**

- Sec. 301. Findings.
Sec. 302. Bilateral assistance.
Sec. 303. Multilateral assistance.
Sec. 304. Establishment of multi-donor trust fund.
Sec. 305. Coordinator of United States assistance to combat the avian influenza virus.
Sec. 306. Designation of high risk foreign countries and development of country strategies.

Sec. 307. United States avian influenza virus early warning system.
Sec. 308. Report.
Sec. 309. Definitions.
Sec. 310. Authorization of appropriations.

1 **TITLE I—DOMESTIC PROGRAMS**
2 **REGARDING SEASONAL AND**
3 **PANDEMIC INFLUENZA**

4 **SEC. 101. EMERGENCY DECLARATION; COMPENSATION**
5 **PROGRAM; LIABILITY PROTECTIONS.**

6 Title XXI of the Public Health Service Act (42
7 U.S.C. 300aa–1 et seq.) is amended by adding at the end
8 the following:

9 **“Subtitle 3—Pandemic Influenza**

10 **“PART A—EMERGENCY DECLARATION**
11 **REGARDING COVERED COUNTERMEASURE**

12 **“SEC. 2141. EMERGENCY DECLARATION.**

13 “(a) IN GENERAL.—If the Secretary determines that
14 a virus is causing pandemic influenza in humans, or that
15 there is a credible risk that a particular virus may in the
16 future cause such influenza, the Secretary may, through
17 publication in the Federal Register, issue a declaration
18 providing that parts B and C (relating to compensation
19 for injuries, and to immunity from liability and to civil
20 actions against the Federal Government for compensation,
21 respectively) are in effect with respect to the counter-
22 measure or countermeasures specified in the declaration.

1 “(b) CERTAIN REQUIREMENTS.—A declaration under
2 subsection (a) is effective with respect to a counter-
3 measure for purposes of this subtitle only if the declara-
4 tion—

5 “(1) identifies a category or categories of indi-
6 viduals and recommends that the countermeasure be
7 administered to individuals in such categories for the
8 purpose of preventing the influenza involved; and

9 “(2) specifies the period during which the dec-
10 laration will be in effect, including a beginning date
11 and an ending date.

12 “(c) AMENDMENTS.—The Secretary may, through
13 publication in the Federal Register, amend a declaration
14 under subsection (a), including an amendment to shorten
15 or extend the effective period of the declaration.

16 “(d) DEFINITIONS.—For purposes of this subtitle:

17 “(1) The term ‘countermeasure’ means a vac-
18 cine that—

19 “(A) is licensed under section 351 to pre-
20 vent influenza (or a particular type of influ-
21 enza); or

22 “(B) is authorized for emergency use
23 under section 564 of the Federal Food, Drug,
24 and Cosmetic Act to prevent influenza (or a
25 particular type of influenza).

1 “(2) The term ‘covered countermeasure’ means
2 a countermeasure specified in a declaration under
3 subsection (a).

4 “(3) The term ‘covered individual’, with respect
5 to a declaration under subsection (a), means an indi-
6 vidual—

7 “(A) who is within a category of individ-
8 uals identified in the declaration pursuant to
9 subsection (b)(1); and

10 “(B) to whom a countermeasure specified
11 in the declaration has been administered.

12 **“PART B—COMPENSATION PROGRAM**

13 **“SEC. 2151. COMPENSATION FOR INJURIES FOR ADMINIS-**
14 **TRATION DURING EFFECTIVE PERIOD OF**
15 **DECLARATION.**

16 “(a) IN GENERAL.—The Secretary shall by regula-
17 tion establish in accordance with this part a program
18 under which compensation may be paid for a counter-
19 measure-related injury or death that is associated with the
20 administration of a covered countermeasure to a covered
21 individual during the effective period of the applicable dec-
22 laration under section 2141(a).

23 “(b) RELATIONSHIP TO NATIONAL VACCINE INJURY
24 COMPENSATION PROGRAM UNDER SUBTITLE 2.—

1 “(1) IN GENERAL.—Except as otherwise pro-
2 vided in this part, the provisions of subtitle 2 (in-
3 cluding provisions taking effect on or after the effec-
4 tive date of this section) apply with respect to a cov-
5 ered countermeasure to the same extent and in the
6 same manner as such provisions apply with respect
7 to a vaccine included on the vaccine injury table
8 under section 2114.

9 “(2) LIMITATION REGARDING SUBTITLE 2 VAC-
10 CINES.—Subsection (a) does not apply with respect
11 to a covered countermeasure if the countermeasure
12 is included on the vaccine injury table under section
13 2114.

14 “(3) SEPARATE PROGRAM; SEPARATE JUDICIAL
15 RESOURCES.—This subtitle may not be construed as
16 having any legal effect on the program under sub-
17 title 2. The program under subsection (a) shall, con-
18 sistent with applicable appropriations Acts, be ad-
19 ministered in a manner that ensures that adminis-
20 trative resources of the United States Claims Courts
21 used for the program under subtitle 2 are not, by
22 reason of the program under this part, reduced
23 below the level of such resources used for such pro-
24 gram for fiscal year 2006, as adjusted to offset the

1 effects of inflation occurring after the beginning of
2 such fiscal year.

3 “(c) COMPENSATION SECONDARY TO OTHER COV-
4 ERAGE.—

5 “(1) IN GENERAL.—Except as provided in para-
6 graph (2), compensation under subsection (a) shall
7 be secondary to any obligation of the United States,
8 or any third party (including any State or local gov-
9 ernmental entity, private insurance carrier, or em-
10 ployer), under any other provision of law or contrac-
11 tual agreement to pay for or provide such compensa-
12 tion.

13 “(2) CERTAIN PROGRAMS.—Paragraph (1) does
14 not apply with respect to the program under title
15 XIX of the Social Security Act or the program
16 under part C of this subtitle.

17 “(3) PAYMENTS PURSUANT TO SUBROGA-
18 TION.—With respect to an obligation to which com-
19 pensation under subsection (a) is secondary for pur-
20 poses of paragraph (1), the Secretary may, notwith-
21 standing such obligation, make a payment under
22 subsection (a) in the amount of the obligation if
23 such payment is requested by or on behalf of the
24 covered individual involved. If the Secretary makes
25 such a payment—

1 “(A) the rights of such individual under
2 the obligation are subrogated to the Federal
3 Government;

4 “(B) the Secretary, pursuant to such sub-
5 rogation, shall collect the amount due the cov-
6 ered individual under the obligation; and

7 “(C) the Secretary shall deposit the
8 amount collected under subparagraph (B) in
9 the fund under section 2153.

10 **“SEC. 2152. VARIATIONS FROM SUBTITLE 2 PROGRAM.**

11 “(a) IN GENERAL.—For purposes of section
12 2151(b)(1), the applicability with respect to a covered
13 countermeasure of the provisions of the program under
14 subtitle 2 is subject to this section.

15 “(b) SOURCE OF FUNDS FOR COMPENSATION.—
16 Amounts for providing compensation under section
17 2151(a) are available under section 2153, not from a tax
18 imposed on the sale of such countermeasure under the In-
19 ternal Revenue Code of 1986.

20 “(c) INJURY TABLE.—With respect to section 2114
21 as applied for purposes of section 2151(a), the Secretary
22 shall include in the injury table provisions regarding a cov-
23 ered countermeasure as soon as is practicable after the
24 Secretary issues the applicable declaration under section
25 2141(a).

1 “(d) COMPENSATION IN EVENT OF DEATH.—With
2 respect to section 2115(a)(2) as applied for purposes of
3 section 2151(a), an award for the estate of the deceased
4 shall be—

5 “(1) if the deceased was under the age of 18,
6 \$250,000, as increased to the extent necessary to
7 offset the effect of inflation occurring after the be-
8 ginning of fiscal year 2006; or

9 “(2) if the deceased was 18 years of age or
10 older, the greater of—

11 “(A) \$250,000, as so increased; or

12 “(B) the projected loss of employment in-
13 come, except that the amount under this item
14 may not exceed an amount equal to 400 percent
15 of the amount that applies under subparagraph
16 (A).

17 “(e) ELECTION REGARDING CIVIL ACTION.—With
18 respect to the election under sections 2111(a)(2) and 2121
19 to file a civil action, such an election does not apply for
20 purposes of section 2151(a). The authority to bring a civil
21 action with respect to liability arising out of the adminis-
22 tration of a covered countermeasure, and the relationship
23 between such an action and compensation under section
24 2151(a), is regulated by part C.

1 **“SEC. 2153. INJURY COMPENSATION FUND.**

2 “(a) IN GENERAL.—There is established within the
3 Treasury of the United States a fund to be known as the
4 Pandemic Influenza Countermeasure Injury Compensa-
5 tion Fund (referred to in this section as the ‘Fund’). The
6 Fund shall consist of amounts appropriated in subsection
7 (b). Amounts appropriated for the Fund are available
8 until expended.

9 “(b) FUNDS.—There is hereby appropriated, out of
10 any amounts in the Treasury not otherwise appropriated,
11 such sums as may be necessary for each fiscal year—

12 “(1) to provide compensation under section
13 2115 as applied for purposes of section 2151(a); and

14 “(2) to provide for the administrative expenses
15 of carrying out this part.

16 **“PART C—LIABILITY PROTECTIONS; CIVIL**
17 **ACTIONS FOR COMPENSATION**

18 **“SEC. 2161. CIVIL ACTIONS AGAINST FEDERAL GOVERN-**
19 **MENT; INDIVIDUAL IMMUNITY OF MANUFAC-**
20 **TURERS, DISTRIBUTORS, AND HEALTH CARE**
21 **PROVIDERS.**

22 “(a) DEEMED STATUS OF COVERED PERSONS AS
23 FEDERAL EMPLOYEES.—

24 “(1) DEEMED STATUS; CIVIL ACTION AGAINST
25 FEDERAL GOVERNMENT.—For purposes of section
26 224(a), and subject to the provisions of this section,

1 a covered person shall be deemed to be an employee
2 of the Public Health Service with respect to liability
3 arising out of the administration of a covered coun-
4 termeasure to a covered individual during the effec-
5 tive period of the applicable declaration by the Sec-
6 retary under section 2141(a).

7 “(2) COVERED PERSON.—For purposes of this
8 part, the term ‘covered person’, when used with re-
9 spect to the administration of a covered counter-
10 measure, means a person who is—

11 “(A) a manufacturer or distributor of such
12 countermeasure;

13 “(B) a health care entity under whose aus-
14 pices—

15 “(i) the countermeasure was adminis-
16 tered;

17 “(ii) a determination was made as to
18 whether, or under what circumstances, an
19 individual should receive the counter-
20 measure;

21 “(iii) the immediate site of adminis-
22 tration of the countermeasure on the body
23 was monitored, managed, or cared for; or

1 “(iv) an evaluation was made of
2 whether the administration of the counter-
3 measure was effective;

4 “(C) a qualified person who administered
5 the countermeasure;

6 “(D) a State, a political subdivision of a
7 State, or an agency or official of a State or of
8 such a political subdivision, if such State, sub-
9 division, agency, or official has established re-
10 quirements, provided policy guidance, supplied
11 technical or scientific advice or assistance, or
12 otherwise supervised or administered a program
13 with respect to administration of such counter-
14 measures;

15 “(E) an official, agent, or employee of a
16 person described in subparagraph (A), (B), (C),
17 or (D);

18 “(F) a contractor of, or a volunteer work-
19 ing for, a person described in subparagraph
20 (A), (B), or (D), if the contractor or volunteer
21 performs a function for which a person de-
22 scribed in such subparagraph is a covered per-
23 son; or

24 “(G) an individual who has privileges or is
25 otherwise authorized to provide health care

1 under the auspices of an entity described in
2 subparagraph (B).

3 “(3) QUALIFIED PERSON.—For purposes of this
4 part, the term ‘qualified person’, when used with re-
5 spect to the administration of a covered counter-
6 measure, means a licensed health professional or
7 other individual who—

8 “(A) is authorized to administer such
9 countermeasure under the law of the State in
10 which the countermeasure was administered; or

11 “(B) is otherwise authorized by the Sec-
12 retary to administer such countermeasure.

13 “(4) ARISING OUT OF ADMINISTRATION OF A
14 COVERED COUNTERMEASURE.—For purposes of this
15 part, the term ‘arising out of administration of a
16 covered countermeasure’, when used with respect to
17 a claim or liability, includes a claim or liability aris-
18 ing out of—

19 “(A) determining whether, or under what
20 conditions, an individual should receive a cov-
21 ered countermeasure;

22 “(B) obtaining informed consent of an in-
23 dividual to the administration of a covered
24 countermeasure; or

1 “(C) monitoring, management, or care of
2 an immediate site of administration on the body
3 of a covered countermeasure, or evaluation of
4 whether the administration of the counter-
5 measure has been effective.

6 “(b) LIABILITY OF FEDERAL GOVERNMENT ONLY
7 FOR ADMINISTRATIONS WITHIN SCOPE OF DECLARA-
8 TION.—Except as provided in subsection (g)(2)(B), the
9 United States shall be liable under this section with re-
10 spect to a claim arising out of the administration of a cov-
11 ered countermeasure to an individual only if—

12 “(1) the countermeasure was administered to
13 the individual by a qualified person for the purpose
14 of preventing influenza (or a type of influenza);

15 “(2) such administration by the qualified per-
16 son was during the effective period of such declara-
17 tion; and

18 “(3)(A) the individual was at the time of such
19 administration a covered individual under the appli-
20 cable declaration under section 2141(a); or

21 “(B) the qualified person had reasonable
22 grounds to believe that the individual was within a
23 category of individuals identified in the declaration.

24 “(c) VARIATIONS FROM TITLE 28 REMEDY.—

1 “(1) INAPPLICABILITY OF CERTAIN EXCEP-
2 TIONS FROM LIABILITY.—Notwithstanding the provi-
3 sions of law referred to in section 224(a) that pro-
4 vide a remedy pursuant to such section (relating to
5 title 28, United States Code), the following excep-
6 tions from liability under such provisions do not
7 apply for purposes of a civil action pursuant to sub-
8 section (a):

9 “(A) The exception established in section
10 2680(a) of title 28, United States Code (known
11 as the discretionary function exception).

12 “(B) The exception established in section
13 2680(h) of such title (relating to intentional
14 torts).

15 “(C) The exception for strict liability in
16 tort pursuant to section 1346(b) of such title.

17 “(D) The exception established in section
18 2680(k) of such title (relating to claims arising
19 in a foreign country), except that such section
20 is inapplicable only in the case of a covered in-
21 dividual who is a United States citizen, a mem-
22 ber of the Armed Forces, or the spouse or child
23 of a member of such Forces.

24 “(E) The exception established in *Feres v.*
25 United States, 340 U.S. 135 (1950) (relating

1 to injuries to military personnel sustained inci-
2 dent to service, and known as the Feres doc-
3 trine).

4 “(2) BREACH OF WARRANTY.—Notwithstanding
5 the provisions of law referred to in section 224(a)
6 that provide a remedy pursuant to such section, the
7 liability of the United States shall, for purposes of
8 a civil action pursuant to subsection (a), include li-
9 ability based on a claim of breach of warranty.

10 “(3) UNAVAILABILITY OF GOVERNMENT CON-
11 TRACTOR DEFENSE.—In a civil action pursuant to
12 subsection (a), the United States may not assert the
13 defense established in *Boyle v. United Technologies*
14 *Corp*, 487 U.S. 500 (1988) (relating to compliance
15 with Federal contracts, and known as the govern-
16 ment contractor defense).

17 “(4) GOVERNING LAW.—Notwithstanding the
18 provisions of law referred to in section 224(a) that
19 provide a remedy pursuant to such section, for pur-
20 poses of a civil action pursuant to subsection (a):

21 “(A) References in section 1346(b) and
22 chapter 171 of title 28, United States Code, to
23 the place where the act or omission complained
24 of occurred are deemed to be references to the

1 place where the injury occurred, subject to sub-
2 paragraph (B).

3 “(B) For purposes of subparagraph (A) as
4 applied for purposes of paragraph (1)(D), the
5 place of injury is deemed to be the domicile in
6 the United States of the covered individual in-
7 volved, or if such individual does not have a
8 domicile in the United States, the place in the
9 United States that was the most recent domicile
10 in the United States of the individual.

11 “(5) VENUE.—For purposes of a civil action
12 pursuant to subsection (a), the reference in section
13 1402(b) of title 28, United States Code, to the place
14 wherein the act or omission complained of occurred
15 is deemed to be a reference to the place wherein the
16 injury occurred.

17 “(d) RELATION TO PART B PROGRAM.—

18 “(1) IN GENERAL.—A person may not, pursu-
19 ant to subsection (a), bring a claim under section
20 224(a) unless such person has exhausted such rem-
21 edies as are available under part B, except that if
22 the Secretary fails to make a final determination on
23 a request for compensation filed in accordance with
24 the requirements of such part within 240 days after

1 such request was filed, the person may seek any
2 remedy that may be available under this section.

3 “(2) RULE OF CONSTRUCTION REGARDING
4 CIVIL ACTIONS AGAINST FEDERAL GOVERNMENT.—

5 This section shall not be construed as superseding or
6 otherwise affecting the application of a requirement,
7 under chapter 171 of title 28, United States Code,
8 to exhaust administrative remedies.

9 “(3) TOLLING OF STATUTE OF LIMITATIONS.—

10 The time limit for filing a claim pursuant to this
11 section, or for filing an action based on such claim,
12 shall be tolled during the pendency of a petition for
13 compensation under part B.

14 “(4) OFFSET.—The value of compensation pro-
15 vided under part B for an incident or series of inci-
16 dents shall be offset against the amount of an
17 award, compromise, or settlement of money damages
18 in a claim or suit pursuant to subsection (a) based
19 on the same incident or series of incidents.

20 “(e) EXCLUSIVITY.—For purposes of subsection (a),
21 the remedy provided by section 224(a) shall be exclusive
22 of any other civil action or proceeding for any claim or
23 suit this section encompasses, except for a proceeding
24 under part B.

1 “(f) REMOVAL OF ACTION TO UNITED STATES DIS-
2 TRICT COURT.—

3 “(1) IN GENERAL.—Any civil action brought in
4 a State court against a covered person with respect
5 to liability described in subsection (a) shall be re-
6 moved without bond to the district court of the
7 United States of the district and division embracing
8 the place wherein the action is pending, subject to
9 subsection (c)(5), and the proceeding deemed a civil
10 action brought against the United States pursuant
11 to subsection (a).

12 “(2) CERTAIN PROCEDURES.—With respect to
13 section 224(c) as applied for purposes of subsection
14 (a), the following applies:

15 “(A) Paragraph (1) of this subsection ap-
16 plies in lieu of the first sentence of such sec-
17 tion.

18 “(B) A civil action in a State court shall
19 be considered as having been brought against a
20 covered person with respect to liability de-
21 scribed in subsection (a) if, in the pleadings for
22 the action—

23 “(i) the plaintiff alleges that a vaccine
24 caused the injury involved and seeks dam-
25 ages for the injury; and

1 “(ii) the plaintiff or the defendant al-
2 leges that a Federal declaration has been
3 issued with respect to the vaccine (without
4 regard to whether section 2141(a) is speci-
5 fied), or the defendant alleges that Federal
6 law grants the defendant immunity from li-
7 ability for the injury (without regard to
8 whether the defendant states that the de-
9 fendant is a covered person under this sec-
10 tion), or both.

11 “(g) COOPERATION OF COVERED PERSON WITH
12 FEDERAL GOVERNMENT.—

13 “(1) IN GENERAL.—This section applies with
14 respect to a covered person only if the person co-
15 operates with the United States in the processing
16 and defense of the claim or action involved.

17 “(2) CONSEQUENCES OF FAILURE TO COOPER-
18 ATE.—Upon the motion of the United States or any
19 other party and upon finding that a covered person
20 has failed to cooperate within the meaning of para-
21 graph (1)—

22 “(A) the court shall substitute such person
23 as the party defendant in place of the United
24 States and, upon motion, shall remand any
25 such suit to the court in which it was instituted

1 if it appears that the court lacks subject matter
2 jurisdiction;

3 “(B) the United States shall not be liable
4 based on the acts or omissions of such person;
5 and

6 “(C) the Attorney General shall not be ob-
7 ligated to defend such action.

8 “(h) RECOURSE AGAINST COVERED PERSON IN CASE
9 OF GROSS MISCONDUCT OR CONTRACT VIOLATION.—

10 “(1) IN GENERAL.—Should payment be made
11 by the United States to any claimant bringing a
12 claim pursuant to this section, either by way of ad-
13 ministrative determination, settlement, or court
14 judgment, the United States shall have, notwith-
15 standing any provision of State law, the right to re-
16 cover for that portion of the damages so awarded or
17 paid, as well as interest and any costs of litigation,
18 resulting from the failure of any covered person to
19 carry out any obligation or responsibility assumed by
20 such person under a contract with the United States
21 or from any grossly negligent, reckless, or illegal
22 conduct or willful misconduct on the part of such
23 person.

24 “(2) VENUE.—The United States may bring an
25 action pursuant to paragraph (1) against such per-

1 son in the judicial district of the United States in
2 which such person resides or has its principal place
3 of business.”.

4 **SEC. 102. ADDITIONAL FUNDING FOR VARIOUS PROGRAMS**
5 **AND ACTIVITIES RELATING TO SEASONAL**
6 **AND PANDEMIC INFLUENZA.**

7 (a) IN GENERAL.—With respect to influenza, there
8 is authorized to be appropriated, as described in sub-
9 sections (b) and (c), a total of \$1,975,000,000 in addition
10 to amounts otherwise authorized to be appropriated.

11 (b) FISCAL YEAR 2006.—In addition to amounts oth-
12 erwise authorized to be appropriated for fiscal year 2006
13 for the following programs and activities, there are author-
14 ized to be appropriated for such fiscal year for such pro-
15 grams and activities the following amounts:

16 (1) For seasonal influenza vaccine,
17 \$465,000,000, to remain available until expended,
18 subject to providing for 15,000,000 doses in fiscal
19 year 2006 and increasing to 35,000,000 doses in fis-
20 cal year 2008.

21 (2) For removing the unfunded mandate on
22 States for purchasing anti-virals, \$510,000,000, to
23 remain available until expended.

1 (3) For funding for States and local govern-
2 ments for pandemic influenza planning activities,
3 \$200,000,000, to remain available until expended.

4 (4) For an international effort lead by the
5 United States to detect and contain an influenza
6 pandemic, \$500,000,000, to remain available until
7 expended.

8 (c) FISCAL YEARS 2006 THROUGH 2010.—In addi-
9 tion to amounts otherwise authorized to be appropriated
10 for fiscal years 2006 through 2010 for States and local
11 governments to restore preparedness grants, to increase
12 the capacity to provide immunizations against influenza,
13 and to develop surge capacity in medical facilities, there
14 is authorized to be appropriated for such purposes
15 \$300,000,000 for each of the fiscal years 2006 through
16 2010.

17 (d) VACCINE COMPENSATION PROGRAM REGARDING
18 PANDEMIC INFLUENZA.—For compensation under part B
19 of subtitle 3 of title XXI of the Public Health Service (as
20 added by section 101 of this Act), amounts are available
21 as provided in section 2153 of such part.

22 **SEC. 103. ACCOUNTABILITY.**

23 (a) ANNUAL REPORTS TO CONGRESS.—Subject to
24 subsection (b), the Secretary shall annually submit to the

1 Congress a report that provides information on the fol-
2 lowing with respect to pandemic influenza preparedness:

3 (1) Progress on the implementation of the HHS
4 Pandemic Influenza Plan (issued by the Secretary in
5 November 2005).

6 (2) Actions of the Secretary to coordinate the
7 provision of technical assistance across Federal
8 agencies and State and local governments.

9 (3) Outreach and education campaigns con-
10 ducted by the Secretary for businesses, health care
11 providers, and the public.

12 (4) Actions of the Secretary to address supply-
13 chain issues.

14 (5) The extent to which the HHS Pandemic In-
15 fluenza Plan has been directed toward traditionally
16 underserved populations, including low-income, ra-
17 cial and ethnic minorities, immigrants, and unin-
18 sured populations.

19 (6) Any deficiencies in such Plan that have
20 been identified by the Comptroller General of the
21 United States under subsection (e).

22 (b) PLAN FOR EDUCATION OF HEALTH PROFES-
23 SIONALS REGARDING VACCINE; POSTIMMUNIZATION FOL-
24 LOW-UP AND SURVEILLANCE.—The first report under
25 subsection (a) shall be submitted not later than 90 days

1 after the date of the enactment of this Act. Such first re-
2 port shall include the following plans with respect to a vac-
3 cine against pandemic influenza:

4 (1) With respect to health professionals who
5 will administer the vaccine, a plan to educate the
6 professionals on the known or suspected complica-
7 tions of the vaccine, side effects of the vaccine, and
8 precautions regarding the vaccine. Such plan shall
9 include the following:

10 (A) Education on—

11 (i) the locations at which individuals
12 should seek postimmunization follow-up
13 medical care for adverse health conditions
14 that may be associated with the vaccine;
15 and

16 (ii) obtaining compensation for inju-
17 ries from the vaccine through the National
18 Vaccine Injury Compensation Program
19 under subtitle 2 of title XXI of the Public
20 Health Service Act, or through the com-
21 pensation program under part B of subtitle
22 3 of such title (as added by section 101 of
23 this Act), as the case may be.

24 (B) Provisions for updating the edu-
25 cational content of the plan pursuant to infor-

1 mation from postimmunization surveillance de-
2 scribed in paragraph (2).

3 (2) A plan for postimmunization surveillance.
4 Such plan shall include provisions for the surveil-
5 lance and reporting of the health effects of the vac-
6 cine, and a statement of whether such activities will
7 include personal interviews and follow-up health
8 screenings.

9 (3) A plan for determining the populations for
10 which the vaccine is contraindicated and for deter-
11 mining prescreening recipients of the vaccine, and
12 for disseminating such information, including a spec-
13 ification of the means of dissemination. Such plan
14 shall include information on the implementation of
15 confidential methods of prescreening to be used by
16 health professionals to determine if a potential vac-
17 cine recipient is a member of such a population.

18 (c) POULTRY WORKERS.—

19 (1) IN GENERAL.—Not later than 30 days after
20 the date of the enactment of this Act, the Secretary
21 of Health and Human Services, in coordination with
22 the Secretary of Agriculture, the Secretary of Inte-
23 rior, and the Secretary of Labor, shall convene a
24 meeting of experts, representatives of the poultry in-
25 dustry, representatives of poultry workers and other

1 appropriate parties to evaluate the risks to poultry
2 workers posed by exposure to the H5N1 virus, the
3 likelihood of transmission of the virus from birds to
4 poultry workers and the necessary measures to pro-
5 tect poultry workers from exposure.

6 (2) REVISION OF PREPAREDNESS PLAN.—Not
7 later than 30 days after the meeting under para-
8 graph (1), the Secretary shall revise the HHS Pan-
9 demic Influenza Plan to include the findings and
10 recommendations of the participants in the meeting.

11 (3) IMPLEMENTATION OF RECOMMENDA-
12 TIONS.—The Secretary of Health and Human Serv-
13 ices, Secretary of Agriculture, the Secretary of Inte-
14 rior, and the Secretary of Labor shall take the rec-
15 ommended steps to implement the recommendations
16 of the participants in the meeting under paragraph
17 (1).

18 (d) ANNUAL BUDGET REQUEST.—The Secretary
19 shall annually submit to the Congress a budget request
20 related to the National Pandemic Influenza Preparedness
21 Plan.

22 (e) BIENNIAL GAO REPORTS.—

23 (1) IN GENERAL.—The Comptroller General of
24 the United States shall, on an biennial basis, sub-

1 mit to the Congress and the Secretary a report con-
2 cerning the HHS Pandemic Influenza Plan.

3 (2) REQUIREMENTS.—At a minimum, each re-
4 port under paragraph (1) shall evaluate the ability
5 of the HHS Pandemic Influenza Plan to—

6 (A) address the organizational structure
7 and chain of command, both in the Federal
8 government and at the State level;

9 (B) ensure adequate laboratory surveil-
10 lance of influenza, including the ability to iso-
11 late and subtype influenza viruses year round;

12 (C) improve vaccine research, development,
13 and production;

14 (D) procure adequate doses of anti-virals
15 for treatment;

16 (E) develop systems for tracking and dis-
17 tributing anti-viral medication and vaccines;

18 (F) prioritize who would receive anti-virals
19 and vaccines based on limited supplies;

20 (G) stockpile medical and safety equipment
21 for health care workers and first responders;

22 (H) assure surge capacity capabilities for
23 health care providers and institutions;

24 (I) secure a backup health care workforce
25 in the event of a pandemic;

1 (J) ensure the availability of food, water,
2 and other essential items during a pandemic;

3 (K) provide guidance on needed State and
4 local authority to implement public health
5 measures such as isolation or quarantine;

6 (L) maintain core public functions, includ-
7 ing public utilities, refuse disposal, mortuary
8 services, transportation, police and firefighter
9 services, and other critical services;

10 (M) establish networks that provide alerts
11 and other information for health care providers;

12 (N) communicate with the public with re-
13 spect to prevention and obtaining care during a
14 pandemic; and

15 (O) provide security for first responders
16 and other medical personnel and volunteers,
17 hospitals, treatment centers, isolation and quar-
18 antine areas, and transportation and delivery of
19 resources.

1 **SEC. 104. GRANTS TO IMPROVE STATE, LOCAL, AND HOS-**
2 **PITAL PREPAREDNESS FOR AND RESPONSE**
3 **TO PUBLIC HEALTH EMERGENCIES; STATE**
4 **PANDEMIC INFLUENZA PREPAREDNESS**
5 **PLANS.**

6 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
7 319C–1(j)(1)(B) of the Public Health Service Act (42
8 U.S.C. 247d–3a(j)(1)(B)) is amended by striking “For the
9 purpose of carrying out this section,” and inserting the
10 following: “For the purpose of carrying out this section,
11 including preparing for and responding to pandemic influ-
12 enza,”; and

13 (b) STATE PANDEMIC INFLUENZA PREPAREDNESS
14 PLANS.—Section 319C–1 of the Public Health Service Act
15 (42 U.S.C. 247d–3a), as amended by subsection (a) of this
16 section, is amended—

17 (1) by redesignating subsections (i) and (j) as
18 subsections (j) and (k), respectively; and

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

21 “(i) PANDEMIC INFLUENZA; STATE PREPAREDNESS
22 PLAN.—

23 “(1) IN GENERAL.—As a condition of receiving
24 an award under subsection (a), the State involved
25 shall—

1 “(A) designate an official or office as re-
2 sponsible for pandemic influenza preparedness;

3 “(B) submit to the Director of the Centers
4 for Disease Control and Prevention a Pandemic
5 Influenza Preparedness Plan described under
6 paragraph (2); and

7 “(C) have such Preparedness Plan ap-
8 proved in accordance with this subsection.

9 “(2) PREPAREDNESS PLAN.—

10 “(A) IN GENERAL.—The Pandemic Influenza
11 Preparedness Plan required under para-
12 graph (1) shall address—

13 “(i) human and animal surveillance
14 activities, including capacity for epidemio-
15 logical analysis, isolation and subtyping of
16 influenza viruses year-round, including for
17 avian influenza among domestic poultry,
18 and reporting of information across human
19 and veterinary sectors;

20 “(ii) methods to ensure surge capacity
21 in hospitals, laboratories, outpatient health
22 care provider offices, medical suppliers,
23 and communication networks;

1 “(iii) assisting the recruitment and
2 coordination of national and State volun-
3 teer banks of health care professionals;

4 “(iv) distribution of vaccines, anti-
5 virals, and other treatments to priority
6 groups, and monitor effectiveness and ad-
7 verse events;

8 “(v) networks that provide alerts and
9 other information for health care providers
10 and organizations at the National, State,
11 and regional level;

12 “(vi) communication with the public
13 with respect to prevention and obtaining
14 care during pandemic influenza;

15 “(vii) maintenance of core public
16 functions, including public utilities, refuse
17 disposal, mortuary services, transportation,
18 police and firefighter services, and other
19 critical services;

20 “(viii) provision of security for—

21 “(I) first responders and other
22 medical personnel and volunteers;

23 “(II) hospitals, treatment cen-
24 ters, and isolation and quarantine
25 areas;

1 “(III) transport and delivery of
2 resources, including vaccines, medica-
3 tions and other supplies; and

4 “(IV) other persons or functions
5 as determined appropriate by the Sec-
6 retary;

7 “(ix) the acquisition of necessary legal
8 authority for pandemic activities;

9 “(x) integration with existing na-
10 tional, State, and regional bioterrorism
11 preparedness activities or infrastructure;

12 “(xi) coordination among public and
13 private health sectors with respect to
14 health care delivery, including mass vac-
15 cination and treatment systems, during
16 pandemic influenza; and

17 “(xii) coordination with Federal pan-
18 demic influenza preparedness activities.

19 “(B) UNDERSERVED POPULATIONS.—The
20 Pandemic Influenza Preparedness Plan required
21 under paragraph (1) shall include a specific
22 focus on surveillance, prevention, and medical
23 care for traditionally underserved populations,
24 including low-income, racial and ethnic minor-
25 ity, immigrant, and uninsured populations.

1 “(3) APPROVAL OF STATE PLAN.—

2 “(A) IN GENERAL.—The Secretary shall
3 develop criteria to rate State Pandemic Influenza Preparedness Plans required under para-
4 graph (1) and determine the minimum rating
5 needed for approval.
6

7 “(B) TIMING OF APPROVAL.—Not later
8 than 90 days after a State submits a State
9 Pandemic Influenza Preparedness Plan as re-
10 quired under paragraph (1), the Secretary shall
11 make a determination regarding approval of
12 such Plan.

13 “(4) REPORTING OF STATE PLAN.—All Pan-
14 demic Influenza Preparedness Plans submitted and
15 approved under this section shall be made available
16 to Congress, State officials, and the public as deter-
17 mined appropriate by the Secretary.

18 “(5) ASSISTANCE TO STATES.—The Secretary,
19 acting through the Director of the Centers for Dis-
20 ease Control and Prevention and the Administrator
21 of the Health Resources and Services Administra-
22 tion, may provide assistance to States in carrying
23 out this subsection, or implementing an approved
24 State Pandemic Influenza Preparedness Plan, which
25 may include the detail of an officer to approved do-

1 mestic pandemic sites or the purchase of equipment
2 and supplies.

3 “(6) WAIVER.—The Secretary may grant a
4 temporary waiver of 1 or more of the requirements
5 under this subsection.”.

6 **SEC. 105. PARTNERSHIPS FOR COMMUNITY AND HOSPITAL**
7 **PREPAREDNESS.**

8 Section 319C–2(i) of the Public Health Service Act
9 (42 U.S.C. 247d–4(i)) is amended by striking “For the
10 purpose of carrying out this section,” and inserting the
11 following: “For the purpose of carrying out this section,
12 including preparing for pandemic influenza,”; and

13 **SEC. 106. PURCHASE OF UNSOLD DOSES OF SEASONAL VAC-**
14 **CINES.**

15 (a) PRODUCER-SPECIFIC NEGOTIATION ON SUPPLY
16 FOR SEASON.—In the case of influenza vaccine and each
17 other periodic-change vaccine, the Secretary shall, for each
18 applicable vaccine season, negotiate with each producer of
19 the vaccine to reach an agreement on the number of doses
20 of the vaccine that the producer will manufacture for such
21 season. The Secretary is not required under the preceding
22 sentence to enter into such an agreement with any pro-
23 ducer.

24 (b) PURCHASE OF PERCENTAGE OF UNSOLD
25 DOSES.—With respect to the number of doses of a peri-

1 periodic-change vaccine manufactured for an applicable vac-
2 cine season by a producer in accordance with an agree-
3 ment under subsection (a), the Secretary shall purchase
4 from the producer 50 percent of such doses that are
5 unsold for the season.

6 (c) PRICE PER DOSE.—

7 (1) AVERAGE SALES PRICE.—Subject to para-
8 graph (2), the price per dose paid by the Secretary
9 in a purchase of periodic-change vaccine under sub-
10 section (b) shall be the average sales price for the
11 vaccine for the applicable vaccine season, as deter-
12 mined by the Secretary.

13 (2) AUDITS; ADJUSTMENTS.—The Secretary
14 may enter into an agreement under subsection (a)
15 with a producer regarding a periodic-change vaccine
16 only if the agreement includes a provision that per-
17 mits the Secretary to conduct audits of sales of such
18 vaccine at wholesale by the producer. The average
19 sales price determined under paragraph (1) for a
20 dose of the vaccine for an applicable vaccine season
21 shall be adjusted by the Secretary as determined
22 necessary by the Secretary on the basis of such au-
23 dits and on the basis of any other information avail-
24 able to the Secretary on sales of the vaccine at
25 wholesale.

1 (d) DEFINITIONS.—For purposes of this section:

2 (1) The term “approved vaccine” means a vac-
3 cine for which a biologics license under section 351
4 is in effect.

5 (2)(A) The term “federally recommended vac-
6 cine”, with respect to an adult, means an approved
7 vaccine recommended by the Advisory Committee on
8 Immunization Practices (an advisory committee es-
9 tablished by the Secretary, acting through the Direc-
10 tor of the Centers for Disease Control and Preven-
11 tion).

12 (B) The term “federally recommended vaccine”,
13 with respect to a child, means a vaccine on the list
14 referred to in section 1928(e) of the Social Security
15 Act.

16 (3) The term “periodic-change vaccine” means
17 a federally recommended vaccine that is designed
18 only for a single applicable vaccine season due to
19 characteristics of the etiologic agent or agents for
20 the disease involved, or due to characteristics of the
21 vaccine, that adversely affect the extent to which the
22 vaccine is safe and effective after such season. Such
23 term includes influenza vaccine.

24 (4) The term “producer” means a person
25 who—

1 (A) manufactures an approved vaccine; or

2 (B) who intends to manufacture such a
3 vaccine and is determined by the Secretary to
4 have the capacity to meet legal requirements
5 applicable to such manufacturing.

6 (5)(A) The term “vaccine season”, with respect
7 to a periodic-change vaccine, means a consecutive
8 number of months, not exceeding 24 months, during
9 which the Secretary recommends that the public in
10 general, or particular populations, as the case may
11 be, receive immunizations against the disease in-
12 volved.

13 (B) The term “applicable vaccine season”, with
14 respect to a periodic-change vaccine, means the vac-
15 cine season that is applicable to such vaccine.

16 (e) DIRECT SPENDING.—The requirement under sub-
17 section (b) that the Secretary make purchases of doses
18 of periodic-change vaccine constitutes budget authority in
19 advance of appropriations Acts, and represents the obliga-
20 tion of the United States to make outlays for such pur-
21 chases in accordance with this subsection.

22 **SEC. 107. SURVEILLANCE.**

23 (a) DOMESTIC SURVEILLANCE.—

24 (1) IN GENERAL.—The Secretary, in coordina-
25 tion with the Secretary of Agriculture, shall establish

1 minimum thresholds for States with respect to ade-
2 quate surveillance for pandemic influenza, including
3 possible pandemic avian influenza.

4 (2) ASSISTANCE TO STATES.—

5 (A) IN GENERAL.—The Secretary, in co-
6 ordination with the Secretary of Agriculture,
7 shall provide assistance to States and regions to
8 meet the minimum thresholds established under
9 paragraph (1).

10 (B) TYPES OF ASSISTANCE.—Assistance
11 provided to States under subparagraph (A) may
12 include—

13 (i) the establishment or expansion of
14 State surveillance and alert systems, in-
15 cluding the Sentinel Physician Surveillance
16 System and 122 Cities Mortalities Report
17 System;

18 (ii) the provision of equipment and
19 supplies;

20 (iii) support for epidemiological anal-
21 ysis and investigation of novel strains;

22 (iv) the sharing of biological speci-
23 mens and epidemiological and clinical data
24 within and across States; and

1 (v) other activities determined appro-
2 priate by the Secretary.

3 (3) DETAIL OF OFFICERS.—The Secretary may
4 detail officers to States for technical assistance as
5 needed to carry out this subsection.

6 (b) PRIVATE SECTOR INVOLVEMENT.—

7 (1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention and the Administrator of the
10 Health Resources and Services Administration, and
11 in coordination with private sector entities, shall in-
12 tegrate and coordinate public and private influenza
13 surveillance activities, as appropriate.

14 (2) GRANT PROGRAM.—

15 (A) IN GENERAL.—In carrying out the ac-
16 tivities under paragraph (1), the Secretary may
17 establish a grant program, or expand existing
18 grant programs, to provide funding to eligible
19 entities to coordinate or integrate as appro-
20 priate, pandemic preparedness surveillance ac-
21 tivities between States and private health sector
22 entities, including hospitals, health plans, and
23 other health systems.

24 (B) ELIGIBILITY.—To be eligible to receive
25 a grant under subparagraph (A), an entity shall

1 submit an application at such time, in such
2 manner, and containing such information as the
3 Secretary may require.

4 (C) USE OF FUNDS.—Funds under a grant
5 under subparagraph (A) may be used to—

6 (i) develop and implement surveillance
7 protocols for patients in outpatient and
8 hospital settings;

9 (ii) establish a communication alert
10 plan for patients for reportable signs and
11 symptoms that may suggest influenza;

12 (iii) plan for the vaccination of popu-
13 lations and, if appropriate, dissemination
14 of anti-viral drugs;

15 (iv) purchase necessary equipment
16 and supplies;

17 (v) increase laboratory testing and
18 networking capacity;

19 (vi) conduct epidemiological and other
20 analyses; or

21 (vii) report and disseminate data.

22 (D) DETAIL OF OFFICERS.—The Secretary
23 may detail officers to grantees under subpara-
24 graph (A) for technical assistance.

1 (E) REQUIREMENT.—As a condition of re-
2 ceiving a grant under subparagraph (A), a
3 State shall have a plan to meet minimum
4 thresholds for State influenza surveillance es-
5 tablished by the Director of the Centers for
6 Disease Control and Prevention in coordination
7 with the Secretary of Agriculture under sub-
8 section (b).

9 **SEC. 108. GLOBAL NETWORK FOR AVIAN INFLUENZA SUR-**
10 **VEILLANCE.**

11 (a) PURPOSE.—The purpose of this section is to es-
12 tablish a Global Network for Avian Influenza Surveil-
13 lance—

14 (1) to more rapidly and efficiently detect,
15 verify, and report on the presence of infectious dis-
16 eases, such as highly pathogenic avian influenza, in
17 migratory birds and resident waterfowl around the
18 world;

19 (2) to use information on viral strains found
20 during surveillance of wild birds to better delineate
21 any mutations in the virus that may be detectable
22 within wild bird populations;

23 (3) to use information on when and where
24 HPAI and other pathogens of concern are identified
25 in migratory birds—

1 (A) to better guide preparedness in the
2 United States and around the world; and

3 (B) to carry out a comprehensive migra-
4 tory bird disease surveillance initiative that will
5 provide regions, countries, and specific locations
6 with early warning information that will help
7 target resources toward enhancement of poultry
8 biosecurity and surveillance, heightened public
9 health vigilance, and related areas;

10 (4) to create an open access database within
11 which information on HPAI and other pathogens of
12 interest identified in migratory birds can be shared
13 as close to real time as possible;

14 (5) to protect the health and safety of United
15 States citizens and officials traveling or living
16 abroad; and

17 (6) to protect the economic interests of the
18 United States and its partners from threats to
19 health, agriculture, and natural resources.

20 (b) DEFINITIONS.—In this section:

21 (1) ELIGIBLE ORGANIZATION.—The term “eligi-
22 ble organization” means a nongovernmental wildlife
23 conservation organization chartered in the United
24 States with—

1 (A) extensive global wildlife health experi-
2 ence in tracking disease in wild birds, including
3 free-ranging, captive, and wild bird species;

4 (B) proven ability in identifying avian in-
5 fluenza in wild birds; and

6 (C) accredited zoological facilities in the
7 United States.

8 (2) GNAIS.—The term “GNAIS” means the
9 Global Network for Avian Influenza Surveillance es-
10 tablished under subsection (c)(1).

11 (3) GNAIS PARTNERS.—The term “GNAIS
12 partners” means the partners of the GNAIS de-
13 scribed in subsection (c)(2).

14 (4) HPAI.—The term “HPAI” means highly
15 pathogenic avian influenza.

16 (5) SECRETARY.—The term “Secretary” means
17 the Secretary of Health and Human Services, act-
18 ing—

19 (A) through the Influenza Branch of the
20 Centers for Disease Control and Prevention;
21 and

22 (B) in partnership with an eligible organi-
23 zation.

24 (c) GLOBAL NETWORK FOR AVIAN INFLUENZA SUR-
25 VEILLANCE.—

1 (1) ESTABLISHMENT.—Not later than 90 days
2 after the date of enactment of this Act, the Sec-
3 retary shall offer to enter into a contract with 1 or
4 more eligible organizations to establish a Global Net-
5 work for Avian Influenza Surveillance.

6 (2) PARTNERS.—In administering the GNAIS,
7 the Secretary and the eligible organization shall col-
8 laborate with appropriate—

9 (A) Federal and State agency partners, in-
10 cluding—

11 (i) the Department of Agriculture,
12 acting through—

13 (I) the Agricultural Research
14 Service; and

15 (II) the Animal and Plant Health
16 Inspection Service;

17 (ii) the Department of the Interior,
18 acting through—

19 (I) the United States Geological
20 Survey; and

21 (II) the United States Fish and
22 Wildlife Service; and

23 (iii) various State wildlife agencies in
24 the United States;

1 (B) multilateral agency partners, includ-
2 ing—

3 (i) the Food and Agriculture Organi-
4 zation;

5 (ii) the World Health Organization;

6 (iii) the Office International des
7 Epizooties, the world animal health organi-
8 zation; and

9 (iv) the World Conservation Union;

10 (C) conservation organizations with exper-
11 tise in international and domestic bird moni-
12 toring and surveillance;

13 (D) accredited colleges of veterinary medi-
14 cine; and

15 (E) other national and international part-
16 ners, as necessary.

17 (3) INTERNATIONAL SURVEILLANCE.—The eli-
18 gible organization, in coordination with the Influenza
19 Branch of the Centers for Disease Control and Pre-
20 vention, shall manage an international surveillance
21 program under which Federal GNAIS partners shall,
22 and non-Federal GNAIS partners are encouraged
23 to—

24 (A) monitor and test for the presence or
25 arrival of avian influenza and other significant

1 avian pathogens at important bird areas around
2 the world and in marketplaces with intense
3 trade in wild birds;

4 (B) use trained professionals to collect
5 samples and other data and send samples to ap-
6 propriate diagnostic centers;

7 (C) use the GNAIS, in partnership with
8 relevant agencies and organizations, for con-
9 ducting—

10 (i) disease surveillance activities on
11 migratory birds worldwide;

12 (ii) domestic and international field
13 investigations on migratory birds;

14 (iii) training and capacity-building ac-
15 tivities related to the relationships between
16 human health, domestic animal health, and
17 wildlife health; and

18 (iv) research on methods and ap-
19 proaches for detection and enhanced sur-
20 veillance of HPAI and other pathogens in
21 migratory birds; and

22 (D) send samples for avian influenza test-
23 ing to certified laboratories that—

24 (i) meet internationally established
25 methods standards;

1 (ii) are located at—

2 (I) the Influenza Branch of the
3 Centers for Disease Control and Pre-
4 vention;

5 (II) the Office International des
6 Epizooties, the world animal health
7 organization;

8 (III) the Food and Agriculture
9 Organization;

10 (IV) National Veterinary Services
11 Laboratories of the Department of
12 Agriculture; or

13 (V) the Agricultural Research
14 Service; and

15 (iii) report the findings back to the el-
16 igible organization and GNAIS partners.

17 (4) NETWORK.—

18 (A) PARTNERS.—Federal GNAIS partners
19 shall, and non-Federal GNAIS partners are en-
20 couraged to, transmit information related to
21 global distribution and characteristics of avian
22 influenza to the Secretary acting through the
23 eligible organization.

24 (B) ADMINISTRATION.—The Secretary,
25 acting through the eligible organization, shall—

1 (i) use surveillance reports and other
2 formal and informal sources of information
3 to identify and investigate local disease
4 outbreaks of avian influenza, in coordina-
5 tion with GNAIS partners;

6 (ii) develop a long-term baseline of re-
7 gional data related to HPAI and pathogens
8 in migratory birds for analysis between
9 and across sites to create a system to iden-
10 tify when and where outbreaks might occur
11 and paths of dispersal;

12 (iii) provide technical assistance for
13 disease prevention and control programs
14 based on scientific understanding of the re-
15 lationships between wildlife health, domes-
16 tic animal health, and human health;

17 (iv) provide analytical disease findings
18 regularly to the Influenza Branch of the
19 Centers for Disease Control and Preven-
20 tion and other Federal GNAIS partners to
21 prevent or combat human diseases;

22 (v) conduct other activities as are nec-
23 essary to support the GNAIS network and
24 GNAIS partners; and

1 (vi) coordinate GNAIS surveillance re-
2 sults at the headquarters of the eligible or-
3 ganization.

4 (5) DATABASE.—

5 (A) IN GENERAL.—The Secretary, acting
6 through the eligible organization, shall manage,
7 map, and make available on a database on the
8 Internet all results and information gathered
9 under this section.

10 (B) REQUIREMENTS.—The database
11 shall—

12 (i) provide geographic data on wild
13 bird populations and the movements of the
14 populations and laboratory test results;
15 and

16 (ii) be available for viewing by any
17 Federal agency, foreign country, multilat-
18 eral institution, organization, or individual.

19 (6) TRAINING.—The Secretary shall request ac-
20 credited colleges of veterinary medicine and other
21 GNAIS partners to train members of the GNAIS
22 network to—

23 (A) monitor important bird areas around
24 the world; and

1 (B) test for the presence or arrival of
2 avian influenza and other significant avian
3 pathogens of zoonotic concern.

4 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated to carry out this section
6 \$10,000,000 for each of the fiscal years 2006 through
7 2010.

8 **SEC. 109. PROCUREMENTS FOR STRATEGIC NATIONAL**
9 **STOCKPILE.**

10 For the purpose of preventing and treating pandemic
11 influenza, the Secretary shall take immediate action to
12 procure for the stockpile under section 319F-2 of the
13 Public Health Service Act such quantities of anti-virals,
14 vaccines, essential medications, and other supplies as the
15 Secretary determines to be necessary.

16 **SEC. 110. NATIONAL TRACKING AND DISTRIBUTION SYS-**
17 **TEM FOR VACCINES AND ANTI-VIRALS.**

18 (a) IN GENERAL.—The Secretary shall develop and
19 implement a national system for the tracking and distribu-
20 tion of anti-viral medications and vaccines in order to pre-
21 pare and respond to pandemic influenza.

22 (b) SYSTEM.—The system developed under para-
23 graph (1) shall—

1 (1) allow for the electronic tracking of all do-
2 mestically available anti-viral medication and vac-
3 cines for pandemic influenza;

4 (2) anticipate shortages, and alert officials if
5 shortages are expected in such medications and vac-
6 cines;

7 (3) target distribution to high-risk groups, in-
8 cluding health professionals and relief personnel and
9 other individuals determined to be most susceptible
10 to disease or death from pandemic flu;

11 (4) ensure equitable distribution, particularly
12 across low-income and other underserved groups;
13 and

14 (5) integrate with existing State and local sys-
15 tems as appropriate.

16 **SEC. 111. PUBLIC EDUCATION AND AWARENESS CAMPAIGN.**

17 (a) IN GENERAL.—The Director of the Centers for
18 Disease Control and Prevention, in consultation with the
19 United States Agency for International Development, the
20 World Health Organization, the World Organization for
21 Animal Health, and foreign countries, shall develop an
22 outreach campaign with respect to public education and
23 awareness of influenza and influenza preparedness.

24 (b) DETAILS OF CAMPAIGN.—The campaign estab-
25 lished under subsection (a) shall—

- 1 (1) be culturally and linguistically appropriate
2 for domestic populations;
- 3 (2) be adaptable for use in foreign countries;
- 4 (3) target high-risk populations (those most
5 likely to contract, transmit, and die from influenza);
- 6 (4) promote personal influenza precautionary
7 measures and knowledge, and the need for general
8 vaccination, as appropriate; and
- 9 (5) describe precautions at the State and local
10 level that could be implemented during pandemic in-
11 fluenza, including quarantine and other measures.

12 **SEC. 112. HEALTH PROFESSIONAL TRAINING.**

13 The Secretary, directly or through contract, and in
14 consultation with professional health and medical soci-
15 eties, shall develop and disseminate pandemic influenza
16 training curricula—

- 17 (1) to educate and train health professionals,
18 including physicians, nurses, public health practi-
19 tioners, virologists and epidemiologists, veterinar-
20 ians, mental health providers, allied health profes-
21 sionals, and paramedics and other first responders;
- 22 (2) to educate and train volunteer, non-medical
23 personnel whose assistance may be required during
24 a pandemic influenza outbreak; and

1 (3) that address prevention, including use of
2 quarantine and other isolation precautions, pan-
3 demic influenza diagnosis, medical guidelines for use
4 of anti-virals and vaccines, and professional require-
5 ments and responsibilities, as appropriate.

6 **SEC. 113. RESEARCH AT NATIONAL INSTITUTES OF**
7 **HEALTH.**

8 (a) IN GENERAL.—The Director of the National In-
9 stitutes of Health (referred to in this section as the “Di-
10 rector of NIH”), in collaboration with the Director of the
11 Centers for Disease Control and Prevention, and other rel-
12 evant agencies, shall expand and intensify human and ani-
13 mal research, with respect to influenza, on—

14 (1) vaccine development and manufacture, in-
15 cluding strategies to increase immunological re-
16 sponse;

17 (2) effectiveness of inducing heterosubtypic im-
18 munity;

19 (3) antigen-sparing studies;

20 (4) anti-virals, including minimal dose or course
21 of treatment and timing to achieve prophylactic or
22 therapeutic effect;

23 (5) side effects and drug safety of vaccines and
24 anti-virals in subpopulations;

1 (6) alternative routes of delivery of vaccines,
2 anti-virals, and other medications as appropriate;

3 (7) more efficient methods for testing and de-
4 termining virus subtype;

5 (8) protective measures;

6 (9) modes of influenza transmission;

7 (10) effectiveness of masks, hand-washing, and
8 other non-pharmaceutical measures in preventing
9 transmission;

10 (11) improved diagnostic tools for influenza;

11 and

12 (12) other areas determined appropriate by the
13 Director of NIH.

14 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purposes of carrying out subsection (a), there are author-
16 ized to be appropriated such sums as may be necessary
17 for each of the fiscal years 2006 through 2010.

18 **SEC. 114. RESEARCH AT CENTERS FOR DISEASE CONTROL**

19 **AND PREVENTION.**

20 (a) IN GENERAL.—The Director of the Centers for
21 Disease Control and Prevention, in collaboration with
22 other relevant agencies, shall expand and intensify re-
23 search, with respect to influenza, on—

24 (1) historical research on prior pandemics to
25 better understand pandemic epidemiology, trans-

1 mission, protective measures, high-risk groups, and
2 other lessons that may be applicable to future pan-
3 demic;

4 (2) communication strategies for the public dur-
5 ing pandemic influenza, taking into consideration
6 age, racial and ethnic background, health literacy,
7 and risk status;

8 (3) changing and influencing human behavior
9 as it relates to vaccination;

10 (4) development and implementation of a pub-
11 lic, non-commercial and non-competitive broadcast
12 system and person-to-person networks;

13 (5) population-based surveillance methods to es-
14 timate influenza infection rates and rates of out-
15 patient illness;

16 (6) vaccine effectiveness;

17 (7) systems to monitor vaccination coverage lev-
18 els and adverse events from vaccination; and

19 (8) other areas determined appropriate by the
20 Director of the Centers for Disease Control and Pre-
21 vention.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purposes of carrying out subsection (a), there are author-
24 ized to be appropriated such sums as may be necessary
25 for each of the fiscal years 2006 through 2010.

1 **SEC. 115. COLLABORATION WITH NATIONAL SCIENCE**
2 **FOUNDATION REGARDING EFFECTIVE COM-**
3 **MUNICATION STRATEGIES.**

4 (a) IN GENERAL.—The Secretary and the National
5 Science Foundation shall collaborate to develop best prac-
6 tices and fund social science research toward developing
7 effective communication strategies with respect to pre-
8 paredness for and response to pandemic influenza.

9 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purposes of carrying out subsection (a), there are author-
11 ized to be appropriated such sums as may be necessary
12 for each of the fiscal years 2006 through 2010.

13 **SEC. 116. FUNDS FOR INSPECTIONS OF MANUFACTURING**
14 **FACILITIES; POSTMARKET SAFETY.**

15 (a) INSPECTIONS.—With respect to facilities that
16 manufacture influenza vaccine, there are authorized to be
17 appropriated such sums as may be necessary for each of
18 the fiscal years 2006 through 2010 for the purpose of pro-
19 viding additional funds to the Food and Drug Administra-
20 tion to conduct inspections of such facilities to determine
21 whether the facilities are in compliance with regulations
22 under section 501 of the Federal Food, Drug, and Cos-
23 metic Act (relating to adulteration). Such authorizations
24 are in addition to other authorizations of appropriations
25 that are available for such purpose.

1 (b) POSTMARKET SAFETY.—For the purpose of pro-
2 viding additional funds to the Food and Drug Administra-
3 tion to carry out postmarket safety activities with respect
4 to vaccines approved under section 351 of the Public
5 Health Service Act to prevent influenza, there are author-
6 ized to be appropriated such sums as may be necessary
7 for each of the fiscal years 2006 through 2010. Such au-
8 thorizations are in addition to other authorizations of ap-
9 propriations that are available for such purpose.

10 **SEC. 117. COORDINATION WITH DEPARTMENT OF HOME-**
11 **LAND SECURITY.**

12 Consistent with section 505(a) of the Homeland Se-
13 curity Act of 2002, the Secretary of Health and Human
14 Services shall collaborate with the Secretary of Homeland
15 Security in developing and implementing a coordinated
16 strategy for preparing for and responding to pandemic in-
17 fluenza, including carrying out such relevant activities
18 under the National Response Plan (developed under
19 Homeland Security Presidential Directive 5) as are con-
20 sistent with such section 505(a).

21 **SEC. 118. DEFINITION.**

22 For purposes of this title, the term “Secretary”
23 means the Secretary of Health and Human Services, un-
24 less the context of usage indicates otherwise.

1 **TITLE II—PROTECTING HEALTH**
2 **CARE WORKERS AND FIRST**
3 **RESPONDERS FROM PAN-**
4 **DEMIC INFLUENZA**

5 **SEC. 201. PREPAREDNESS AND RESPONSE.**

6 (a) IN GENERAL.—The Secretary of Labor and the
7 Secretary of Health and Human Services shall develop and
8 issue workplace standards, recommendations and plans to
9 protect health care workers and first responders, including
10 police, firefighters, and emergency medical personnel from
11 workplace exposure to pandemic influenza. Such stand-
12 ards, recommendations and plans shall set forth appro-
13 priate measures to protect workers both in preparation for
14 a potential pandemic influenza occurrence and in response
15 to an actual occurrence of pandemic influenza.

16 (b) WORKPLACE SAFETY AND HEALTH STAND-
17 ARDS.—

18 (1) IN GENERAL.—Within 6 months after the
19 date of the enactment of this Act, pursuant to sec-
20 tion 6(c) of the Occupational Safety and Health Act,
21 the Secretary of Labor, in consultation with the Di-
22 rector of the National Institute for Occupational
23 Safety and Health, shall develop and issue an emer-
24 gency temporary standard for the protection of
25 health care workers and first responders against oc-

1 occupational exposure to pandemic influenza, including
2 avian influenza caused by the H5N1 virus. Within 6
3 months after the issuance of an emergency standard,
4 the Secretary of Labor shall issue a final permanent
5 standard for occupational exposure to pandemic in-
6 fluenza under section 6(b) of the Occupational Safe-
7 ty and Health Act. The emergency temporary stand-
8 ard and final permanent standard shall provide, at
9 a minimum, for the following:

10 (A) The development and implementation
11 of an exposure control plan to protect workers
12 from airborne and contact hazards in conform-
13 ance with the Guideline for Protecting Workers
14 Against Avian Flu issued by the Occupational
15 Safety and Health Administration March 2004,
16 the Centers for Disease Control and Prevention
17 Interim Recommendations for Infection Control
18 in Health-Care Facilities Caring for Patients
19 with Known or Suspected Avian Influenza
20 issued May 21, 2004, and the World Health
21 Organization (WHO) Global Influenza Pre-
22 paredness Plan issued April 2005.

23 (B) Personal protective equipment, in con-
24 formance with the requirements of 29 CFR
25 1910.134 and 29 CFR 1910.132.

1 (C) Training and information in conform-
2 ance with the OSHA Bloodborne Pathogens
3 standard under 29 CFR 1910.1030(g).

4 (D) Appropriate medical surveillance for
5 workers exposed to the pandemic influenza
6 virus, including the H5N1 virus.

7 (E) Immunization against the pandemic
8 influenza virus, if such a vaccine has been ap-
9 proved by the Food and Drug Administration
10 and is available.

11 (2) EFFECTIVE DATE.—The emergency stand-
12 ard issued under paragraph (1) shall take effect not
13 later than 90 days after the promulgation of such
14 standard, except that the effective date for any re-
15 quirements for engineering controls shall go into ef-
16 fect not later than 90 days after the promulgation
17 of the final permanent standard. The provisions of
18 the emergency temporary standard shall remain in
19 effect until the final permanent standard is in effect.

20 (c) PANDEMIC INFLUENZA PREPAREDNESS PLAN
21 REVISIONS.—

22 (1) MINIMAL REQUIREMENTS.—Within 30 days
23 after the date of the enactment of this Act, the Sec-
24 retary of Health and Human Services shall revise
25 the provisions of the pandemic influenza plan of the

1 Department of Health and Human Services to con-
2 form with the minimal worker protection require-
3 ments set forth in subsection (b).

4 (2) FINAL STANDARD.—Within 30 days of the
5 promulgation of a final standard under subsection
6 (b), the Secretary of Health and Human Services
7 shall modify the pandemic influenza plan of the De-
8 partment of Health and Human Services to conform
9 with the provisions of the occupational safety and
10 health standard issued by the Secretary of Labor.

11 **SEC. 202. RELATION TO STATES AND POLITICAL SUBDIVI-**
12 **SIONS RECEIVING FUNDS UNDER TITLE I.**

13 An award of a grant, cooperative agreement, or con-
14 tract may not be made to any State or political subdivision
15 of a State under any program receiving funds under title
16 I or any program amended by such title unless the State
17 or political subdivision agrees to comply with the stand-
18 ards issued under section 201 for protecting health care
19 workers and first responders from pandemic influenza.

20 **TITLE III—INTERNATIONAL AS-**
21 **SISTANCE TO COMBAT THE**
22 **AVIAN INFLUENZA VIRUS**

23 **SEC. 301. FINDINGS.**

24 Congress makes the following findings:

1 (1) The H5N1 strain of the avian influenza
2 virus is now endemic in parts of Southeast Asia,
3 where Cambodia, Indonesia, Laos, and Thailand are
4 the worst-affected countries.

5 (2) More than 150 million birds, mostly chick-
6 ens, have died or been culled as a result of the avian
7 influenza virus and losses to the farmers are esti-
8 mated to be in excess of \$10,000,000,000. Sixty-
9 three out of 124 humans who have been infected
10 with the virus have died since December 2003.

11 (3) Despite control measures, the avian influ-
12 enza virus continues to spread and raise serious pub-
13 lic health concerns at the global level.

14 (4) Farmers have faced economic hardships as
15 a result of the avian influenza virus as they have
16 had to sacrifice their infected flocks for slaughter, as
17 well as dealing with consumer anxiety about the
18 safety of eating chickens or eggs.

19 (5) The major world animal and human health
20 organizations, such as the World Health Organiza-
21 tion (WHO) and the Food and Agricultural Organi-
22 zation (FAO), have developed a global strategy and
23 regional and country-specific plans to minimize the
24 global threat of the avian influenza virus to humans
25 and to domestic poultry and other animal popu-

1 lations through the control and gradual eradication
2 of the virus.

3 (6) Experts are concerned about the spread of
4 the avian influenza virus to countries with a high
5 prevalence of HIV/AIDS, particularly countries of
6 sub-Saharan Africa, as it will be difficult to single
7 out the symptoms of the avian influenza virus in
8 people living with HIV/AIDS. The avian influenza
9 virus is already prevalent in Asia which is home to
10 the second largest number of people living with HIV/
11 AIDS in the world.

12 (7) Scientists warn that the avian influenza
13 virus could easily mutate into a more easily transfer-
14 able form, which might trigger an international
15 human pandemic influenza.

16 (8) In the Emergency Supplemental Appropria-
17 tions Act for Defense, the Global War on Terror,
18 and Tsunami Relief, 2005 (Public Law 109–13),
19 Congress approved \$25,000,000 in emergency fund-
20 ing for a coordinated international program to pre-
21 vent and control the spread of the avian influenza
22 virus.

23 (9) In September 2005, the Government of the
24 United States announced the International Partner-
25 ship on Avian and Pandemic Influenza, the aim of

1 which is to combat the threat of the avian influenza
2 virus and improve global readiness by elevating the
3 issue on national agendas, coordinating efforts
4 among donor and affected nations, mobilizing and
5 leveraging resources, increasing transparency and
6 the quality of surveillance, and building local capac-
7 ity to identify, contain, and respond to the virus.

8 (10) The World Bank, comprised of the Inter-
9 national Bank for Reconstruction and Development
10 (IBRD) and the International Development Associa-
11 tion (IDA), determined that the financial needs of
12 countries affected by the avian influenza virus will
13 potentially reach \$1,000,000,000 over the next three
14 years. This figure does not include, however, financ-
15 ing for human or animal vaccine development, anti-
16 viral medicines, or compensating farmers for loss of
17 income due to animals that have been culled, all of
18 which could potentially double the financial needs of
19 the affected countries to combat the virus.

20 (11) On November 1, 2005, the Administration
21 requested \$251,000,000 to detect and contain out-
22 breaks of avian influenza virus before the outbreaks
23 spread around the world.

24 (12) On November 7, 2005, the World Health
25 Organization, the Food and Agricultural Organiza-

1 tion, the World Organization for Animal Health, and
2 the World Bank convened a meeting on the avian in-
3 fluenza virus and human pandemic influenza and set
4 out key action steps to respond to the threat of the
5 avian influenza virus.

6 (13) At this meeting, member states of these
7 organizations agreed to improve surveillance of the
8 avian influenza virus, support and train for rapid
9 containment of the virus, assist countries in control-
10 ling the virus in animal populations, improve pre-
11 paredness for human pandemic influenza, develop in-
12 tegrated national plans, and support factual and
13 transparent communications, including risk commu-
14 nications. The participants also agreed on the urgent
15 need for financing of these activities.

16 **SEC. 302. BILATERAL ASSISTANCE.**

17 (a) AUTHORIZATION.—The Secretary of State, in
18 consultation and coordination with the Administrator of
19 the United States Agency for International Development
20 and the heads of other relevant departments and agencies
21 of the Government of the United States, is authorized to
22 provide assistance, on such terms and conditions as the
23 Secretary may determine, to foreign countries to combat
24 the avian influenza virus. The Secretary may provide as-

1 assistance under this section notwithstanding any provision
2 of law that restricts assistance to foreign countries.

3 (b) ACTIVITIES SUPPORTED.—Assistance provided
4 under subsection (a) shall, to the maximum extent prac-
5 ticable, be used to—

6 (1) develop national and regional early warning
7 systems for outbreaks and incidence of the avian in-
8 fluenza virus;

9 (2) improve institutional capacity in the health
10 sector to respond to outbreaks of the avian influenza
11 virus, including strengthening animal and human
12 disease surveillance, monitoring, and laboratory di-
13 agnosis, training and equipping rapid response
14 teams, and encouraging national and local govern-
15 ments to provide incentives for reporting of possible
16 animal or human cases of the avian influenza virus;

17 (3) strengthen veterinary systems and expand
18 culling programs for animals;

19 (4) assist national and local governments in
20 rapid containment of outbreaks of the avian influ-
21 enza virus in animals in conjunction with inter-
22 national and regional organizations;

23 (5) assist in the development of national and
24 regional animal and human health preparedness
25 plans;

1 (6) implement public information and commu-
2 nication plans in animal husbandry and public rec-
3 ognition of human pandemic influenza;

4 (7) support the health component of United
5 States embassies and missions;

6 (8) develop and support evacuation contingency
7 plans in countries in which human pandemic influ-
8 enza has been detected;

9 (9) assist national and local governments in
10 providing compensation to farmers for culling of ani-
11 mals and incentives for reporting cases of the avian
12 influenza virus;

13 (10) expand emergency anti-viral stockpiles for
14 the avian influenza virus;

15 (11) strengthen educational and cultural ex-
16 changes for doctors, nurses, health administrators,
17 and other health officials to improve institutional
18 knowledge for combating the avian influenza virus
19 and other infectious diseases;

20 (12) leverage private sector resources to provide
21 incentives to farmers to report outbreaks of the
22 avian influenza virus and to national and local gov-
23 ernments for control efforts; and

24 (13) support the role of civil society, nongovern-
25 mental organizations, and other community groups

1 in the development of public information campaigns
2 with respect to the avian influenza virus.

3 **SEC. 303. MULTILATERAL ASSISTANCE.**

4 (a) AUTHORIZATION.—

5 (1) IN GENERAL.—The Secretary of State is
6 authorized to provide assistance to combat the avian
7 influenza virus by making voluntary contributions to
8 the World Health Organization, the Food and Agri-
9 cultural Organization, the World Organization for
10 Animal Health, and other appropriate international
11 and regional organizations. The Secretary may make
12 voluntary contributions under this section notwith-
13 standing any provision of law that restricts vol-
14 untary contributions to international organizations.

15 (2) LIMITATION.—The amount of United States
16 voluntary contributions under paragraph (1) to an
17 organization specified in such paragraph for a cal-
18 endar year may not exceed 33 percent of the total
19 amount of voluntary contributions by all countries to
20 the organization for the calendar year.

21 (b) ACTIVITIES SUPPORTED.—Assistance provided
22 under subsection (a) shall, to the maximum extent prac-
23 ticable, be used to—

1 (1) support the programs and activities of the
2 Senior United Nations System Coordinator for
3 Avian and Human Influenza;

4 (2) support the programs and activities of the
5 World Health Organization to—

6 (A) provide direct support to foreign gov-
7 ernment health agencies to provide human sur-
8 veillance, increase response capacity, and
9 strengthen veterinary systems with respect to
10 the avian influenza virus;

11 (B) improve country level and regional
12 planning and coordination with respect to the
13 avian influenza virus; and

14 (C) develop standard operating procedures
15 for rapid deployment of anti-viral stockpiles to
16 achieve early containment of the avian influenza
17 virus;

18 (3) support the programs and activities of the
19 Food and Agricultural Organization to—

20 (A) improve diagnostics infrastructure and
21 operations for animal health; and

22 (B) provide direct support to foreign gov-
23 ernment agriculture agencies for animal health
24 planning and commodities; and

1 (b) DUTIES.—The coordinator shall—

2 (1) ensure policy and program coordination
3 among the relevant departments and agencies of the
4 Government of the United States of the provision of
5 assistance to combat the avian influenza virus in for-
6 eign countries at both the department and agency
7 level and the field operations level, including by re-
8 solving policy and program disputes among such de-
9 partments and agencies with respect to the provision
10 of such assistance;

11 (2) ensure proper administration and oversight
12 by the relevant departments and agencies of the
13 Government of the United States of the provision of
14 assistance to combat the avian influenza virus in for-
15 eign countries in accordance with the country strate-
16 gies developed pursuant to section 306;

17 (3) ensure the provision of United States assist-
18 ance to combat the avian influenza virus in foreign
19 countries is coordinated with the early warning sys-
20 tem established under section 307;

21 (4) ensure the coordination of the provision of
22 United States assistance to combat the avian influ-
23 enza virus in foreign countries with the provision of
24 related assistance of other countries and inter-
25 national and regional organizations, including the

1 United Nations and international financial institu-
2 tions; and

3 (5) liaise with United States ambassadors and
4 country teams to ensure coordination and coherence
5 at the field operations level in the provision of
6 United States assistance to combat the avian influ-
7 enza virus in foreign countries.

8 (c) RANK AND STATUS OF COORDINATOR.—The co-
9 ordinator designated under subsection (a) shall have the
10 rank and status of ambassador.

11 **SEC. 306. DESIGNATION OF HIGH RISK FOREIGN COUN-**
12 **TRIES AND DEVELOPMENT OF COUNTRY**
13 **STRATEGIES.**

14 (a) DESIGNATION OF COUNTRIES AND DEVELOP-
15 MENT OF COUNTRY STRATEGIES.—The Secretary of
16 State, acting through the coordinator, and in consultation
17 with the Administrator of the United States Agency for
18 International Development and the heads of other relevant
19 departments and agencies of the Government of the
20 United States, shall—

21 (1) designate foreign countries that are at high
22 risk for outbreaks of the avian influenza virus based
23 on data from the relevant departments and agencies
24 of the Government of the United States, the World
25 Health Organization, the Food and Agricultural Or-

1 organization, and other relevant international and re-
2 gional organizations, and civil society organizations;
3 and

4 (2) develop country strategies to prevent, miti-
5 gate, and respond to outbreaks of the avian influ-
6 enza virus in foreign countries designated pursuant
7 to paragraph (1).

8 (b) CONTENT OF COUNTRY STRATEGIES.—Each
9 country strategy developed pursuant to subsection (a)(2)
10 shall include—

11 (1) an analysis of the types and amount of as-
12 sistance that are needed by the country from—

13 (A) the Government of the United States;
14 and

15 (B) international organizations, inter-
16 national financial institutions, and donor coun-
17 tries; and

18 (2) a specific action plan, to be developed in
19 consultation with the government of the country,
20 international organizations, and other appropriate
21 entities, to prevent, mitigate, and respond to out-
22 breaks of the avian influenza virus in the country.

1 **SEC. 307. UNITED STATES AVIAN INFLUENZA VIRUS EARLY**
2 **WARNING SYSTEM.**

3 (a) ESTABLISHMENT.—The Administrator of the
4 United States Agency for International Development, in
5 consultation with the Secretary of Health and Human
6 Services and the heads of other relevant departments and
7 agencies of the Government of the United States, shall es-
8 tablish an early warning system to prevent, mitigate, and
9 respond to outbreaks of the avian influenza virus in for-
10 eign countries.

11 (b) COMPONENTS.—The early warning system estab-
12 lished pursuant to subsection (a) shall consist of—

13 (1) a database of information relating to the oc-
14 currence of outbreaks of the avian influenza virus in
15 foreign countries;

16 (2) a list, to be updated regularly, of foreign
17 countries in which there is low to moderate risk of
18 outbreaks of the avian influenza virus in order to en-
19 hance the preparedness of the Government of the
20 United States to prevent, mitigate, and respond to
21 such outbreaks; and

22 (3) an analysis of the response capacity of the
23 national government of countries with a low to mod-
24 erate risk of outbreaks of the avian influenza virus
25 and steps that are being taken by local, national,
26 and international governmental and nongovern-

1 mental organizations to prevent, mitigate, and re-
2 spond to such outbreaks.

3 (c) **REPORT.**—The Administrator of the United
4 States Agency for International Development shall submit
5 to the relevant departments and agencies of the Govern-
6 ment of the United States and to United States embassies
7 and consular posts a monthly report that contains the list
8 developed pursuant to subsection (b)(2).

9 **SEC. 308. REPORT.**

10 (a) **REPORT.**—Not later than 180 days after the date
11 of the enactment of this Act, and annually thereafter until
12 2008, the Secretary of State shall transmit to the appro-
13 priate congressional committees a report on the implemen-
14 tation of this title.

15 (b) **CONTENTS.**—The report required by subsection
16 (a) shall include—

17 (1) the name of each recipient of assistance
18 under sections 302 and 303, the amount of assist-
19 ance provided to the recipient, a description of the
20 purpose for which the assistance was provided, and
21 the results of the assistance, if available;

22 (2) a description of the progress of establishing
23 the multi-donor trust fund described in section
24 304(a) and the amount of assistance provided to the
25 multi-donor trust fund since its establishment;

1 (3) a description of the specific actions of the
2 coordinator pursuant to section 305(b) to ensure
3 policy and program coordination of the provision of
4 assistance to combat the avian influenza virus, the
5 obstacles in ensuring such coordination, and rec-
6 ommendations to improve such coordination;

7 (4) a list of the foreign countries designated
8 pursuant to section 306(a)(1) and summaries of the
9 country strategies required by subsections (a)(2) and
10 (b) of section 306; and

11 (5) a description of the progress of establishing
12 an early warning system required by section 307
13 and, once established, a summary of the list required
14 by section 307(b)(2).

15 **SEC. 309. DEFINITIONS.**

16 In this title:

17 (1) APPROPRIATE CONGRESSIONAL COMMIT-
18 TEES.—The term “appropriate congressional com-
19 mittees” means—

20 (A) the Committee on Appropriations, the
21 Committee on Energy and Commerce, and the
22 Committee on International Relations of the
23 House of Representatives; and

24 (B) the Committee on Appropriations, the
25 Committee on Foreign Relations, and the Com-

1 committee on Health, Education, Labor, and Pen-
2 sions of the Senate.

3 (2) AVIAN INFLUENZA VIRUS.—The term
4 “avian influenza virus” means an influenza A virus
5 of subtype H5 or H7 that—

6 (A) causes avian influenza; and

7 (B) has been determined by the President
8 to pose a threat to the public health.

9 (3) COORDINATOR.—The term “coordinator”
10 means the coordinator designated by the Secretary
11 pursuant to section 305(a).

12 (4) RELEVANT DEPARTMENTS AND AGENCIES
13 OF THE GOVERNMENT OF THE UNITED STATES.—
14 The term “relevant departments and agencies of the
15 Government of the United States” means—

16 (A) the Department of State;

17 (B) the United States Agency for Inter-
18 national Development;

19 (C) the Department of Health and Human
20 Services (including its agencies and offices);
21 and

22 (D) any other department or agency of the
23 Government of the United States that partici-
24 pates in international avian influenza virus ac-

1 activities pursuant to the authorities of such de-
2 partment or agency or this Act.

3 (5) SECRETARY.—The term “Secretary” means
4 the Secretary of State.

5 **SEC. 310. AUTHORIZATION OF APPROPRIATIONS.**

6 (a) IN GENERAL.—There is authorized to be appro-
7 priated to carry out this title \$750,000,000 for fiscal year
8 2007.

9 (b) AVAILABILITY.—Amounts appropriated pursuant
10 to the authorization of appropriations under subsection (a)
11 are authorized to remain available until expended.

○