

vessel to the United States at the sole cost to the Government of Egypt, without using United States funds, including United States foreign military assistance funds.

(d) GRANTS NOT COUNTED IN ANNUAL TOTAL OF TRANSFERRED EXCESS DEFENSE ARTICLES.—The value of a vessel transferred to the Government of Egypt under this section shall not be counted against the aggregate value of excess defense articles transferred in any fiscal year under section 516 of the Foreign Assistance Act of 1961 (22 U.S.C. 2321j).

(e) COSTS OF TRANSFERS.—Any expense incurred by the United States in connection with the transfer of a vessel under this section shall be charged to the Government of Egypt notwithstanding section 516(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2321j(e)).

(f) REPAIR AND REFURBISHMENT IN UNITED STATES SHIPYARDS.—To the maximum extent practicable, the President shall require, as a condition of the transfer of a vessel under this section, that the Government of Egypt have such repair or refurbishment of the vessel as is needed, before the vessel joins the naval forces of Egypt, performed at a shipyard located in the United States, including a United States Navy shipyard.

(g) EXPIRATION OF AUTHORITY.—The authority to transfer a vessel under this section shall expire at the end of the three-year period beginning on the date of the enactment of this Act.

(h) REQUIRED REPORT.—

(1) IN GENERAL.—Not later than 60 days before the transfer of a vessel under this section, the President shall submit to the appropriate committees of Congress a report describing the following:

(A) The specific operational activities and objectives intended for the vessel upon receipt by the Government of Egypt.

(B) A detailed description of how the transfer of the vessel will help alleviate United States mission requirements in the Bab el Mandeb and the Red Sea.

(C) A detailed description of how the transfer of the vessel will complement Combined Maritime Forces (CMF) mission goals and activities, including those of Combined Task Forces 150, 151, 152, and 153.

(D) A detailed description of incidents, during the five-year period immediately preceding the date of such transfer, of arbitrary detention, violence, and state-sanctioned harassment by the Government of Egypt against United States citizens, individuals in the United States, and their family members who are not United States citizens, in both Egypt and in the United States, and a determination as to whether such incidents constitute a pattern of acts of intimidation or harassment.

(E) A description of policy efforts to ensure that United States security assistance programs with Egypt are formulated in a manner that will avoid identification of the United States, through such programs, with governments that deny to their people internationally recognized human rights and fundamental freedoms, in accordance with section 502B of the Foreign Assistance Act of 1961 (22 U.S.C. 2304).

(2) FORM.—The report required by this subsection shall be submitted in unclassified form, but may include a separate classified annex.

(i) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” means—

(1) the Committee on Foreign Relations and the Committee on Armed Services of the Senate; and

(2) the Committee on Foreign Affairs and the Committee on Armed Services of the House of Representatives.

SA 6083. Mr. MURPHY submitted an amendment intended to be proposed to amendment SA 5499 submitted by Mr. REED (for himself and Mr. INHOFE) and intended to be proposed to the bill H.R. 7900, to authorize appropriations for fiscal year 2023 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle F of title XII, add the following:

SEC. 1276. REVIEW OF LOAN SURCHARGE POLICY OF INTERNATIONAL MONETARY FUND.

(a) FINDINGS.—Congress finds as follows:

(1) The International Monetary Fund (in this section referred to as the “IMF”) imposes a surcharge, in addition to standard interest and service fees, of 200 basis points on outstanding credit provided through its General Resources Account that exceeds 187.5 percent of the IMF country quota, and an additional 100 basis points if that credit has been outstanding for over 36 or 51 months, depending on the facility.

(2) According to the IMF, “These level and time-based surcharges are intended to help mitigate credit risk by providing members with incentives to limit their demand for Fund assistance and encourage timely repurchases while at the same time generating income for the Fund to accumulate precautionary balances.”

(3) According to a 2021 report by the European Network on Debt and Development, surcharges increase the average cost of borrowing from the IMF by over 64 percent for surcharged countries. Surcharges increased Ukraine’s borrowing costs on its IMF lending program by nearly 27 percent, Jordan’s by 72 percent, and Egypt’s by over 104 percent.

(4) As a result of the invasion by the Russian Federation, the World Bank predicts that Ukraine will experience an economic contraction of 45 percent in 2022. Yet Ukraine is expected to pay the IMF an estimated \$483,000,000 in surcharges from 2021 through 2027.

(5) The Ukraine Comprehensive Debt Payment Relief Act of 2022 (H.R. 7081), which requires the Department of Treasury to make efforts to secure debt relief for Ukraine, was passed by the House of Representatives on May 11, 2022, with overwhelming bipartisan support, by a vote of 362 Yeas to 56 Nays.

(6) As a result of the war in Ukraine and other factors, the World Bank predicted that global growth rates will slow to 2.9 percent in 2022, down nearly half from 2021. External public debt of developing economies is at record levels, and the World Bank, the IMF, and the United Nations have all warned of coming defaults and a potential global debt crisis. As food and energy prices rise, the World Food Program has estimated that 750,000 people are at immediate risk of starvation or death, and 323,000,000 people may experience acute food insecurity before the end of the year.

(7) Since 2020, the number of countries paying surcharges to the IMF has increased from 9 to 16. A December 2021 IMF policy paper notes that under the IMF’s model-based World Economic Outlook scenario “the number of surcharge-paying members would increase to 38 in FY 2024 and FY 2025” and that under the Fund’s “adverse scenario, the number of surcharge-paying members and the amount of surcharge income would increase even more sharply”.

(8) An April 2022 brief from the United Nations Global Crisis Response Group on Food, Energy and Finance on the impacts of the war in Ukraine on developing countries called for the immediate suspension of surcharge payments for a minimum of 2 years, because “[s]urcharges do not make sense during a global crisis since the need for more financing does not stem from national conditions but from the global economy shock”.

(b) REVIEW OF SURCHARGE POLICY AT THE INTERNATIONAL MONETARY FUND.—The Secretary of the Treasury shall instruct the United States Executive Director at the International Monetary Fund to use the voice and vote of the United States to—

(1) initiate an immediate review by the IMF of the surcharge policy of the IMF to be completed, and its results and underlying data published, within 365 days; and

(2) suspend and waive surcharge payments during the pendency of the review.

(c) COMPONENTS OF THE REVIEW OF SURCHARGE POLICY.—The review referred to in subsection (b) should include the following:

(1) A borrower-by-borrower analysis of surcharges in terms of cost and as a percentage of national spending on debt service on IMF loans, food security, and health for the 5-year period beginning at the start of the COVID-19 pandemic.

(2) Evaluation of the policy’s direct impact on—

(A) disincentivizing large and prolonged reliance on IMF credit;

(B) mitigating the credit risks taken by the IMF;

(C) improving borrower balance of payments and debt sustainability, particularly during periods of contraction, unrest, and pandemic;

(D) promoting fiscally responsible policy reforms;

(E) disincentivizing borrowers from seeking opaque and potentially predatory bilateral loans; and

(F) improving the ability of borrowers to repay private creditors and access the private credit market.

(3) Recommendations for—

(A) identifying alternative sources of funding for the IMF’s precautionary balances that prioritize stable funding sources and equitable burden-sharing among IMF members; and

(B) determining whether the IMF should maintain, reform, temporarily suspend, or eliminate the use of surcharges.

(d) CONSULTATIONS.—The review referred to in subsection (b) must incorporate extensive consultation with relevant experts, particularly those from countries that are currently paying or have recently paid surcharges. Those experts should include government officials responsible for overseeing economic development, social services, and defense, United Nations officials, economic research institutes, academics, and civil society organizations.

SA 6084. Mr. PETERS submitted an amendment intended to be proposed to amendment SA 5499 submitted by Mr. REED (for himself and Mr. INHOFE) and intended to be proposed to the bill H.R. 7900, to authorize appropriations for fiscal year 2023 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

DIVISION E—OFFICES OF COUNTERING WEAPONS OF MASS DESTRUCTION AND HEALTH SECURITY

SEC. 5001. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This division may be cited as the “Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022”.

(b) **TABLE OF CONTENTS.**—The table of contents for this division is as follows:

Sec. 5001. Short title, table of contents.

TITLE I—COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE

Sec. 5101. Countering Weapons of Mass Destruction Office.

Sec. 5102. Rule of construction.

TITLE II—OFFICE OF HEALTH SECURITY

Sec. 5201. Office of Health Security.

Sec. 5202. Medical countermeasures program.

Sec. 5203. Confidentiality of medical quality assurance records.

Sec. 5204. Portability of licensure.

Sec. 5205. Technical and conforming amendments.

TITLE I—COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE

SEC. 5101. COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE.

(a) **HOMELAND SECURITY ACT OF 2002.**—Title XIX of the Homeland Security Act of 2002 (6 U.S.C. 590 et seq.) is amended—

(1) in section 1901 (6 U.S.C. 591)—

(A) in subsection (c), by amending paragraphs (1) and (2) to read as follows:

“(1) matters and strategies pertaining to—
“(A) weapons of mass destruction; and
“(B) chemical, biological, radiological, nuclear, and other related emerging threats; and

“(2) coordinating the efforts of the Department to counter—

“(A) weapons of mass destruction; and
“(B) chemical, biological, radiological, nuclear, and other related emerging threats.”;

(B) by striking subsection (e);

(2) by amending section 1921 (6 U.S.C. 591g) to read as follows:

“SEC. 1921. MISSION OF THE OFFICE.

“The Office shall be responsible for—
“(1) coordinating the efforts of the Department to counter—

“(A) weapons of mass destruction; and
“(B) chemical, biological, radiological, nuclear, and other related emerging threats; and

“(2) enhancing the ability of Federal, State, local, Tribal, and territorial partners to prevent, detect, protect against, and mitigate the impacts of attacks using—

“(A) weapons of mass destruction against the United States; and

“(B) chemical, biological, radiological, nuclear, and other related emerging threats against the United States.”;

(3) in section 1922 (6 U.S.C. 591h)—

(A) by striking subsection (b); and
(B) by redesignating subsection (c) as subsection (b);

(4) in section 1923 (6 U.S.C. 592)—

(A) by redesignating subsections (a) and (b) as subsections (b) and (d), respectively;

(B) by inserting before subsection (b), as so redesignated, the following:

“(a) **OFFICE RESPONSIBILITIES.**—

“(1) **IN GENERAL.**—For the purposes of coordinating the efforts of the Department to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, the Office shall—

“(A) provide expertise and guidance to Department leadership and components on chemical, biological, radiological, nuclear,

and other related emerging threats, subject to the research, development, testing, and evaluation coordination requirement described in subparagraph (G);

“(B) in coordination with the Office for Strategy, Policy, and Plans, lead development of policies and strategies to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats on behalf of the Department;

“(C) identify, assess, and prioritize capability gaps relating to the strategic and mission objectives of the Department for weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

“(D) in coordination with the Office of Intelligence and Analysis, support components of the Department, and Federal, State, local, Tribal, and territorial partners, provide intelligence and information analysis and reports on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

“(E) in consultation with the Science and Technology Directorate, assess risk to the United States from weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

“(F) lead development and prioritization of Department requirements to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, subject to the research, development, testing, and evaluation coordination requirement described in subparagraph (G), which requirements shall be—

“(i) developed in coordination with end users; and

“(ii) reviewed by the Joint Requirements Council, as directed by the Secretary;

“(G) in coordination with the Science and Technology Directorate, direct, fund, and coordinate capability development activities to counter weapons of mass destruction and all chemical, biological, radiological, nuclear, and other related emerging threats research, development, test, and evaluation matters, including research, development, testing, and evaluation expertise, threat characterization, technology maturation, prototyping, and technology transition;

“(H) acquire, procure, and deploy counter weapons of mass destruction capabilities, and serve as the lead advisor of the Department on component acquisition, procurement, and deployment of counter-weapons of mass destruction capabilities;

“(I) in coordination with the Office of Health Security, support components of the Department, and Federal, State, local, Tribal, and territorial partners on chemical, biological, radiological, nuclear, and other related emerging threats health matters;

“(J) provide expertise on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats to Department and Federal partners to support engagements and efforts with international partners subject to the research, development, testing, and evaluation coordination requirement under subparagraph (G); and

“(K) carry out any other duties assigned to the Office by the Secretary.

“(2) **DETECTION AND REPORTING.**—For purposes of the detection and reporting responsibilities of the Office for weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, the Office shall—

“(A) in coordination with end users, including State, local, Tribal, and territorial partners, as appropriate—

“(i) carry out a program to test and evaluate technology, in consultation with the Science and Technology Directorate, to de-

tect and report on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats weapons or unauthorized material, in coordination with other Federal agencies, as appropriate, and establish performance metrics to evaluate the effectiveness of individual detectors and detection systems in detecting those weapons or material—

“(I) under realistic operational and environmental conditions; and

“(II) against realistic adversary tactics and countermeasures;

“(B) in coordination with end users, conduct, support, coordinate, and encourage a transformational program of research and development to generate and improve technologies to detect, protect against, and report on the illicit entry, transport, assembly, or potential use within the United States of weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats weapons or unauthorized material, and coordinate with the Under Secretary for Science and Technology on research and development efforts relevant to the mission of the Office and the Under Secretary for Science and Technology;

“(C) before carrying out operational testing under subparagraph (A), develop a testing and evaluation plan that articulates the requirements for the user and describes how these capability needs will be tested in developmental test and evaluation and operational test and evaluation;

“(D) as appropriate, develop, acquire, and deploy equipment to detect and report on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats weapons or unauthorized material in support of Federal, State, local, Tribal, and territorial governments;

“(E) support and enhance the effective sharing and use of appropriate information on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats and related emerging issues generated by elements of the intelligence community (as defined in section 3 of the National Security Act of 1947 (50 U.S.C. 3003)), law enforcement agencies, other Federal agencies, State, local, Tribal, and territorial governments, and foreign governments, as well as provide appropriate information to those entities;

“(F) consult, as appropriate, with the Federal Emergency Management Agency and other departmental components, on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats and efforts to mitigate, prepare, and respond to all threats in support of the State, local, and Tribal communities; and

“(G) perform other duties as assigned by the Secretary.”;

(C) in subsection (b), as so redesignated—
(i) in the subsection heading, by striking “MISSION” and inserting “RADIOLOGICAL AND NUCLEAR RESPONSIBILITIES”;

(ii) in paragraph (1)—
(I) by inserting “deployment,” after “acquire,”; and

(II) by striking “deployment” and inserting “operations”;

(iii) by striking paragraphs (6) through (10);

(iv) redesignating paragraphs (11) and (12) as paragraphs (6) and (7), respectively;

(v) in paragraph (6)(B), as so redesignated, by striking “national strategic five-year plan referred to in paragraph (10)” and inserting “United States national technical nuclear forensics strategic planning”;

(vi) in paragraph (7)(C)(v), as so redesignated—

(I) in the matter preceding subclause (I), by inserting “except as otherwise provided,” before “require”; and

(II) in subclause (II)—

(aa) in the matter preceding item (aa), by striking “death or disability” and inserting “death, disability, or a finding of good cause as determined by the Assistant Secretary (including extreme hardship, extreme need, or the needs of the Office) and for which the Assistant Secretary may grant a waiver of the repayment obligation”; and

(bb) in item (bb), by adding “and” at the end;

(vii) by striking paragraph (13); and

(viii) by redesignating paragraph (14) as paragraph (8); and

(D) by inserting after subsection (b), as so redesignated, the following:

“(C) CHEMICAL AND BIOLOGICAL RESPONSIBILITIES.—The Office—

“(1) shall be responsible for coordinating with other Federal efforts to enhance the ability of Federal, State, local, and Tribal governments to prevent, detect, protect against, and mitigate the impacts of chemical and biological threats against the United States; and

“(2) shall—

“(A) serve as a primary entity of the Federal Government to further develop, acquire, deploy, and support the operations of a national biosurveillance system in support of Federal, State, local, Tribal, and territorial governments, and improve that system over time;

“(B) enhance the chemical and biological detection efforts of Federal, State, local, Tribal, and territorial governments and provide guidance, tools, and training to help ensure a managed, coordinated response; and

“(C) collaborate with the Biomedical Advanced Research and Development Authority, the Office of Health Security, the Defense Advanced Research Projects Agency, and the National Aeronautics and Space Administration, and other relevant Federal stakeholders, and receive input from industry, academia, and the national laboratories on chemical and biological surveillance efforts.”;

(5) in section 1924 (6 U.S.C. 593), by striking “section 11011 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 (5 U.S.C. 3104 note).” and inserting “section 4092 of title 10, United States Code, except that the authority shall be limited to facilitate the recruitment of experts in the chemical, biological, radiological, or nuclear specialties.”;

(6) in section 1927(a)(1)(C) (6 U.S.C. 596a(a)(1)(C))—

(A) in clause (i), by striking “required under section 1036 of the National Defense Authorization Act for Fiscal Year 2010”;

(B) in clause (ii), by striking “and” at the end;

(C) in clause (iii), by striking the period at the end and inserting “; and”; and

(D) by adding at the end the following:

“(iv) includes any other information regarding national technical nuclear forensics activities carried out under section 1923.”;

(7) in section 1928 (6 U.S.C. 596b)—

(A) in subsection (a), by striking “high-risk urban areas” and inserting “jurisdictions designated under subsection (c)”;

(B) in subsection (c)(1), by striking “from among high-risk urban areas under section 2003” and inserting “based on the capability and capacity of the jurisdiction, as well as the relative threat, vulnerability, and consequences from terrorist attacks and other high-consequence events utilizing nuclear or other radiological materials”; and

(C) by striking subsection (d) and inserting the following:

“(d) REPORT.—Not later than 2 years after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary shall submit to the appropriate congressional committees an update on the STC program.”; and

(8) by adding at the end the following:

“SEC. 1929. ACCOUNTABILITY.

“(a) DEPARTMENTWIDE STRATEGY.—

“(1) IN GENERAL.—Not later than 180 days after the date of enactment of Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, and every 4 years thereafter, the Secretary shall create a Departmentwide strategy and implementation plan to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, which should—

“(A) have clearly identified authorities, specified roles, objectives, benchmarks, accountability, and timelines;

“(B) incorporate the perspectives of non-Federal and private sector partners; and

“(C) articulate how the Department will contribute to relevant national-level strategies and work with other Federal agencies.

“(2) CONSIDERATION.—The Secretary shall appropriately consider weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats when creating the strategy and implementation plan required under paragraph (1).

“(3) REPORT.—The Office shall submit to the appropriate congressional committees a report on the updated Departmentwide strategy and implementation plan required under paragraph (1).

“(b) DEPARTMENTWIDE BIODEFENSE REVIEW AND STRATEGY.—

“(1) IN GENERAL.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary, in consultation with appropriate stakeholders representing Federal, State, Tribal, territorial, academic, private sector, and nongovernmental entities, shall conduct a Departmentwide review of biodefense activities and strategies.

“(2) REVIEW.—The review required under paragraph (1) shall—

“(A) identify with specificity the biodefense lines of effort of the Department, including relating to biodefense roles, responsibilities, and capabilities of components and offices of the Department;

“(B) assess how such components and offices coordinate internally and with public and private partners in the biodefense enterprise;

“(C) identify any policy, resource, capability, or other gaps in the Department’s ability to assess, prevent, protect against, and respond to biological threats; and

“(D) identify any organizational changes or reforms necessary for the Department to effectively execute its biodefense mission and role, including with respect to public and private partners in the biodefense enterprise.

“(3) STRATEGY.—Not later than 1 year after completion of the review required under paragraph (1), the Secretary shall issue a biodefense strategy for the Department that—

“(A) is informed by such review and is aligned with section 1086 of the National Defense Authorization Act for Fiscal Year 2017 (6 U.S.C. 104; relating to the development of a national biodefense strategy and associated implementation plan, including a review and assessment of biodefense policies, practices, programs, and initiatives) or any successor strategy; and

“(B) shall—

“(i) describe the biodefense mission and role of the Department, as well as how such mission and role relates to the biodefense lines of effort of the Department;

“(ii) clarify, as necessary, biodefense roles, responsibilities, and capabilities of the components and offices of the Department involved in the biodefense lines of effort of the Department;

“(iii) establish how biodefense lines of effort of the Department are to be coordinated within the Department;

“(iv) establish how the Department engages with public and private partners in the biodefense enterprise, including other Federal agencies, national laboratories and sites, and State, local, Tribal, and territorial entities, with specificity regarding the frequency and nature of such engagement by Department components and offices with State, local, Tribal and territorial entities; and

“(v) include information relating to—

“(I) milestones and performance metrics that are specific to the biodefense mission and role of the Department described in clause (i); and

“(II) implementation of any operational changes necessary to carry out clauses (iii) and (iv).

“(4) PERIODIC UPDATE.—Beginning not later than 5 years after the issuance of the biodefense strategy and implementation plans required under paragraph (3), and not less often than once every 5 years thereafter, the Secretary shall review and update, as necessary, such strategy and plans.

“(5) CONGRESSIONAL OVERSIGHT.—Not later than 30 days after the issuance of the biodefense strategy and implementation plans required under paragraph (3), the Secretary shall brief the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding such strategy and plans.

“(c) EMPLOYEE MORALE.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Office shall submit to and brief the appropriate congressional committees on a strategy and plan to continuously improve morale within the Office.

“(d) COMPTROLLER GENERAL.—Not later than 1 year after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Comptroller General of the United States shall conduct a review of and brief the appropriate congressional committees on—

“(1) the efforts of the Office to prioritize the programs and activities that carry out the mission of the Office, including research and development;

“(2) the consistency and effectiveness of stakeholder coordination across the mission of the Department, including operational and support components of the Department and State and local entities; and

“(3) the efforts of the Office to manage and coordinate the lifecycle of research and development within the Office and with other components of the Department, including the Science and Technology Directorate.

“(e) NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE.—

“(1) STUDY.—The Secretary shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct a consensus study and report to the Secretary and the appropriate congressional committees on—

“(A) the role of the Department in preparing, detecting, and responding to biological and health security threats to the homeland;

“(B) recommendations to improve departmental biosurveillance efforts against biological threats, including any relevant biological detection methods and technologies; and

“(C) the feasibility of different technological advances for biodetection compared to the cost, risk reduction, and timeliness of those advances.

“(2) BRIEFING.—Not later than 1 year after the date on which the Secretary receives the report required under paragraph (1), the Secretary shall brief the appropriate congressional committees on—

“(A) the implementation of the recommendations included in the report; and

“(B) the status of biological detection at the Department, and, if applicable, timelines for the transition from Biowatch to updated technology.

“(f) ADVISORY COUNCIL.—

“(1) ESTABLISHMENT.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary shall establish an advisory body to advise on the ongoing coordination of the efforts of the Department to counter weapons of mass destruction, to be known as the Advisory Council for Countering Weapons of Mass Destruction (in this subsection referred to as the ‘Advisory Council’).

“(2) MEMBERSHIP.—The members of the Advisory Council shall—

“(A) be appointed by the Assistant Secretary; and

“(B) to the extent practicable, represent a geographic (including urban and rural) and substantive cross section of officials, from State, local, and Tribal governments, academia, the private sector, national laboratories, and nongovernmental organizations, including, as appropriate—

“(i) members selected from the emergency management field and emergency response providers;

“(ii) State, local, and Tribal government officials;

“(iii) experts in the public and private sectors with expertise in chemical, biological, radiological, and nuclear agents and weapons;

“(iv) representatives from the national laboratories; and

“(v) such other individuals as the Assistant Secretary determines to be appropriate.

“(3) RESPONSIBILITIES.—The Advisory Council shall—

“(A) advise the Assistant Secretary on all aspects of countering weapons of mass destruction;

“(B) incorporate State, local, and Tribal government, national laboratories, and private sector input in the development of the strategy and implementation plan of the Department for countering weapons of mass destruction; and

“(C) establish performance criteria for a national biological detection system and review the testing protocol for biological detection prototypes.

“(4) CONSULTATION.—To ensure input from and coordination with State, local, and Tribal governments, the Assistant Secretary shall regularly consult and work with the Advisory Council on the administration of Federal assistance provided by the Department, including with respect to the development of requirements for countering weapons of mass destruction programs, as appropriate.

“(5) VOLUNTARY SERVICE.—The members of the Advisory Council shall serve on the Advisory Council on a voluntary basis.

“(6) FACAs.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Advisory Council.”

(b) COUNTERING WEAPONS OF MASS DESTRUCTION ACT OF 2018.—Section 2 of the Countering Weapons of Mass Destruction Act of 2018 (Public Law 115-387; 132 Stat. 5162) is amended—

(1) in subsection (b)(2) (6 U.S.C. 591 note), by striking “1927” and inserting “1926”; and

(2) in subsection (g) (6 U.S.C. 591 note)—

(A) in the matter preceding paragraph (1), by striking “one year after the date of the enactment of this Act, and annually thereafter,” and inserting “June 30 of each year,”; and

(B) in paragraph (2), by striking “Security, including research and development activities” and inserting “Security”.

(c) SECURITY AND ACCOUNTABILITY FOR EVERY PORT ACT OF 2006.—The Security and Accountability for Every Port Act of 2006 (6 U.S.C. 901 et seq.) is amended—

(1) in section 1(b) (Public Law 109-347; 120 Stat 1884), by striking the item relating to section 502; and

(2) by striking section 502 (6 U.S.C. 592a).

SEC. 5102. RULE OF CONSTRUCTION.

Nothing in this title or the amendments made by this title shall be construed to affect or diminish the authorities or responsibilities of the Under Secretary for Science and Technology.

TITLE II—OFFICE OF HEALTH SECURITY

SEC. 5201. OFFICE OF HEALTH SECURITY.

(a) ESTABLISHMENT.—The Homeland Security Act of 2002 (6 U.S.C. 101 et seq.) is amended—

(1) in section 103 (6 U.S.C. 113)—

(A) in subsection (a)(2)—

(i) by striking “the Assistant Secretary for Health Affairs,”; and

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

(B) in subsection (d), by adding at the end the following:

“(6) A Chief Medical Officer.”;

(2) by adding at the end the following:

“TITLE XXIII—OFFICE OF HEALTH SECURITY”;

(3) by redesignating section 1931 (6 U.S.C. 597) as section 2301 and transferring such section to appear after the heading for title XXIII, as added by paragraph (2); and

(4) in section 2301, as so redesignated—

(A) in the section heading, by striking “CHIEF MEDICAL OFFICER” and inserting “OFFICE OF HEALTH SECURITY”;

(B) by striking subsections (a) and (b) and inserting the following:

“(a) IN GENERAL.—There is established in the Department an Office of Health Security.

“(b) HEAD OF OFFICE OF HEALTH SECURITY.—The Office of Health Security shall be headed by a chief medical officer, who shall—

“(1) be the Assistant Secretary for Health Security and the Chief Medical Officer of the Department;

“(2) be a licensed physician possessing a demonstrated ability in and knowledge of medicine and public health;

“(3) be appointed by the President; and

“(4) report directly to the Secretary.”;

(C) in subsection (c)—

(i) in the matter preceding paragraph (1), by striking “medical issues related to natural disasters, acts of terrorism, and other man-made disasters” and inserting “oversight of all medical, public health, and workforce health and safety matters of the Department”;

(ii) in paragraph (1), by striking “, the Administrator of the Federal Emergency Management Agency, the Assistant Secretary, and other Department officials” and inserting “and all other Department officials”;

(iii) in paragraph (4), by striking “and” at the end;

(iv) by redesignating paragraph (5) as paragraph (13); and

(v) by inserting after paragraph (4) the following:

“(5) overseeing all medical and public health activities of the Department, including the delivery, advisement, and oversight of direct patient care and the organization, management, and staffing of component operations that deliver direct patient care;

“(6) advising the head of each component of the Department that delivers direct patient care regarding the recruitment and appointment of a component chief medical officer and deputy chief medical officer or the employee who functions in the capacity of chief medical officer and deputy chief medical officer;

“(7) advising the Secretary and the head of each component of the Department that delivers direct patient care regarding knowledge and skill standards for medical personnel and the assessment of that knowledge and skill;

“(8) advising the Secretary and the head of each component of the Department that delivers patient care regarding the collection, storage, and oversight of medical records;

“(9) with respect to any psychological health counseling or assistance program of the Department, including such a program of a law enforcement, operational, or support component of the Department, advising the head of each such component with such a program regarding—

“(A) ensuring such program includes safeguards against adverse action, including automatic referrals for a fitness for duty examination, by such component with respect to any employee solely because such employee self-identifies a need for psychological health counseling or assistance or receives such counseling or assistance;

“(B) increasing the availability and number of local psychological health professionals with experience providing psychological support services to personnel;

“(C) establishing a behavioral health curriculum for employees at the beginning of their careers to provide resources early regarding the importance of psychological health;

“(D) establishing periodic management training on crisis intervention and such component’s psychological health counseling or assistance program;

“(E) improving any associated existing employee peer support programs, including by making additional training and resources available for peer support personnel in the workplace across such component;

“(F) developing and implementing a voluntary alcohol treatment program that includes a safe harbor for employees who seek treatment;

“(G) including, when appropriate, collaborating and partnering with key employee stakeholders and, for those components with employees with an exclusive representative, the exclusive representative with respect to such a program;

“(10) in consultation with the Chief Information Officer of the Department—

“(A) identifying methods and technologies for managing, updating, and overseeing patient records; and

“(B) setting standards for technology used by the components of the Department regarding the collection, storage, and oversight of medical records;

“(11) advising the Secretary and the head of each component of the Department that delivers direct patient care regarding contracts for the delivery of direct patient care, other medical services, and medical supplies;

“(12) coordinating with the Countering Weapons of Mass Destruction Office and

other components of the Department as directed by the Secretary to enhance the ability of Federal, State, local, Tribal, and territorial governments to prevent, detect, protect against, and mitigate the health effects of chemical, biological, radiological, and nuclear issues; and”;

(D) by adding at the end the following:

“(d) ASSISTANCE AND AGREEMENTS.—The Secretary, acting through the Chief Medical Officer, in support of the medical and public health activities of the Department, may—

“(1) provide technical assistance, training, and information and distribute funds through grants and cooperative agreements to State, local, Tribal, and territorial governments and nongovernmental organizations;

“(2) enter into other transactions;

“(3) enter into agreements with other Federal agencies; and

“(4) accept services from personnel of components of the Department and other Federal agencies on a reimbursable or nonreimbursable basis.

“(e) OFFICE OF HEALTH SECURITY PRIVACY OFFICER.—There shall be a Privacy Officer in the Office of Health Security with primary responsibility for privacy policy and compliance within the Office, who shall—

“(1) report directly to the Chief Medical Officer; and

“(2) ensure privacy protections are integrated into all Office of Health Security activities, subject to the review and approval of the Privacy Officer of the Department to the extent consistent with the authority of the Privacy Officer of the Department under section 222.

“(f) ACCOUNTABILITY.—

“(1) STRATEGY AND IMPLEMENTATION PLAN.—Not later than 180 days after the date of enactment of this section, and every 4 years thereafter, the Secretary shall create a Departmentwide strategy and implementation plan to address health threats.

“(2) BRIEFING.—Not later than 90 days after the date of enactment of this section, the Secretary shall brief the appropriate congressional committees on the organizational transformations of the Office of Health Security, including how best practices were used in the creation of the Office of Health Security.”;

(5) by redesignating section 710 (6 U.S.C. 350) as section 2302 and transferring such section to appear after section 2301, as so redesignated;

(6) in section 2302, as so redesignated—

(A) in the section heading, by striking “MEDICAL SUPPORT” and inserting “SAFETY”;

(B) in subsection (a), by striking “Under Secretary for Management” each place that term appears and inserting “Chief Medical Officer”; and

(C) in subsection (b)—

(i) in the matter preceding paragraph (1), by striking “Under Secretary for Management, in coordination with the Chief Medical Officer,” and inserting “Chief Medical Officer”; and

(ii) in paragraph (3), by striking “as deemed appropriate by the Under Secretary.”;

(7) by redesignating section 528 (6 U.S.C. 321q) as section 2303 and transferring such section to appear after section 2302, as so redesignated; and

(8) in section 2303(a), as so redesignated, by striking “Assistant Secretary for the Countering Weapons of Mass Destruction Office” and inserting “Chief Medical Officer”.

(b) TRANSITION AND TRANSFERS.—

(1) TRANSITION.—The individual appointed pursuant to section 1931 of the Homeland Security Act of 2002 (6 U.S.C. 597) of the Department of Homeland Security, as in effect on the day before the date of enactment of this

Act, and serving as the Chief Medical Officer of the Department of Homeland Security on the day before the date of enactment of this Act, shall continue to serve as the Chief Medical Officer of the Department on and after the date of enactment of this Act without the need for reappointment.

(2) RULE OF CONSTRUCTION.—The rule of construction described in section 2(hh) of the Presidential Appointment Efficiency and Streamlining Act of 2011 (5 U.S.C. 3132 note) shall not apply to the Chief Medical Officer of the Department of Homeland Security, including the incumbent who holds the position on the day before the date of enactment of this Act, and such officer shall be paid pursuant to section 3132(a)(2) or 5315 of title 5, United States Code.

(3) TRANSFER.—The Secretary of Homeland Security shall transfer to the Chief Medical Officer of the Department of Homeland Security—

(A) all functions, personnel, budget authority, and assets of the Under Secretary for Management relating to workforce health and safety, as in existence on the day before the date of enactment of this Act;

(B) all functions, personnel, budget authority, and assets of the Assistant Secretary for the Countering Weapons of Mass Destruction Office relating to the Chief Medical Officer, including the Medical Operations Directorate of the Countering Weapons of Mass Destruction Office, as in existence on the day before the date of enactment of this Act; and

(C) all functions, personnel, budget authority, and assets of the Assistant Secretary for the Countering Weapons of Mass Destruction Office associated with the efforts pertaining to the program coordination activities relating to defending the food, agriculture, and veterinary defenses of the Office, as in existence on the day before the date of enactment of this Act.

SEC. 5202. MEDICAL COUNTERMEASURES PROGRAM.

The Homeland Security Act of 2002 (6 U.S.C. 101 et seq.) is amended by redesignating section 1932 (6 U.S.C. 597a) as section 2304 and transferring such section to appear after section 2303, as so redesignated by section 5201 of this division.

SEC. 5203. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS.

Title XXIII of the Homeland Security Act of 2002, as added by this division, is amended by adding at the end the following:

“SEC. 2305. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS.

“(a) DEFINITIONS.—In this section:

“(1) HEALTH CARE PROVIDER.—The term ‘health care provider’ means an individual who—

“(A) is—

“(i) an employee of the Department;

“(ii) a detailee to the Department from another Federal agency;

“(iii) a personal services contractor of the Department; or

“(iv) hired under a contract for services;

“(B) performs health care services as part of duties of the individual in that capacity; and

“(C) has a current, valid, and unrestricted license or certification—

“(i) that is issued by a State, the District of Columbia, or a commonwealth, territory, or possession of the United States; and

“(ii) that is for the practice of medicine, osteopathic medicine, dentistry, nursing, emergency medical services, or another health profession.

“(2) MEDICAL QUALITY ASSURANCE PROGRAM.—The term ‘medical quality assurance program’ means any activity carried out by the Department to assess the quality of med-

ical care, including activities conducted by individuals, committees, or other review bodies responsible for quality assurance, credentials, infection control, incident reporting, the delivery, advisement, and oversight of direct patient care and assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review, and identification and prevention of medical, mental health, or dental incidents and risks.

“(3) MEDICAL QUALITY ASSURANCE RECORD OF THE DEPARTMENT.—The term ‘medical quality assurance record of the Department’ means all information, including the proceedings, records (including patient records that the Department creates and maintains as part of a system of records), minutes, and reports that—

“(A) emanate from quality assurance program activities described in paragraph (2); and

“(B) are produced or compiled by the Department as part of a medical quality assurance program.

“(b) CONFIDENTIALITY OF RECORDS.—A medical quality assurance record of the Department that is created as part of a medical quality assurance program—

“(1) is confidential and privileged; and

“(2) except as provided in subsection (d), may not be disclosed to any person or entity.

“(c) PROHIBITION ON DISCLOSURE AND TESTIMONY.—Except as otherwise provided in this section—

“(1) no part of any medical quality assurance record of the Department may be subject to discovery or admitted into evidence in any judicial or administrative proceeding; and

“(2) an individual who reviews or creates a medical quality assurance record of the Department or who participates in any proceeding that reviews or creates a medical quality assurance record of the Department may not be permitted or required to testify in any judicial or administrative proceeding with respect to the record or with respect to any finding, recommendation, evaluation, opinion, or action taken by that individual in connection with the record.

“(d) AUTHORIZED DISCLOSURE AND TESTIMONY.—

“(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record of the Department may be disclosed, and a person described in subsection (c)(2) may give testimony in connection with the record, only as follows:

“(A) To a Federal agency or private organization, if the medical quality assurance record of the Department or testimony is needed by the Federal agency or private organization to—

“(i) perform licensing or accreditation functions related to Department health care facilities, a facility affiliated with the Department, or any other location authorized by the Secretary for the performance of health care services; or

“(ii) perform monitoring, required by law, of Department health care facilities, a facility affiliated with the Department, or any other location authorized by the Secretary for the performance of health care services.

“(B) To an administrative or judicial proceeding concerning an adverse action related to the credentialing of or health care provided by a present or former health care provider by the Department.

“(C) To a governmental board or agency or to a professional health care society or organization, if the medical quality assurance record of the Department or testimony is needed by the board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health

care provider who is or was a health care provider for the Department.

“(D) To a hospital, medical center, or other institution that provides health care services, if the medical quality assurance record of the Department or testimony is needed by the institution to assess the professional qualifications of any health care provider who is or was a health care provider for the Department and who has applied for or been granted authority or employment to provide health care services in or on behalf of the institution.

“(E) To an employee, a detailee, or a contractor of the Department who has a need for the medical quality assurance record of the Department or testimony to perform official duties or duties within the scope of their contract.

“(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of the agency or instrumentality makes a written request that the medical quality assurance record of the Department or testimony be provided for a purpose authorized by law.

“(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality described in subparagraph (F), but only with respect to the subject of the proceeding.

“(2) PERSONALLY IDENTIFIABLE INFORMATION.—

“(A) IN GENERAL.—With the exception of the subject of a quality assurance action, personally identifiable information of any person receiving health care services from the Department or of any other person associated with the Department for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record of the Department shall be deleted from that record before any disclosure of the record is made outside the Department.

“(B) APPLICATION.—The requirement under subparagraph (A) shall not apply to the release of information that is permissible under section 552a of title 5, United States Code (commonly known as the ‘Privacy Act of 1974’).

“(e) DISCLOSURE FOR CERTAIN PURPOSES.—Nothing in this section shall be construed—

“(1) to authorize or require the withholding from any person or entity aggregate statistical information regarding the results of medical quality assurance programs; or

“(2) to authorize the withholding of any medical quality assurance record of the Department from a committee of either House of Congress, any joint committee of Congress, or the Comptroller General of the United States if the record pertains to any matter within their respective jurisdictions.

“(f) PROHIBITION ON DISCLOSURE OF INFORMATION, RECORD, OR TESTIMONY.—A person or entity having possession of or access to a medical quality assurance record of the Department or testimony described in this section may not disclose the contents of the record or testimony in any manner or for any purpose except as provided in this section.

“(g) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—A medical quality assurance record of the Department shall be exempt from disclosure under section 552(b)(3) of title 5, United States Code (commonly known as the ‘Freedom of Information Act’).

“(h) LIMITATION ON CIVIL LIABILITY.—A person who participates in the review or creation of, or provides information to a person or body that reviews or creates, a medical quality assurance record of the Department shall not be civilly liable for that participation or for providing that information if the participation or provision of information was

provided in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

“(i) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including the medical record of a patient, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

“(j) PENALTY.—Any person who willfully discloses a medical quality assurance record of the Department other than as provided in this section, knowing that the record is a medical quality assurance record of the Department shall be fined not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense.

“(k) RELATIONSHIP TO COAST GUARD.—The requirements of this section shall not apply to any medical quality assurance record of the Department that is created by or for the Coast Guard as part of a medical quality assurance program.”

SEC. 5204. PORTABILITY OF LICENSURE.

(a) TRANSFER.—Section 16005 of the CARES Act (6 U.S.C. 320 note) is redesignated as section 2306 of the Homeland Security Act of 2002 and transferred so as to appear after section 2305, as added by section 5203 of this division.

(b) REPEAL.—Section 2306 of the Homeland Security Act of 2002, as so redesignated by subsection (a), is amended by striking subsection (c).

SEC. 5205. TECHNICAL AND CONFORMING AMENDMENTS.

The Homeland Security Act of 2002 (6 U.S.C. 101 et seq.) is amended—

(1) in the table of contents in section 1(b) (Public Law 107-296; 116 Stat. 2135)—

(A) by striking the items relating to sections 528 and 529 and inserting the following: “Sec. 528. Transfer of equipment during a public health emergency.”;

(B) by striking the items relating to sections 710, 711, 712, and 713 and inserting the following:

“Sec. 710. Employee engagement.

“Sec. 711. Annual employee award program.

“Sec. 712. Acquisition professional career program.”;

(C) by inserting after the item relating to section 1928 the following:

“Sec. 1929. Accountability.”;

(D) by striking the items relating to subtitle C of title XIX and sections 1931 and 1932; and

(E) by adding at the end the following:

“TITLE XXIII—OFFICE OF HEALTH SECURITY

“Sec. 2301. Office of Health Security.

“Sec. 2302. Workforce health and safety.

“Sec. 2303. Coordination of Department of Homeland Security efforts related to food, agriculture, and veterinary defense against terrorism.

“Sec. 2304. Medical countermeasures program.

“Sec. 2305. Confidentiality of medical quality assurance records.

“Sec. 2306. Portability of licensure.”;

(2) by redesignating section 529 (6 U.S.C. 321r) as section 528;

(3) in section 704(e)(4) (6 U.S.C. 344(e)(4)), by striking “section 711(a)” and inserting “section 710(a)”;

(4) by redesignating sections 711, 712, and 713 as sections 710, 711, and 712, respectively;

(5) in section 1923(b)(3) (6 U.S.C. 592(b)(3))—

(A) in the paragraph heading, by striking “HAWAIIAN NATIVE-SERVING” and inserting “NATIVE HAWAIIAN-SERVING”; and

(B) by striking “Hawaiian native-serving” and inserting “Native Hawaiian-serving”;

(6) by striking the subtitle heading for subtitle C of title XIX;

(7) by striking section 1932 (6 U.S.C. 597a); and

(8) in section 2306, as so redesignated by section 5204 of this division—

(A) by inserting “PORTABILITY OF LICENSURE.” after “2306.”; and

(B) in subsection (a), by striking “(a) Notwithstanding” and inserting the following: “(a) IN GENERAL.—Notwithstanding”.

SA 6085. Mr. BLUMENTHAL (for himself, Mr. WYDEN, Ms. WARREN, Mr. KING, Mr. BENNET, Mrs. MURRAY, Ms. HIRONO, Mr. Kaine, Mr. DURBIN, Mr. BOOKER, Mr. HICKENLOOPER, Ms. KLOBUCHAR, Mr. VAN HOLLEN, Mr. SANDERS, Mrs. GILLIBRAND, Mrs. FEINSTEIN, Ms. COLLINS, Ms. BALDWIN, Mr. HEINRICH, and Mr. MURPHY) submitted an amendment intended to be proposed to amendment SA 5499 submitted by Mr. REED (for himself and Mr. INHOFE) and intended to be proposed to the bill H.R. 7900, to authorize appropriations for fiscal year 2023 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle G of title X, add the following:

SEC. 1077. LIMITATION ON COPAYMENTS FOR CONTRACEPTION FOR VETERANS.

Section 1722A(a)(2) of title 38, United States Code, is amended—

(1) by striking “to pay” and all that follows through the period and inserting “to pay—”; and

(2) by adding at the end the following new subparagraphs:

“(A) an amount in excess of the cost to the Secretary for medication described in paragraph (1); or

“(B) an amount for any contraceptive item for which coverage under health insurance coverage is required without the imposition of any cost-sharing requirement pursuant to section 2713(a)(4) of the Public Health Service Act (42 U.S.C. 300gg-13(a)(4)).”

SA 6086. Ms. HASSAN (for herself and Ms. MURKOWSKI) submitted an amendment intended to be proposed to amendment SA 5499 submitted by Mr. REED (for himself and Mr. INHOFE) and intended to be proposed to the bill H.R. 7900, to authorize appropriations for fiscal year 2023 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title X, add the following:

Subtitle H—Mainstreaming Addiction Treatment

SEC. 1081. SHORT TITLE.

This subtitle may be cited as the “Mainstreaming Addiction Treatment Act of 2022”.