

106TH CONGRESS
2D SESSION

S. 2731

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

IN THE SENATE OF THE UNITED STATES

JUNE 14, 2000

Mr. FRIST (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.) is amended by striking section
5 319 and inserting the following:

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

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

11 “(1) a disease or disorder presents a public
12 health emergency; or

13 “(2) a public health emergency, including sig-
14 nificant outbreaks of infectious diseases or bioter-
15 rorist attacks, otherwise exists,

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

22 “(b) PUBLIC HEALTH EMERGENCY FUND.—

23 “(1) IN GENERAL.—There is established in the
24 Treasury a fund to be designated as the ‘Public
25 Health Emergency Fund’ to be made available to
26 the Secretary without fiscal year limitation to carry

1 out subsection (a) only if a public health emergency
2 has been declared by the Secretary under such sub-
3 section. There is authorized to be appropriated to
4 the Fund such sums as may be necessary.

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

11 “(A) the expenditures made from the Pub-
12 lic Health Emergency Fund in such fiscal year;
13 and

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

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

23 **“SEC. 319A. NATIONAL NEEDS TO COMBAT THREATS TO**
24 **PUBLIC HEALTH.**

25 “(a) CAPACITIES.—

1 “(1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this section, the Secretary,
3 and such Administrators, Directors, or Commis-
4 sioners, as may be appropriate, and in collaboration
5 with State and local health officials, shall establish
6 reasonable capacities that are appropriate for na-
7 tional, State, and local public health systems and the
8 personnel or work forces of such systems. Such ca-
9 pacities shall be revised every 10 years, or more fre-
10 quently as the Secretary determines to be necessary.

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

19 “(A) recognize the clinical signs and epide-
20 miological characteristic of significant outbreaks
21 of infectious disease;

22 “(B) identify disease-causing pathogens
23 rapidly and accurately;

24 “(C) develop and implement plans to pro-
25 vide medical care for persons infected with dis-

1 ease-causing agents and to provide preventive
2 care as needed for individuals likely to be ex-
3 posed to disease-causing agents;

4 “(D) communicate information relevant to
5 significant public health threats rapidly to local,
6 State and national health agencies; or

7 “(E) develop or implement policies to pre-
8 vent the spread of infectious disease or anti-
9 microbial resistance.

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

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

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

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

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

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

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

14 “(b) PROCEDURE.—

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

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

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

1 “(d) SUPPLEMENT NOT SUPPLANT.—Funds appro-
2 priated under this section shall be used to supplement and
3 not supplant other Federal, State, and local public funds
4 provided for activities under this section.

5 “(E) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section
7 such sums as may be necessary for each of the fiscal years
8 2002 and 2003.

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

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

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

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

4 “(1) train public health personnel;

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

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

16 “(4) enhance laboratory capacity and facilities.

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

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

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

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

7 **“SEC. 319D. REVITALIZING THE CENTERS FOR DISEASE**
8 **CONTROL AND PREVENTION.**

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

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

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

2 “(a) TASK FORCE.—

3 “(1) IN GENERAL.—The Secretary shall estab-
4 lish an Antimicrobial Resistance Task Force to co-
5 ordinate Federal programs relating to antimicrobial
6 resistance. The Secretary may appoint or select a
7 committee, or other organization in existence as of
8 the date of enactment of this section, to serve as
9 such a task force, if such committee, or other orga-
10 nization meets the requirements of this section.

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

19 “(3) AGENDA.—

20 “(A) IN GENERAL.—The task force de-
21 scribed in paragraph (1) shall consider factors
22 the Secretary considers appropriate,
23 including—

24 “(i) public health factors contributing
25 to increasing antimicrobial resistance;

1 “(ii) public health needs to detect and
2 monitor antimicrobial resistance;

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

5 “(iv) the need for improved informa-
6 tion and data collection;

7 “(v) the assessment of the risk im-
8 posed by pathogens presenting a threat to
9 the public health; and

10 “(vi) any other issues which the Sec-
11 retary determines are relevant to anti-
12 microbial resistance.

13 “(B) DETECTION AND CONTROL.—The
14 Secretary, in consultation with the task force
15 described in paragraph (1) and State and local
16 public health officials, shall—

17 “(i) develop, improve, coordinate or
18 enhance participation in a surveillance plan
19 to detect and monitor emerging anti-
20 microbial resistance; and

21 “(ii) develop, improve, coordinate or
22 enhance participation in an integrated in-
23 formation system to assimilate, analyze,
24 and exchange antimicrobial resistance data
25 between public health departments.

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

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

13 “(1) the development of new therapeutics, in-
14 cluding vaccines and antimicrobials, against resist-
15 ant pathogens;

16 “(2) the development or testing of medical
17 diagnostics to detect pathogens resistant to
18 antimicrobials;

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

21 “(4) the sequencing of the genomes of priority
22 pathogens as determined by the Director of the Na-
23 tional Institutes of Health in consultation with the
24 task force established under subsection (a); and

25 “(5) other relevant research areas.

1 “(c) EDUCATION OF MEDICAL AND PUBLIC HEALTH
2 PERSONNEL.—The Secretary, after consultation with the
3 Surgeon General, the Director of the Centers for Disease
4 Control and Prevention, the Director of Health Resources
5 and Services Administration, the Director of the Agency
6 for Healthcare Research and Quality, members of the task
7 force described in subsection (a), and professional organi-
8 zations and societies, shall—

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

14 “(2) develop and implement educational pro-
15 grams to instruct health care professionals in the
16 prudent use of antibiotics; and

17 “(3) develop and implement programs to train
18 laboratory personnel in the recognition or identifica-
19 tion of resistance in pathogens.

20 “(d) GRANTS.—

21 “(1) IN GENERAL.—The Secretary shall award
22 competitive grants to eligible entities to enable such
23 entities to increase the capacity to detect, monitor,
24 and combat antimicrobial resistance.

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

4 “(3) USE OF FUNDS.—An eligible entity receiv-
5 ing a grant under paragraph (1) shall use funds
6 from such grant for activities that are consistent
7 with the factors identified by the task force under
8 subsection (a)(3), which may include activities
9 that—

10 “(A) provide training to enable such entity
11 to identify patterns of resistance rapidly and
12 accurately;

13 “(B) develop, improve, coordinate or en-
14 hance participation in information systems by
15 which data on resistant infections can be shared
16 rapidly among relevant national, State, and
17 local health agencies and health care providers;
18 and

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

21 “(e) GRANTS FOR DEMONSTRATION PROGRAMS.—

22 “(1) IN GENERAL.—The Secretary shall award
23 competitive grants to eligible entities to establish
24 demonstration programs to promote judicious use of

1 antimicrobial drugs or control the spread of anti-
2 microbial-resistant pathogens.

3 “(2) ELIGIBLE ENTITIES.—Eligible entities for
4 grants under paragraph (1) may include hospitals,
5 clinics, institutions of long-term care, or professional
6 medical societies.

7 “(3) TECHNICAL ASSISTANCE.—The Secretary
8 shall provide appropriate technical assistance to eli-
9 gible entities that receive grants under paragraph
10 (1).

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

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section,
17 such sums as may be necessary for each of the fiscal years
18 2001 through 2006.

19 **“SEC. 319F. PUBLIC HEALTH COUNTERMEASURES TO A BIO-**
20 **TERRORIST ATTACK.**

21 “(a) WORKING GROUP ON PREPAREDNESS FOR ACTS
22 OF BIOTERRORISM.—The Secretary, in coordination with
23 the Secretary of Defense, shall establish a joint inter-
24 departmental working group on preparedness and readi-
25 ness for the medical and public health effects of a bioter-

1 rorist attack on the civilian population. Such joint working
2 group shall—

3 “(1) coordinate research on pathogens likely to
4 be used in a bioterrorist attack on the civilian popu-
5 lation as well as therapies to treat such pathogens;

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

10 “(3) develop shared standards for equipment to
11 detect and to protect against infection from patho-
12 gens likely to be used in a bioterrorist attack on the
13 civilian population; and

14 “(4) coordinate the development, maintenance,
15 and procedures for the release of, strategic reserves
16 of vaccines, drugs, and medical supplies which may
17 be needed rapidly after a bioterrorist attack upon
18 the civilian population.

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

21 “(1) IN GENERAL.—The Secretary, in collabo-
22 ration with the Director of the Federal Emergency
23 Management Agency and the Attorney General, shall
24 establish a joint interdepartmental working group to

1 address the public health and medical consequences
2 of a bioterrorist attack on the civilian population.

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

4 “(A) assess the priorities for and enhance
5 the preparedness of public health institutions,
6 providers of medical care, and other emergency
7 service personnel to detect, diagnose, and re-
8 spond to a bioterrorist attack; and

9 “(B) in the recognition that medical and
10 public health professionals are likely to provide
11 much of the first response to such an attack,
12 develop, coordinate, enhance, and assure the
13 quality of joint planning and training programs
14 that address the public health and medical con-
15 sequences of a bioterrorist attack on the civilian
16 population between—

17 “(i) local firefighters, ambulance per-
18 sonnel, police and public security officers,
19 or other emergency response personnel;
20 and

21 “(ii) hospitals, primary care facilities,
22 or public health agencies.

23 “(3) WORKING GROUP MEMBERSHIP.—In estab-
24 lishing such working group, the Secretary shall act
25 through the Director of the Office of Emergency

1 Preparedness and the Director of the Centers for
2 Disease Control and Prevention.

3 “(4) COORDINATION.—The Secretary shall en-
4 sure coordination and communication between the
5 working groups established in this subsection and
6 subsection (a).

7 “(c) GRANTS.—

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

15 “(2) ELIGIBILITY.—To be an eligible entity
16 under this subsection, such entity must be a State,
17 political subdivision of a State, consortium of 2 or
18 more States or political subdivisions of States, or a
19 hospital, clinic, or primary care facility.

20 “(3) USE OF FUNDS.—An entity that receives
21 a grant under this subsection shall use such funds
22 for activities that are consistent with the priorities
23 identified by the working group under subsection
24 (b), including—

1 “(A) training health care professionals and
2 public health personnel to enhance the ability of
3 such personnel to recognize the symptoms and
4 epidemiological characteristics of exposure to a
5 potential bioweapon;

6 “(B) addressing rapid and accurate identi-
7 fication of potential bioweapons;

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

10 “(D) facilitating and coordinating rapid
11 communication of data generated from a bioter-
12 rorist attack between national, State, and local
13 health agencies.

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

16 “(A) notify the Director of the Office of
17 Justice Programs, and the Director of the Na-
18 tional Domestic Preparedness Office annually
19 as to the amount and status of grants awarded
20 under this subsection; and

21 “(B) coordinate grants awarded under this
22 subsection with grants awarded by the Office of
23 Emergency Preparedness and the Centers for
24 Disease Control and Prevention for the purpose
25 of improving the capacity of health care pro-

1 viders and public health agencies to respond to
2 bioterrorist attacks on the civilian population.

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

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

13 “(e) EDUCATION.—The Secretary, in collaboration
14 with members of the working group described in sub-
15 section (b), and professional organizations and societies,
16 shall—

17 “(1) develop and implement educational pro-
18 grams to instruct public health officials, medical
19 professionals, and other personnel working in health
20 care facilities in the recognition and care of victims
21 of a bioterrorist attack; and

22 “(2) develop and implement programs to train
23 laboratory personnel in the recognition and identi-
24 fication of a potential bioweapon.

1 “(f) FUTURE RESOURCE DEVELOPMENT.—The Di-
2 rector of National Institutes of Health and the Director
3 of the Centers for Disease Control and Prevention shall
4 consult with the working group described in subsection
5 (a), to develop priorities for and conduct research, inves-
6 tigations, experiments, demonstrations, and studies in the
7 health sciences related to—

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

10 “(2) the development of new vaccines or other
11 therapeutics against pathogens likely to be used in
12 a bioterrorist attack;

13 “(3) the development of medical diagnostics to
14 detect potential bioweapons; and

15 “(4) other relevant research areas.

16 “(g) REPORT.—Not later than 180 days after the
17 date of enactment of this section, and annually, on June
18 30 of each year thereafter, the Secretary shall prepare and
19 submit to the Committee on Health, Education, Labor,
20 and Pensions of the Senate, the Committee on Commerce
21 of the House of Representatives, the Committee on Armed
22 Services of the Senate, the Committee on Armed Services
23 of the House of Representatives, and other congressional
24 committees as may be appropriate, a report that—

1 “(1) details the activities carried out by the
2 working groups under subsections (a) and (b) during
3 the fiscal year preceding the date on which the re-
4 port is submitted and describing such activities to be
5 undertaken by Federal agencies to combat bioter-
6 rorism in the subsequent year;

7 “(2) describes the programs carried out under
8 subsection (c); and

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

11 “(h) GENERAL ACCOUNTING OFFICE REPORT.—Not
12 later than 180 days after the date of enactment of this
13 section, the Comptroller General shall submit to the Com-
14 mittee on Health, Education, Labor, and Pensions of the
15 Senate and the Committee on Commerce of the House of
16 Representatives a report that describes—

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

21 “(2) the coordination of the activities described
22 in paragraph (1);

23 “(3) the amount of Federal funds authorized or
24 appropriated for the activities described in para-
25 graph (1); and

1 “(4) the effectiveness of such efforts in pre-
2 paring national, State, and local authorities to ad-
3 dress the public health and medical consequences of
4 a potential bioterrorist attack against the civilian
5 population.

6 “(i) SUPPLEMENT NOT SUPPLANT.—Funds appro-
7 priated under this section shall be used to supplement and
8 not supplant other Federal, State, and local public funds
9 provided for activities under this section.

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section
12 such sums as may be necessary for each of the fiscal years
13 2001 through 2006.”.

○