

agroterrorism on November 19, 2003. The Committee on Agriculture has not acted on the bills since they were referred.

If enacted, these bills would provide more concrete Congressional instructions and budget authorizations for agroterrorism preparedness. However, similar results may occur if the presidential directive HSPD-9 is implemented successfully. The presidential directives facilitating agroterrorism preparedness did not exist when the bills were introduced.

While Congress certainly has oversight authority of federal agencies and may ask questions about implementation of HSPD-9, a public law outlining and directing the implementation of an agroterrorism preparedness plan would establish the statutory parameters for such a plan, and, as a practical matter, might result in enhanced oversight by specifically identifying executive branch entities responsible for carrying out particular components of such a plan.

S. 427. The Agriculture Security Assistance Act (S. 427) would provide funding for state and local vulnerability assessments, plans, and expanded information systems. The bill would authorize such sums as necessary for emergency response plans, \$2.5 million for geographic information systems, and \$5 million for grants to state and local animal health officials.

The bill would also create awareness programs and grants for farm-level producers to improve biosecurity measures. It would authorize \$5 million for the development and dissemination of on-farm biosecurity guidelines, and \$5 million for on-farm biosecurity improvement grants (up to \$10,000 per farm, and thus reaching at least 500 farms). These first-year authorizations are followed by such sums as necessary for succeeding years. Actual funding would be determined by appropriations.

S. 430. The Agriculture Security Preparedness Act (S. 430) seeks to improve coordination between USDA and other federal agencies. These agencies include the Department of Homeland Security (DHS) and intelligence agencies for tracking targets and incidents, the Federal Emergency Management Agency (FEMA) for disaster plans, the Department of Health and Human Services (HHS) for animal care, and the Department of State for foreign agricultural disease notification and cooperation. The bill would provide for a USDA review of laboratory capacity, and a Department of Justice review of legal authorities for response plans.

The bill would create "liaison" positions in DHS, specifically within the Federal Emergency Management Agency (FEMA), and HHS. USDA already has a liaison staff in the Office of the Secretary, namely the Homeland Security Staff. While not the same as proposed in S. 430, this existing USDA liaison appears to be undertaking a role similar to that proposed by the bill.

The plant recovery system is a joint effort with the seed industry to develop resistant seed varieties and, in the event of catastrophic disease or pest outbreak, to provide them to producers before the next planting season (a new appropriation request of \$6 million in FY2005). The vaccine bank would improve preparedness for bioterrorism against livestock and complement the North American FMD Vaccine Bank. APHIS has a long term plan to stockpile enough vaccine to adequately treat five foreign animal diseases.⁶³ For FY2005, APHIS requested \$6 million of no-year money to be available when viable vaccine choices become available. In the short term, APHIS hopes to obtain enough vaccine for one of these diseases in FY2005.

House Action. The House passed the FY2005 agriculture appropriations bill (H.R. 4766) on July 13, 2004. The committee report (H.Rept. 108-584) mentions several agroterrorism-related items.

For ARS, the House bill fully funds the request for laboratory construction in Ames, IA. For APHIS, the House would fund new bio-surveillance programs at \$2 million rather than \$5 million, vaccine banks at \$3 million rather than \$6 million, and trim the increase for emergency coordinators from \$4.6 million to \$2.6 million. The House bill funds the \$1.9 million request for the National Animal Health Laboratory Network, and the \$2.5 million request for the APHIS select agent program. The House bill does not fund the APHIS request for \$0.9 million for biosecurity or the \$2.4 million request for APHIS personnel at Plum Island. The House bill does not fund the \$7.1 million APHIS request for physical security enhancements.

For FSIS, the House bill funds \$6.6 million for the Food Emergency Response Network (FERN) rather than the \$14 million requested. FDA would receive its full request of \$23 million for FERN. The FSIS request for \$6 million for surveillance is trimmed to \$3.5 million, and the \$10 million request for laboratory upgrades and training is reduced to \$5.5 million in the House bill.

Preparedness

Two complementary bills addressing agroterrorism preparedness have been introduced in the 108th Congress: S. 427 (the Agriculture Security Assistance Act) and S. 430 (the Agriculture Security Preparedness Act). S. 427 provides funding for state and local preparedness, and creates awareness programs and grants for farmers. S. 430 seeks to improve coordination between USDA and other federal agencies.

Both bills were introduced on February 24, 2003 and address different aspects of agroterrorism preparedness by amending the Homeland Security Act of 2002 (P.L. 107-296).

The bills, both referred to the Senate Committee on Agriculture, Nutrition, and Forestry, are sponsored by Senator Akaka and cosponsored by Senators Lautenberg, Durbin, and Clinton. Senators Akaka, Lautenberg, and Durbin are members of the Committee on Governmental Affairs, the committee that held hearings on

⁶³ In the past, animal disease outbreaks have been managed by quickly destroying affected herds. However, smaller Federal and state work forces, environmental restrictions, animal welfare concerns, and trade rules may affect feasibility of large-scale culling. For certain species and diseases, vaccines could become as beneficial for controlling the disease, and might be more economical (Explanatory Notes for the FY2005 APHIS budget request).

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Appendix A: USDA Homeland Security Funding, by Program

Appendix A: Homeland Security Mission Area USDA Agency and Program	Budget authority (\$ million)		
	FY2003	FY2004	FY2005 Request
Border and transportation security	143.2	163.1	169.3
FSIS: Enhanced inspections		2.0	2.0
APHIS: Ag Quarantine Inspection, approp.	24.2	25.4	21.6
APHIS: Ag Quarantine Inspection, user fees	119.0	133.0	140.0
APHIS: Import/Export		2.7	5.7
Defending against catastrophic threats	154.6	20.7	227.0
ARS: Ames, IA, BSL-3 facility	142.8	0.0	178.0
ARS: Research	11.8	20.7	43.0
ARS: National Plant Recovery System			6.0
Protecting critical infrastructure, key assets	60.5	86.3	166.0
CSREES: Regional Diagnostic Network		7.9	30.0
Dept. Admin.: Physical security	8.0	7.9	13.6
APHIS: Physical security			7.1
ARS: Physical security	0.6	10.5	
FSIS: Physical security	0.2	0.3	0.2
FSIS: Expanded laboratory capabilities	1.0	3.1	3.1
FSIS: Laboratories for chemical, radiological			2.5
Dept. Admin.: Vulnerability assessments	0.1	0.1	0.1
APHIS: Animal health regulatory enforcement		1.0	1.0
APHIS: Select agents - plants			1.5
APHIS: Cooperative ag pest survey agreements			6.1
APHIS: National wildlife surveillance			5.0
APHIS: International information gathering			2.5
APHIS: National animal identification system			4.0
APHIS: Animal health monitoring			2.1
APHIS: Pest detection technology			2.0
APHIS: Foreign animal disease laboratory			2.4
APHIS: National germplasm laboratory			3.0
APHIS: National animal health lab network			1.7
APHIS: Emergency coordination - plants			1.5
APHIS: Emergency coordination - animals			2.5
APHIS: Center for veterinary biologics			0.7
APHIS: Plant safeguarding activities	14.3	13.0	12.1
APHIS: State cooperative agreements	4.1	4.1	10.1
APHIS: Classical swine fever activities	1.0	1.7	1.0
APHIS: BSE activities	8.4	8.3	8.4
APHIS: Foot and Mouth Disease activities	9.1	9.0	9.0
APHIS: Swine feeding surveillance	4.0	4.0	4.0
APHIS: Nat'l veterinary lab - anthrax costs		0.9	0.5
APHIS: Biosurveillance			5.0

Appendix A: Homeland Security Mission Area USDA Agency and Program	Budget authority (\$ million)		
	FY2003	FY2004	FY2005 Request
APHIS: Enhanced biosecurity		2.0	2.9
APHIS: Continuity of operations		0.2	0.2
APHIS: Security clearances		0.6	0.6
APHIS: Alkaline digester expenses	0.9	0.8	
APHIS: Wildlife services security		1.0	1.0
APHIS: Veterinary lab network		4.1	3.1
APHIS: Overseas pest risk intelligence, animal	0.7	0.7	3.0
APHIS: Overseas pest risk intelligence, plant		0.7	2.3
APHIS: Overseas surveillance, foot and mouth		0.7	0.7
OCIO: Cyber infrastructure protection	7.4	4.4	9.5
Emergency preparedness and response	50.8	54.4	68.7
ERS: GIS area analysis		1.0	1.0
HSS: Homeland Security Staff support		0.5	1.5
Dept. Admin.: Crisis management and planning	0.5	0.5	0.4
Dept. Admin.: Background investigations	0.5	0.5	0.5
FSIS: Office of Emergency Preparedness	2.2	2.2	2.2
FSIS: Education and training	2.3	2.5	4.5
FSIS: Technical assistance to state/local	2.2	2.2	2.2
OCIO: Training and exercises	0.1	0.1	0.1
OCIO: Planning	0.5	0.7	0.7
OCIO: Alternate interoperable communication	0.5	3.6	1.6
OCIO: Alternate facilities	0.5	0.8	0.6
CSREES: Education and training	31.6	30.8	35.8
APHIS: Emergency preparedness for states	1.0	1.0	1.0
APHIS: National Veterinary Vaccine Bank		0.3	6.6
APHIS: Other emergency management activity	8.9	7.7	10.0
Intelligence and warning	0.8	0.8	20.0
FSIS: Surveillance and monitoring	0.8	0.8	5.7
FSIS: Food Emergency Response Net (FERN)			10.0
FSIS: Electronic Lab Network (eLEXNET)			3.0
FSIS: Electronic compilation of lab methods			1.0
AMS: Transportation monitoring			0.3
Total	409.9	325.3	651.0

Source: Compiled by CRS from USDA Office of Budget and Policy Analysis spreadsheets, and Budget of the United States Government for FY2005: *Analytical Perspectives*, "Appendix: Homeland Security Mission Funding by Agency and Budget Account," [http://www.gpoaccess.gov/usbudget/fy05/pdf/ap_cd_rom/homeland.pdf].

Public Law 107-188
107th Congress

An Act

To improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies.

June 12, 2002
[H.R. 3448]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Public Health Security and Biodefense Preparedness and Response Act of 2002.
42 USC 201 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the “Public Health Security and Bioterrorism Preparedness and Response Act of 2002”.
(b) TABLE OF CONTENTS.—The table of contents of the Act is as follows:

Sec. 1. Short title; table of contents.
TITLE I—NATIONAL PREPAREDNESS FOR BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

Subtitle A—National Preparedness and Response Planning, Coordinating, and Reporting

- Sec. 101. National preparedness and response.
- Sec. 102. Disaster Situation for Public Health Emergency Preparedness; National Disaster Medical System.
- Sec. 103. Improving ability of Centers for Disease Control and Prevention.
- Sec. 104. Advisory committees and communications; study regarding communications abilities of public health agencies.
- Sec. 105. Education of health care personnel; training regarding pediatric issues.
- Sec. 106. Grants regarding shortages of certain health professionals.
- Sec. 107. Emergency system for advance registration of health professions volunteers.
- Sec. 108. Working group.
- Sec. 109. Antimicrobial resistance.
- Sec. 110. Supplies and services in lieu of award funds.
- Sec. 111. Additional amendments.

Subtitle B—Strategic National Stockpile; Development of Priority Countermeasures

- Sec. 121. Strategic national stockpile.
- Sec. 122. Accelerated approval of priority countermeasures.
- Sec. 123. Issuance of rule on animal trials.
- Sec. 124. Study on priority countermeasure development and production.
- Sec. 125. Accelerated review of countermeasures development.
- Sec. 126. Evaluation of new and emerging technologies regarding bioterrorist attack and other public health emergencies.
- Sec. 127. Potassium iodide.

Subtitle C—Improving State, Local, and Hospital Preparedness for and Response to Bioterrorism and Other Public Health Emergencies

- Sec. 131. Grants to improve State, local, and hospital preparedness for and response to bioterrorism and other public health emergencies.

Subtitle D—Emergency Authorities; Additional Provisions

- Sec. 141. Reporting deadlines.
- Sec. 142. Streamlining and clarifying communicable disease quarantine provisions.

PUBLIC HEALTH SECURITY AND
BIOTERRORISM PREPAREDNESS AND
RESPONSE ACT OF 2002

- Sec. 143. Emergency waiver of Medicare, Medicaid, and SCHIP requirements.
- Sec. 144. Provision for expansion of public health emergencies.
- Subtitle E—Additional Provisions
- Sec. 151. Designated State public emergency announcement plan.
- Sec. 152. Expanded research by Secretary of Energy.
- Sec. 153. Expanded research on worker health and safety.
- Sec. 154. Enhancement of emergency preparedness of Department of Veterans Affairs.
- Sec. 155. Extension of existing program.
- Sec. 156. Sense of Congress.
- Sec. 157. General Accounting Office report.
- Sec. 158. Certain awards.
- Sec. 159. Public access defibrillation programs and public access defibrillation demonstration projects.

TITLE II—ENHANCING CONTROLS ON DANGEROUS BIOLOGICAL AGENTS AND TOXINS

- Subtitle A—Department of Health and Human Services
- Sec. 201. Regulation of certain biological agents and toxins.
- Sec. 202. Implementation by Department of Health and Human Services.
- Sec. 203. Effective dates.
- Sec. 204. Conforming amendment.

Subtitle B—Department of Agriculture

- Sec. 211. Short title.
- Sec. 212. Regulation of certain biological agents and toxins.
- Sec. 213. Implementation by Department of Agriculture.
- Subtitle C—Interagency Coordination Regarding Overlap Agents and Toxins
- Sec. 221. Interagency coordination.
- Subtitle D—Criminal Penalties Regarding Certain Biological Agents and Toxins
- Sec. 231. Criminal penalties.

TITLE III—PROTECTING SAFETY AND SECURITY OF FOOD AND DRUG SUPPLY

- Subtitle A—Protection of Food Supply
- Sec. 301. Food safety and security strategy.
- Sec. 302. Protection against adulteration of food.
- Sec. 303. Administrative detention.
- Sec. 304. Requirement for reporting or serious food import violations.
- Sec. 305. Recordkeeping.
- Sec. 306. Maintenance and inspection of records for foods.
- Sec. 307. Prior notice of imported food shipments.
- Sec. 308. Authority to mark articles refused admission into United States.
- Sec. 309. Prohibition against port shopping.
- Sec. 310. Notices to States regarding imported food.
- Sec. 311. State responsibilities.
- Sec. 312. Surveillance and information grants and authorities.
- Sec. 313. Surveillance of zoonotic diseases.
- Sec. 314. Authority to commission other Federal officials to conduct inspections.
- Sec. 315. Rule of construction.
- Subtitle B—Protection of Drug Supply
- Sec. 321. Annual registration of foreign manufacturers; shipping information; drug recall device listing.
- Sec. 322. Requirement of additional information regarding import components intended for use in export products.

- Subtitle C—General Provisions Relating to Upgrade of Agricultural Security
- Sec. 331. Expansion of Animal and Plant Health Inspection Service activities.
- Sec. 332. Expansion of Food Safety Inspection Service activities.
- Sec. 333. Biosecurity upgrades at the Department of Agriculture.
- Sec. 334. Agricultural biosecurity.
- Sec. 335. Agricultural biosecurity research and development.
- Sec. 336. Animal enterprise terrorism penalties.

TITLE IV—DRINKING WATER SECURITY AND SAFETY

- Sec. 401. Terrorist and other intentional acts.

- Sec. 402. Other Safe Drinking Water Act amendments.
- Sec. 403. Miscellaneous and technical amendments.

TITLE V—ADDITIONAL PROVISIONS

Subtitle A—Prescription Drug User Fees

- Sec. 501. Short title.
- Sec. 502. Findings.
- Sec. 503. Definitions.
- Sec. 504. Authority to assess and use drug fees.
- Sec. 505. Accountability and reports.
- Sec. 506. Reports of postmarketing studies.
- Sec. 507. Sunset clause.
- Sec. 508. Effective date.
- Sec. 509. Sunset clause.
- Subsubtitle B—Funding Provisions Regarding Food and Drug Administration
- Sec. 521. Office of Drug Safety.
- Sec. 522. Division of Drug Marketing, Advertising, and Communications.
- Sec. 523. Office of Generic Drugs.

Subtitle C—Additional Provisions

- Sec. 531. Transition to digital television.
- Sec. 532. Medicare Choice plan procedures for Medicare Choice plans; change in Medicare Choice reporting deadlines and annual, coordinated action period for 2003, 2004, and 2005.

TITLE I—NATIONAL PREPAREDNESS FOR BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

Subtitle A—National Preparedness and Response Planning, Coordinating, and Reporting

SEC. 101. NATIONAL PREPAREDNESS AND RESPONSE.

- (a) IN GENERAL.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following title:

“TITLE XXVIII—NATIONAL PREPAREDNESS FOR BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

“Subtitle A—National Preparedness and Response Planning, Coordinating, and Reporting

“SEC. 2801. NATIONAL PREPAREDNESS PLAN.

“(a) IN GENERAL.—

“(1) PREPAREDNESS AND RESPONSE REGARDING PUBLIC HEALTH EMERGENCIES.—The Secretary shall further develop and implement a coordinated strategy, building upon the core public health capabilities established pursuant to section 319A,

42 USC 300hh.

subsection (a), including progress toward achieving the goals specified in subsection (b).

“(2) **ADDITIONAL AUTHORITY.**—Reports submitted under paragraph (1) by the Secretary (other than the first report) shall make recommendations concerning—

“(A) any additional legislative authority that the Secretary determines is necessary for fully implementing the plan under subsection (a), including meeting the goals under subsection (b); and

“(B) any additional legislative authority that the Secretary determines is necessary under section 319 to protect the public health in the event of an emergency described in section 319(a).

“(d) **RULE OF CONSTRUCTION.**—This section may not be construed as expanding or limiting any of the authorities of the Secretary that, on the day before the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, were in effect with respect to preparing for, and responding, effectively to bioterrorism and other public health emergencies.”

42 USC 247d-6

note.

Deadline.

for carrying out health-related activities to prepare for and respond effectively to bioterrorism and other public health emergencies, including the preparation of a plan under this section. The Secretary shall periodically thereafter review and, as appropriate, revise the plan.

“(2) **NATIONAL APPROACH.**—In carrying out paragraph (1), the Secretary shall collaborate with the States toward the goal of ensuring that the activities of the Secretary regarding bioterrorism and other public health emergencies are coordinated with activities of the States, including local governments.

“(3) **EVALUATION OF PROGRESS.**—The plan under paragraph (1) shall provide for specific benchmarks and outcome measures for evaluating the progress of the Secretary and the States, including local governments, with respect to the plan under paragraph (1), including progress toward achieving the goals specified in subsection (b).

“(b) **PREPAREDNESS GOALS.**—The plan under subsection (a) should include provisions in furtherance of the following:

“(1) Providing effective assistance to State and local governments in the event of bioterrorism or other public health emergency.

“(2) Ensuring that State and local governments have appropriate capacity to detect and respond effectively to such emergencies, including capacities for the following:

“(A) Effective public health surveillance and reporting mechanisms at the State and local levels.

“(B) Appropriate laboratory readiness.

“(C) Properly trained and equipped emergency response, public health, and medical personnel.

“(D) Health and safety protection of workers responding to such an emergency.

“(E) Public health agencies that are prepared to coordinate health services (including mental health services) during and after such emergencies.

“(F) Participation in communications networks that can effectively disseminate relevant information in a timely and secure manner to appropriate public and private entities and to the public.

“(3) Developing and maintaining medical countermeasures (such as drugs, vaccines and other biological products, medical devices, and other supplies) against biological agents and toxins that may be involved in such emergencies.

“(4) Ensuring coordination and minimizing duplication of Federal, State, and local planning, preparedness, and response activities, including during the investigation of a suspicious disease outbreak or other potential public health emergency.

“(5) Enhancing the readiness of hospitals and other health care facilities to respond effectively to such emergencies.

“(c) **REPORTS TO CONGRESS.**—

Deadline.

“(1) **IN GENERAL.**—Not later than one year after the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, and biennially thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report concerning progress with respect to the plan under

subsection (a), including progress toward achieving the goals specified in subsection (b).

“(2) **ADDITIONAL AUTHORITY.**—Reports submitted under paragraph (1) by the Secretary (other than the first report) shall make recommendations concerning—

“(A) any additional legislative authority that the Secretary determines is necessary for fully implementing the plan under subsection (a), including meeting the goals under subsection (b); and

“(B) any additional legislative authority that the Secretary determines is necessary under section 319 to protect the public health in the event of an emergency described in section 319(a).

“(d) **RULE OF CONSTRUCTION.**—This section may not be construed as expanding or limiting any of the authorities of the Secretary that, on the day before the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, were in effect with respect to preparing for, and responding, effectively to bioterrorism and other public health emergencies.”

42 USC 247d-6

note.

Deadline.

“(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this subsection as the “Secretary”) shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report concerning—

(A) the recommendations and findings of the National Advisory Committee on Children and Terrorism under section 319f(c)(2) of the Public Health Service Act;

(B) the recommendations and findings of the EPIC Advisory Committee under section 319f(c)(3) of such Act;

(C) the characteristics that may render a rural community uniquely vulnerable to a biological attack, including distance, lack of emergency transport, hospital or laboratory capacity, lack of integration of Federal or State public health networks, workforce deficits, or other relevant characteristics;

(D) the characteristics that may render areas or populations designated as medically underserved populations (as defined in section 330 of such Act) uniquely vulnerable to a biological attack, including significant numbers of low-income or uninsured individuals, lack of affordable and accessible health care services, insufficient public and primary health care resources, lack of integration of Federal or State public health networks, workforce deficits, or other relevant characteristics;

(E) the recommendations of the Secretary with respect to additional legislative authority that the Secretary determines is necessary to effectively strengthen rural communities, or medically underserved populations (as defined in section 330 of such Act); and

(F) the need for and benefits of a National Disaster Response Medical Volunteer Service that would be a private-sector, community-based rapid response corps of medical volunteers.

(2) **STUDY REGARDING LOCAL EMERGENCY RESPONSE METHODS.**—The Secretary shall conduct a study of effective methods for the provision of emergency response services through local governments (including through private response contractors and volunteers of such governments) in a consistent manner in responses to acts of bioterrorism or other public health emergencies. Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the findings of the study.

Deadline.
Reports.

SEC. 102. ASSISTANT SECRETARY FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS; NATIONAL DISASTER MEDICAL SYSTEM.

(a) **IN GENERAL.**—Title XXVIII of the Public Health Service Act, as added by section 101 of this Act, is amended by adding at the end the following subtitle:

“Subtitle B—Emergency Preparedness and Response

“SEC. 2811. COORDINATION OF PREPAREDNESS FOR AND RESPONSE TO BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.

42 USC
300hh-11.

(a) **ASSISTANT SECRETARY FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS.**—

Establishment.
President.

(1) **IN GENERAL.**—There is established within the Department of Health and Human Services the position of Assistant Secretary for Public Health Emergency Preparedness. The President shall appoint an individual to serve in such position. Such Assistant Secretary shall report to the Secretary.

(2) **DUTIES.**—Subject to the authority of the Secretary, the Assistant Secretary for Public Health Emergency Preparedness shall carry out the following duties with respect to bioterrorism and other public health emergencies:

(A) **Coordinate on behalf of the Secretary**—

(i) interagency interfaces between the Department of Health and Human Services (referred to in this paragraph as the ‘Department’) and other departments, agencies, and offices of the United States; and

(ii) interfaces between the Department and State and local entities with responsibility for emergency preparedness.

(B) **Coordinate the operations of the National Disaster Medical System and any other emergency response activities within the Department of Health and Human Services that are related to bioterrorism and other public health emergencies.**

(C) **Coordinate the efforts of the Department to bolster State and local emergency preparedness for a bioterrorist attack or other public health emergency, and evaluate the progress of such entities in meeting the benchmarks and other outcome measures contained in the national plan and in meeting the core public health capabilities established pursuant to 319A.**

(D) Any other duties determined appropriate by the Secretary.

(b) **NATIONAL DISASTER MEDICAL SYSTEM.**—

(1) **IN GENERAL.**—The Secretary shall provide for the operation in accordance with this section of a system to be known as the National Disaster Medical System. The Secretary shall designate the Assistant Secretary for Public Health Emergency Preparedness as the head of the National Disaster Medical System, subject to the authority of the Secretary.

(2) **FEDERAL AND STATE COLLABORATIVE SYSTEM.**—

(A) **IN GENERAL.**—The National Disaster Medical System shall be a coordinated effort by the Federal agencies specified in subparagraph (B), working in collaboration with the States and other appropriate public or private entities, to carry out the purposes described in paragraph (3).

(B) **PARTICIPATING FEDERAL AGENCIES.**—The Federal agencies referred to in subparagraph (A) are the Department of Health and Human Services, the Federal Emergency Management Agency, the Department of Defense, and the Department of Veterans Affairs.

(3) **PURPOSE OF SYSTEM.**—

(A) **IN GENERAL.**—The Secretary may activate the National Disaster Medical System to—

(i) provide health, services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency (whether or not determined to be a public health emergency under section 319), or

(ii) be present at locations, and for limited periods of time, specified by the Secretary on the basis that the Secretary has determined that a location is at risk of a public health emergency during the time specified.

(B) **ONGOING ACTIVITIES.**—The National Disaster Medical System shall carry out such ongoing activities as may be necessary to prepare for the provision of services described in subparagraph (A) in the event that the Secretary activates the National Disaster Medical System for such purposes.

(C) **TEST FOR MOBILIZATION OF SYSTEM.**—During the one-year period beginning on the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the Secretary shall conduct an exercise to test the capability and timeliness of the National Disaster Medical System to mobilize and otherwise respond effectively to a bioterrorist attack or other public health emergency that affects two or more geographic locations concurrently. Thereafter, the Secretary may periodically conduct such exercises regarding the National Disaster Medical System as the Secretary determines to be appropriate.

(c) **CRITERIA.**—

(1) **IN GENERAL.**—The Secretary shall establish criteria for the operation of the National Disaster Medical System.

"(2) PARTICIPATION AGREEMENTS FOR NON-FEDERAL ENTITIES.—In carrying out paragraph (1), the Secretary shall establish criteria regarding the participation of States and private entities in the National Disaster Medical System, including criteria regarding agreements for such participation. The criteria shall include the following:

"(A) Provisions relating to the custody and use of Federal personal property by such entities, which may in the discretion of the Secretary include authorizing the custody and use of such property to respond to emergency situations for which the National Disaster Medical System has not been activated by the Secretary pursuant to subsection (b)(3)(A). Any such custody and use of Federal personal property shall be on a reimbursable basis.

"(B) Provisions relating to circumstances in which an individual or entity has agreements with both the National Disaster Medical System and another entity regarding the provision of emergency services by the individual. Such provisions shall address the issue of priorities among the agreements involved.

"(d) INTERMITTENT DISASTER-RESPONSE PERSONNEL.—

"(1) IN GENERAL.—For the purpose of assisting the National Disaster Medical System in carrying out duties under this section, the Secretary may appoint individuals to serve as intermittent personnel of such System in accordance with applicable civil service laws and regulations.

"(2) LIABILITY.—For purposes of section 224(a) and the remedies described in such section, an individual appointed under paragraph (1) shall, while acting within the scope of such appointment, be considered to be an employee of the Public Health Service performing medical, surgical, dental, or related functions. With respect to the participation of individuals appointed under paragraph (1) in training programs authorized by the Assistant Secretary for Public Health Emergency Preparedness or a comparable official of any Federal agency specified in subsection (b)(2)(B), acts of individuals so appointed that are within the scope of such participation shall be considered within the scope of the appointment under paragraph (1) (regardless of whether the individuals receive compensation for such participation).

"(e) CERTAIN EMPLOYMENT ISSUES REGARDING INTERMITTENT APPOINTMENTS.—

"(1) INTERMITTENT DISASTER-RESPONSE APPOINTEE.—For purposes of this subsection, the term 'intermittent disaster-response appointee' means an individual appointed by the Secretary under subsection (d).

"(2) COMPENSATION FOR WORK INJURIES.—An intermittent disaster-response appointee shall, while acting in the scope of such appointment, be considered to be an employee of the Public Health Service performing medical, surgical, dental, or related functions, and an injury sustained by such an individual shall be deemed 'in the performance of duty' for purposes of chapter 81 of title 5, United States Code, pertaining to compensation for work injuries. With respect to the participation of individuals appointed under subsection (d) in training programs authorized by the Assistant Secretary for Public Health Emergency Preparedness or a comparable official of

any Federal agency specified in subsection (b)(2)(B), injuries sustained by such an individual, while acting within the scope of such participation, also shall be deemed 'in the performance of duty' for purposes of chapter 81 of title 5, United States Code (regardless of whether the individuals receive compensation for such participation). In the event of an injury to such an intermittent disaster-response appointee, the Secretary or Labor shall be responsible for making determinations as to whether the claimant is entitled to compensation or other benefits in accordance with chapter 81 of title 5, United States Code.

"(3) EMPLOYMENT AND REEMPLOYMENT RIGHTS.—

"(A) IN GENERAL.—Service as an intermittent disaster-response appointee when the Secretary activates the National Disaster Medical System or when the individual participates in a training program authorized by the Assistant Secretary for Public Health Emergency Preparedness or a comparable official of any Federal agency specified in subsection (b)(2)(B) shall be deemed 'service in the uniformed services' for purposes of chapter 43 of title 38, United States Code, pertaining to employment and reemployment rights of individuals who have performed service in the uniformed services (regardless of whether the individual receives compensation for such participation). All rights and obligations of such persons and procedures for assistance, enforcement, and investigation shall be as provided for in chapter 43 of title 38, United States Code.

"(B) NOTICE OF ABSENCE FROM POSITION OF EMPLOYMENT.—Preclusion of giving notice of service by necessity of Service as an intermittent disaster-response appointee when the Secretary activates the National Disaster Medical System shall be deemed preclusion by 'military necessity' for purposes of section 4312(b) of title 38, United States Code, pertaining to giving notice of absence from a position of employment. A determination of such necessity shall be made by the Secretary in consultation with the Secretary of Defense, and shall not be subject to judicial review.

"(4) LIMITATION.—An intermittent disaster-response appointee shall not be deemed an employee of the Department of Health and Human Services for purposes other than those specifically set forth in this section.

"(f) RULE OF CONSTRUCTION REGARDING USE OF COMMISSIONED CORPS.—If the Secretary assigns commissioned officers of the Regular or Reserve Corps to serve with the National Disaster Medical System, such assignments do not affect the terms and conditions of their appointments as commissioned officers of the Regular or Reserve Corps, respectively (including with respect to pay and allowances, retirement, benefits, rights, privileges, and immunities).

"(g) DEFINITION.—For purposes of this section, the term 'auxiliary services' includes mortuary services, veterinary services, and other services that are determined by the Secretary to be appropriate with respect to the needs referred to in subsection (b)(3)(A).

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing for the Assistant Secretary for Public Health Emergency Preparedness and the operations of the National Disaster Medical

System, other than purposes for which amounts in the Public Health Emergency Fund under section 319 are available, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.”

(b) **SENSE OF CONGRESS REGARDING RESOURCES OF NATIONAL DISASTER MEDICAL SYSTEM.**—It is the sense of the Congress that the Secretary of Health and Human Services should provide sufficient resources to entities tasked to carry out the duties of the National Disaster Medical System for reimbursement of expenses, operations, purchase and maintenance of equipment, training, and other funds expended in furtherance of the National Disaster Medical System.

SEC. 103. IMPROVING ABILITY OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Section 319D of the Public Health Service Act (42 U.S.C. 247d-4) is amended to read as follows:

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

“(a) FACILITIES: CAPACITIES.—

“(1) FINDINGS.—Congress finds that the Centers for Disease Control and Prevention has an essential role in defending against and combating public health threats and requires secure and modern facilities, and expanded and improved capabilities related to bioterrorism and other public health emergencies, sufficient to enable such Centers to conduct this important mission.

“(2) FACILITIES.—

“(A) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may design, construct, and equip new facilities, renovate existing facilities (including laboratories, laboratory support buildings, scientific communication facilities, transshipment complexes, secured and isolated parking structures, office buildings, and other facilities and infrastructure), and upgrade security of such facilities, in order to better conduct the capacities described in section 319A, and for supporting public health activities.

“(B) MULTYEAR CONTRACTING AUTHORITY.—For any project of designing, constructing, equipping, or renovating any facility under subparagraph (A), the Director of the Centers for Disease Control and Prevention may enter into a single contract or related contracts that collectively include the full scope of the project, and the solicitation and contract shall contain the clause ‘availability of funds’ found at section 52.232-18 of title 48, Code of Federal Regulations.

“(3) IMPROVING THE CAPACITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, taking into account evaluations under section 319B(a), shall expand, enhance, and improve the capabilities of the Centers for Disease Control and Prevention relating to preparedness for and responding effectively to bioterrorism and other public health emergencies. Activities that may be carried out under the preceding sentence include—

- “(A) expanding or enhancing the training of personnel;
- “(B) improving communications facilities and networks;
- “(C) improving necessary information to rural areas;

“(C) improving capabilities for public health surveillance and reporting activities, taking into account the integrated system or systems of public health alert communications and surveillance networks under subsection (b); and

“(D) improving laboratory facilities related to bioterrorism and other public health emergencies, including increasing the security of such facilities.

“(b) NATIONAL COMMUNICATIONS AND SURVEILLANCE NETWORKS.—

“(1) IN GENERAL.—The Secretary, directly or through awards of grants, contracts, or cooperative agreements, shall provide for the establishment of an integrated system or systems of public health alert communications and surveillance networks between and among—

“(A) Federal, State, and local public health officials; hospitals, and other health care facilities; and

“(C) any other entities determined appropriate by the Secretary.

“(2) REQUIREMENTS.—The Secretary shall ensure that networks under paragraph (1) allow for the timely sharing and discussion, in a secure manner, of essential information concerning bioterrorism or another public health emergency, or recommended methods for responding to such an attack or emergency.

“(3) STANDARDS.—Not later than one year after the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the Secretary, in cooperation with health care providers and State and local public health officials, shall establish any additional technical and reporting standards (including standards for interoperability) for networks under paragraph (1).

“(c) AUTHORIZATION OF APPROPRIATIONS.—

“(1) FACILITIES; CAPACITIES.—

“(A) FACILITIES.—For the purpose of carrying out subsection (a)(2), there are authorized to be appropriated \$300,000,000 for each of the fiscal years 2002 and 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006.

“(B) MISSION; IMPROVING CAPACITIES.—For the purposes of achieving the mission of the Centers for Disease Control and Prevention described in subsection (a)(1), for carrying out subsection (a)(3), for better conducting the capacities described in section 319A, and for supporting public health activities, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.

“(2) NATIONAL COMMUNICATIONS AND SURVEILLANCE NETWORKS.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.”

Deadline.

SEC. 104. ADVISORY COMMITTEES AND COMMUNICATIONS; STUDY REGARDING COMMUNICATIONS ABILITIES OF PUBLIC HEALTH AGENCIES.

(a) IN GENERAL.—Section 319F of the Public Health Service Act (42 U.S.C. 247d-6) is amended—

- (1) by striking subsections (b) and (i);
- (2) by redesignating subsections (c) through (h) as subsections (e) through (j), respectively; and
- (3) by inserting after subsection (a) the following subsections:

“(b) ADVICE TO THE FEDERAL GOVERNMENT.—

“(1) REQUIRED ADVISORY COMMITTEES.—In coordination with the working group under subsection (a), the Secretary shall establish advisory committees in accordance with paragraphs (2) and (3) to provide expert recommendations to assist such working groups in carrying out their respective responsibilities under subsections (a) and (b).

“(2) NATIONAL ADVISORY COMMITTEE ON CHILDREN AND TERRORISM.—

“(A) IN GENERAL.—For purposes of paragraph (1), the Secretary shall establish an advisory committee to be known as the National Advisory Committee on Children and Terrorism (referred to in this paragraph as the ‘Advisory Committee’).

“(B) DUTIES.—The Advisory Committee shall provide recommendations regarding—

“(i) the preparedness of the health care (including mental health care) system to respond to bioterrorism as it relates to children;

“(ii) needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of children; and

“(iii) changes, if necessary, to the national stockpile under section 121 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to meet the emergency health security of children.

“(C) COMPOSITION.—The Advisory Committee shall be composed of such Federal officials as may be appropriate to address the special needs of the diverse population groups of children, and child health experts on infectious disease, environmental health, toxicology, and other relevant professional disciplines.

“(D) TERMINATION.—The Advisory Committee terminates one year after the date of the enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

“(3) EMERGENCY PUBLIC INFORMATION AND COMMUNICATIONS ADVISORY COMMITTEE.—

“(A) IN GENERAL.—For purposes of paragraph (1), the Secretary shall establish an advisory committee to be known as the Emergency Public Information and Communications Advisory Committee (referred to in this paragraph as the EPIC Advisory Committee).

“(B) DUTIES.—The EPIC Advisory Committee shall make recommendations to the Secretary and the working group under subsection (a) and report on appropriate ways

to communicate public health information regarding bioterrorism and other public health emergencies to the public.

“(C) COMPOSITION.—The EPIC Advisory Committee shall be composed of individuals representing a diverse group of experts in public health, medicine, communications, behavioral psychology, and other areas determined appropriate by the Secretary.

“(D) DISSEMINATION.—The Secretary shall review the recommendations of the EPIC Advisory Committee and ensure that appropriate information is disseminated to the public.

“(E) TERMINATION.—The EPIC Advisory Committee terminates one year after the date of the enactment of Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

“(c) STRATEGY FOR COMMUNICATION OF INFORMATION REGARDING BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.—In coordination with working group under subsection (a), the Secretary shall develop a strategy for effectively communicating information regarding bioterrorism and other public health emergencies, and shall develop means by which to communicate such information. The Secretary may carry out the preceding sentence directly or through grants, contracts, or cooperative agreements.

“(d) RECOMMENDATION OF CONGRESS REGARDING OFFICIAL FEDERAL INTERNET SITE ON BIOTERRORISM.—It is the recommendation of Congress that there should be established an official Federal Internet site on bioterrorism, either directly or through provision of a grant to an entity that has expertise in bioterrorism and the development of websites, that should include information relevant to diverse populations (including messages directed at the general public and such relevant groups as medical personnel, public safety workers, and agricultural workers) and links to appropriate State and local government sites.”

42 USC 247d-6 note.

(b) STUDY REGARDING COMMUNICATIONS ABILITIES OF PUBLIC HEALTH AGENCIES.—The Secretary of Health and Human Services, in consultation with the Federal Communications Commission, the National Telecommunications and Information Administration, and other appropriate Federal agencies, shall conduct a study to determine whether local public health entities have the ability to maintain communications in the event of a bioterrorist attack or other public health emergency. The study shall examine whether redundancies are required in the telecommunications system, particularly with respect to mobile communications, for public health entities to maintain systems operability and connectivity during such emergencies. The study shall also include recommendations to industry and public health entities about how to implement such redundancies if necessary.

SEC. 105. EDUCATION OF HEALTH CARE PERSONNEL; TRAINING REGARDING PEDIATRIC ISSUES.

Section 319F(g) of the Public Health Service Act, as redesignated by section 104(a)(2) of this Act, is amended to read as follows:

“(g) EDUCATION; TRAINING REGARDING PEDIATRIC ISSUES.—

“(1) MATERIALS; CORE CURRICULUM.—The Secretary, in collaboration with members of the working group described

42 USC 247d-6.

private health or educational entities, including health professions schools and programs as defined in section 799B, for the purpose of providing low-interest loans, partial scholarships, partial fellowships, revolving loan funds, or other cost-sharing forms of assistance for the education and training of individuals in any category of health professions for which there is a shortage that the Secretary determines should be alleviated in order to prepare for or respond effectively to bioterrorism and other public health emergencies.

“(b) AUTHORITY REGARDING NON-FEDERAL CONTRIBUTIONS.—The Secretary may require as a condition of an award under subsection (a) that a grantee under such subsection provide non-Federal contributions toward the purpose described in such subsection.

“(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.”

SEC. 107. EMERGENCY SYSTEM FOR ADVANCE REGISTRATION OF HEALTH PROFESSIONS VOLUNTEERS.

Part B of title III of the Public Health Service Act, as amended by section 106 of this Act, is amended by inserting after section 319H the following section:

“SEC. 319I. EMERGENCY SYSTEM FOR ADVANCE REGISTRATION OF HEALTH PROFESSIONS VOLUNTEERS.

“(a) IN GENERAL.—The Secretary shall, directly or through an award of a grant, contract, or cooperative agreement, establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services (referred to in this section as the verification system). In carrying out the preceding sentence, the Secretary shall provide for an electronic database for the verification system.

“(b) CERTAIN CRITERIA.—The Secretary shall establish provisions regarding the promptness and efficiency of the system in collecting, storing, updating, and disseminating information on the credentials, licenses, accreditations, and hospital privileges of volunteers, described in subsection (a).

“(c) OTHER ASSISTANCE.—The Secretary may make grants and provide technical assistance to States and other public or nonprofit private entities for activities relating to the verification system developed under subsection (a).

“(d) COORDINATION AMONG STATES.—The Secretary may encourage each State to provide legal authority during a public health emergency for health professionals authorized in another State to provide certain health services to provide such health services in the State.

“(e) RULE OF CONSTRUCTION.—This section may not be construed as authorizing the Secretary to issue requirements regarding the provision by the States of credentials, licenses, accreditations, or hospital privileges.

“(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2002, and such sums as may be necessary for each of the fiscal years 2003 through 2006.”

in subsection (b), and professional organizations and societies, shall—

“(A) develop materials for teaching the elements of a core curriculum for the recognition and identification of potential bioweapons and other agents that may create a public health emergency, and for the care of victims of such emergencies, recognizing the special needs of children and other vulnerable populations, to public health officials, medical professionals, emergency physicians and other emergency department staff, laboratory personnel, and other personnel working in health care facilities (including poison control centers);

“(B) develop a core curriculum and materials for community-wide planning by State and local governments, hospitals and other health care facilities, emergency response units, and appropriate public and private sector entities to respond to a bioterrorist attack or other public health emergency;

“(C) develop materials for proficiency testing of laboratory and other public health personnel for the recognition and identification of potential bioweapons and other agents that may create a public health emergency; and

“(D) provide for dissemination and teaching of the materials described in subparagraphs (A) through (C) by appropriate means, which may include telemedicine, long-distance learning, or other such means.

“(2) CERTAIN ENTITIES.—The entities through which education and training activities described in paragraph (1) may be carried out include Public Health Preparedness Centers, the Public Health Service's Noble Training Center, the Emerging Infections Program, the Epidemic Intelligence Service, the Public Health Leadership Institute, multi-State multi-institutional consortia, other appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.

“(3) GRANTS AND CONTRACTS.—In carrying out paragraph (1), the Secretary may carry out activities directly and through the award of grants and contracts, and may enter into inter-agency cooperative agreements with other Federal agencies.

“(4) HEALTH-RELATED ASSISTANCE FOR EMERGENCY RESPONSE PERSONNEL TRAINING.—The Secretary, in consultation with the Attorney General and the Director of the Federal Emergency Management Agency, may provide technical assistance with respect to health-related aspects of emergency response personnel training carried out by the Department of Justice and the Federal Emergency Management Agency.”

SEC. 106. GRANTS REGARDING SHORTAGES OF CERTAIN HEALTH PROFESSIONALS.

Part B of title III of the Public Health Service Act (42 U.S.C. 249 et seq.) is amended by inserting after section 319G the following section:

“SEC. 319H. GRANTS REGARDING TRAINING AND EDUCATION OF CERTAIN HEALTH PROFESSIONALS.

“(a) IN GENERAL.—The Secretary may make awards of grants and cooperative agreements to appropriate public and nonprofit

SEC. 108. WORKING GROUP.

Section 319F of the Public Health Service Act, as amended by section 104(a), is amended by striking subsection (a) and inserting the following:

42 USC 247d-6.

“(a) WORKING GROUP ON BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.—

“(1) IN GENERAL.—The Secretary, in coordination with the Secretary of Agriculture, the Attorney General, the Director of Central Intelligence, the Secretary of Defense, the Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Federal Emergency Management Agency, the Secretary of Labor, the Secretary of Veterans Affairs, and with other similar Federal officials as determined appropriate, shall establish a working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies. Such joint working group, or subcommittees thereof, shall meet periodically for the purpose of consultation on, assisting in, and making recommendations on—

“(A) responding to a bioterrorist attack, including the provision of appropriate safety and health training and protective measures for medical, emergency service, and other personnel responding to such attacks;

“(B) prioritizing countermeasures required to treat, prevent, or identify exposure to a biological agent or toxin pursuant to section 351A;

“(C) facilitation of the awarding of grants, contracts, or cooperative agreements for the development, manufacture, distribution, supply-chain management, and purchase of priority countermeasures;

“(D) research on pathogens likely to be used in a biological threat or attack on the civilian population;

“(E) development of shared standards for equipment to detect and to protect against biological agents and toxins;

“(F) assessment of the priorities for and enhancement of the preparedness of public health institutions, providers of medical care, and other emergency service personnel (including firefighters) to detect, diagnose, and respond (including mental health response) to a biological threat or attack;

“(G) in the recognition that medical and public health professionals are likely to provide much of the first response to such an attack, development and enhancement of the quality of joint planning and training programs that address the public health and medical consequences of a biological threat or attack on the civilian population between—

“(i) local firefighters, ambulance personnel, police and public security officers, or other emergency response personnel (including private response contractors); and

“(ii) hospitals, primary care facilities, and public health agencies;

“(H) development of strategies for Federal, State, and local agencies to communicate information to the public regarding biological threats or attacks;

“(I) ensuring that the activities under this subsection address the health security needs of children and other vulnerable populations;

“(J) strategies for decontaminating facilities contaminated as a result of a biological attack, including appropriate protections for the safety of workers conducting such activities;

“(K) subject to compliance with other provisions of Federal law, clarifying the responsibilities among Federal officials for the investigation of suspicious outbreaks of disease and other potential public health emergencies, and for related revisions of the interagency plan known as the Federal response plan; and

“(L) in consultation with the National Highway Traffic Safety Administration and the U.S. Fire Administration, ways to enhance coordination among Federal agencies involved with State, local, and community based emergency medical services, including issuing a report that—

“(i) identifies needs of community-based emergency medical services; and

“(ii) identifies ways to streamline and enhance the process through which Federal agencies support community-based emergency medical services.

“(2) CONSULTATION WITH EXPERTS.—In carrying out subparagraphs (B) and (C) of paragraph (1), the working group under such paragraph shall consult with the pharmaceutical, biotechnology, and medical device industries, and other appropriate experts.

“(3) USE OF SUBCOMMITTEES REGARDING CONSULTATION REQUIREMENTS.—With respect to a requirement under law that the working group under paragraph (1) be consulted on a matter, the working group may designate an appropriate subcommittee of the working group to engage in the consultation.

“(4) DISCRETION IN EXERCISE OF DUTIES.—Determinations made by the working group under paragraph (1) with respect to carrying out duties under such paragraph are matters committed to agency discretion for purposes of section 701(a) of title 5, United States Code.

“(5) RULE OF CONSTRUCTION.—This subsection may not be construed as establishing new regulatory authority for any of the officials specified in paragraph (1), or as having any legal effect on any other provision of law, including the responsibilities and authorities of the Environmental Protection Agency.”

SEC. 109. ANTIMICROBIAL RESISTANCE.

Section 319E of the Public Health Service Act (42 U.S.C. 247d-5) is amended—

(1) in subsection (b)—

(A) by striking “shall conduct and support” and inserting “shall directly or through awards of grants or cooperative agreements to public or private entities provide for the conduct of”; and

(B) by amending paragraph (4) to read as follows:

“(4) the sequencing of the genomes, or other DNA analysis, or other comparative analysis, of priority pathogens (as determined by the Director of the National Institutes of Health

in consultation with the task force established under subsection (a), in collaboration and coordination with the activities of the Department of Defense and the Joint Genome Institute of the Department of Energy; and”

(2) in subsection (e)(2), by inserting after “societies,” the following: “schools or programs that train medical laboratory personnel;” and

(3) in subsection (g), by striking “and such sums” and all that follows and inserting the following: “\$25,000,000 for each of the fiscal years 2002 and 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006.”

SEC. 110. SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.

Part B of title III of the Public Health Service Act, as amended by section 107 of this Act, is amended by inserting after section 319I the following section:

“SEC. 319J. SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.

“(a) **IN GENERAL.**—Upon the request of a recipient of an award under any of sections 319 through 319I or section 319K, the Secretary may, subject to subsection (b), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

“(b) **CORRESPONDING REDUCTION IN PAYMENTS.**—With respect to a request described in subsection (a), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.”

42 USC 247d-7c.

SEC. 111. ADDITIONAL AMENDMENTS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended—

(1) in section 319A(a)(1), by striking “10 years” and inserting “five years”;

(2) in section 319B(a), in the first sentence, by striking “10 years” and inserting “five years”; and

(3) in section 391F(e)(2), as redesignated by section 104(a)(2) of this Act—

(A) by striking “or” after “clinic,” and

(B) by inserting before the period following: “, professional organization or society, school or program that trains medical laboratory personnel, private accrediting organization, or other nonprofit private institution or entity meeting criteria established by the Secretary”.

42 USC 247d-1.

42 USC 247d-2.

42 USC 247d-6.

**Subtitle B—Strategic National Stockpile;
Development of Priority Countermeasures**

SEC. 121. STRATEGIC NATIONAL STOCKPILE.

(a) **STRATEGIC NATIONAL STOCKPILE.**—

42 USC 300hh-12.

(1) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Secretary of Veterans Affairs, shall maintain a stockpile or stockpiles of drugs, vaccines and other biological products, medical devices, and other supplies in such numbers, types, and amounts as are determined by the Secretary to be appropriate and practicable, taking into account other available sources, to provide for the emergency health security of the United States, including the emergency health security of children and other vulnerable populations, in the event of a bioterrorist attack or other public health emergency.

(2) **PROCEDURES.**—The Secretary, in managing the stockpile under paragraph (1), shall—

(A) consult with the working group under section 319F(a) of the Public Health Service Act;

(B) ensure that adequate procedures are followed with respect to such stockpile for inventory management and accounting, and for the physical security of the stockpile;

(C) in consultation with Federal, State, and local officials, take into consideration the timing and location of special events;

(D) review and revise, as appropriate, the contents of the stockpile on a regular basis to ensure that emerging threats, advanced technologies, and new countermeasures are adequately considered;

(E) devise plans for the effective and timely supply-chain management of the stockpile, in consultation with appropriate Federal, State and local agencies, and the public and private health care infrastructure; and

(F) ensure the adequate physical security of the stockpile.

(b) **SMALLPOX VACCINE DEVELOPMENT.**—

(1) **IN GENERAL.**—The Secretary shall award contracts, enter into cooperative agreements, or carry out such other activities as may reasonably be required in order to ensure that the stockpile under subsection (a) includes an amount of vaccine against smallpox as determined by the Secretary to be sufficient to meet the health security needs of the United States.

(2) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to limit the private distribution, purchase, or sale of vaccines from sources other than the stockpile described in subsection (a).

(c) **DISCLOSURES.**—No Federal agency shall disclose under section 552, United States Code, any information identifying the location at which materials in the stockpile under subsection (a) are stored.

(d) **DEFINITION.**—For purposes of subsection (a), the term “stockpile” includes—

(1) a physical accumulation (at one or more locations) of the supplies described in subsection (a); or

(2) a contractual agreement between the Secretary and a vendor or vendors under which such vendor or vendors agree to provide to the Secretary supplies described in subsection (a).

(e) **AUTHORIZATION OF APPROPRIATIONS.**—

Contracts.

SEC. 124. SECURITY FOR COUNTERMEASURE DEVELOPMENT AND PRODUCTION.

Part B of title III of the Public Health Service Act, as amended by section 110 of this Act, is amended by inserting after section 319j the following section:

“SEC. 319k. SECURITY FOR COUNTERMEASURE DEVELOPMENT AND PRODUCTION.

“(a) **IN GENERAL.**—The Secretary, in consultation with the Attorney General and the Secretary of Defense, may provide technical or other assistance to provide security to persons or facilities that conduct development, production, distribution, or storage of priority countermeasures (as defined in section 319f(h)(4)).

“(b) **GUIDELINES.**—The Secretary may develop guidelines to enable entities eligible to receive assistance under subsection (a) to secure their facilities against potential terrorist attack.”

SEC. 125. ACCELERATED COUNTERMEASURE RESEARCH AND DEVELOPMENT.

Section 319f(h) of the Public Health Service Act, as redesignated by section 104(a)(2) of this Act, is amended to read as follows:

“(h) ACCELERATED RESEARCH AND DEVELOPMENT ON PRIORITY PATHOGENS AND COUNTERMEASURES.—

“(1) **IN GENERAL.**—With respect to pathogens of potential use in a bioterrorist attack and other agents that may cause a public health emergency, the Secretary, taking into consideration any recommendations of the working group under subsection (a), shall conduct, and award grants, contracts, or cooperative agreements for, research, investigations, experiments, demonstrations, and studies in the health sciences relating to—

- “(A) the epidemiology and pathogenesis of such pathogens;
- “(B) the sequencing of the genomes, or other DNA analysis, or other comparative analysis, of priority pathogens (as determined by the Director of the National Institutes of Health in consultation with the working group established in subsection (a)), in collaboration and coordination with the activities of the Department of Defense and the Joint Genome Institute of the Department of Energy;
- “(C) the development of priority countermeasures; and
- “(D) other relevant areas of research.

“(2) **PRIORITY.**—The Secretary shall give priority under this section to the funding of research and other studies related to priority countermeasures.

“(3) **ROLE OF DEPARTMENT OF VETERANS AFFAIRS.**—In carrying out paragraph (1), the Secretary shall consider using the biomedical research and development capabilities of the Department of Veterans Affairs, in conjunction with that Department’s affiliations with health-professions universities. When advantageous to the Government in furtherance of the purposes of such paragraph, the Secretary may enter into cooperative agreements with the Secretary of Veterans Affairs to achieve such purposes.

(1) **STRATEGIC NATIONAL STOCKPILE.**—For the purpose of carrying out subsection (a), there are authorized to be appropriated \$640,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.

(2) **SMALLPOX VACCINE DEVELOPMENT.**—For the purpose of carrying out subsection (b), there are authorized to be appropriated \$509,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.

SEC. 122. ACCELERATED APPROVAL OF PRIORITY COUNTERMEASURES.

(a) **IN GENERAL.**—The Secretary of Health and Human Services may designate a priority countermeasure as a fast-track product pursuant to section 506 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356) or as a device granted review priority pursuant to section 515(d)(5) of such Act (21 U.S.C. 360e(d)(5)). Such a designation may be made prior to the submission of—

- (1) a request for designation by the sponsor or applicant; or
- (2) an application for the investigation of the drug under section 505(f) of such Act or section 351(a)(3) of the Public Health Service Act.

Nothing in this subsection shall be construed to prohibit a sponsor or applicant from declining such a designation.

(b) **USE OF ANIMAL TRIALS.**—A drug for which approval is sought under section 505(b) of the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act on the basis of evidence of effectiveness that is derived from animal studies pursuant to section 123 may be designated as a fast track product for purposes of this section.

(c) **PRIORITY REVIEW OF DRUGS AND BIOLOGICAL PRODUCTS.**—A priority countermeasure that is a drug or biological product shall be considered a priority drug or biological product for purposes of performance goals for priority drugs or biological products agreed to by the Commissioner of Food and Drugs.

(d) **DEFINITIONS.**—For purposes of this title:

(1) The term “priority countermeasure” has the meaning given such term in section 319f(h)(4) of the Public Health Service Act.

(2) The term “priority drugs or biological products” means a drug or biological product that is the subject of a drug or biologics application referred to in section 101(4) of the Food and Drug Administration Modernization Act of 1997.

SEC. 123. ISSUANCE OF RULE ON ANIMAL TRIALS.

Not later than 90 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall complete the process of rulemaking that was commenced under authority of section 505 of the Federal Food, Drug, and Cosmetic Act and section 351 of the Public Health Service Act with the issuance of the proposed rule entitled “New Drug and Biological Drug Products: Evidence Needed to Demonstrate Efficacy of New Drugs for Use Against Lethal or Permanently Disabling Toxic Substances When Efficacy Studies in Humans Ethically Cannot be Conducted” published in the Federal Register on October 5, 1999 (64 Fed. Reg. 53960), and shall promulgate a final rule.

Deadline.

21 USC 356-1.

42 USC 247d-6.

"(4) PRIORITY COUNTERMEASURES.—For purposes of this section, the term 'priority countermeasure' means a drug, biological product, device, vaccine, vaccine adjuvant, antiviral, or diagnostic test that the Secretary determines to be—

(A) a priority to treat, identify, or prevent infection by a biological agent or toxin listed pursuant to section 351A(a)(1), or harm from any other agent that may cause a public health emergency; or

(B) a priority to diagnose conditions that may result in adverse health consequences or death and may be caused by the administering of a drug, biological product, device, vaccine, vaccine adjuvant, antiviral, or diagnostic test that is a priority under subparagraph (A)."

SEC. 126. EVALUATION OF NEW AND EMERGING TECHNOLOGIES REGARDING BIOTERRORIST ATTACK AND OTHER PUBLIC HEALTH EMERGENCIES.
42 USC 360hh-13.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall promptly carry out a program to periodically evaluate new and emerging technologies that, in the determination of the Secretary, are designed to improve or enhance the ability of public health or safety officials to conduct public health surveillance activities relating to a bioterrorist attack or other public health emergency.

(b) CERTAIN ACTIVITIES.—In carrying out this subsection, the Secretary shall, to the extent practicable—

(1) survey existing technology programs funded by the Federal Government for potentially useful technologies;

(2) promptly issue a request, as necessary, for information from non-Federal public and private entities for ongoing activities in this area; and

(3) evaluate technologies identified under paragraphs (1) and (2) pursuant to subsection (c).

(c) CONSULTATION AND EVALUATION.—In carrying out subsection (b)(3), the Secretary shall consult with the working group under section 319F(a) of the Public Health Service Act, as well as other appropriate public, nonprofit, and private entities, to develop criteria for the evaluation of such technologies and to conduct such evaluations.

(d) REPORT.—Not later than 180 days after the date of the enactment of this Act, and periodically thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate, a report on the activities under this section.

SEC. 127. POTASSIUM IODIDE.
(a) IN GENERAL.—Through the national stockpile under section 121, the President, subject to subsections (b) and (c), shall make available to State and local governments potassium iodide tablets for stockpiling and for distribution as appropriate to public facilities, such as schools and hospitals, in quantities sufficient to provide adequate protection for the population within 20 miles of a nuclear power plant.

(b) STATE AND LOCAL PLANS.—
(1) IN GENERAL.—Subsection (a) applies with respect to a State or local government, subject to paragraph (2), if the government involved meets the following conditions:

(A) Such government submits to the President a plan for the stockpiling of potassium iodide tablets, and for the distribution and utilization of potassium iodide tablets in the event of a nuclear incident.

(B) The plan is accompanied by certifications by such government that the government has not already received sufficient quantities of potassium iodide tablets from the Federal Government.

(2) LOCAL GOVERNMENTS.—Subsection (a) applies with respect to a local government only if, in addition to the conditions described in paragraph (1), the following conditions are met:

(A) The State in which the locality involved is located—
(i) does not have a plan described in paragraph (1)(A); or

(ii) has a plan described in such paragraph, but the plan does not address populations at a distance greater than 10 miles from the nuclear power plant involved.

(B) The local government has petitioned the State to modify the State plan to address such populations, not exceeding 20 miles from such plant, and 60 days have elapsed without the State modifying the State plan to address populations at the full distance sought by the local government through the petition.

(C) The local government has submitted its local plan under paragraph (1)(A) to the State, and the State has approved the plan and certified that the plan is not inconsistent with the State emergency plan.

(c) GUIDELINES.—Not later than one year after the date of the enactment of this Act, the President, in consultation with individuals representing appropriate Federal, State, and local agencies, shall establish guidelines for the stockpiling of potassium iodide tablets, and for the distribution and utilization of potassium iodide tablets in the event of a nuclear incident. Such tablets may not be made available under subsection (a) until such guidelines have been established.

(d) INFORMATION.—The President shall carry out activities to inform State and local governments of the program under this section.

(e) REPORTS.—

(1) PRESIDENT.—Not later than six months after the date on which the guidelines under subsection (c) are issued, the President shall submit to the Congress a report—

(A) on whether potassium iodide tablets have been made available under subsection (a) or other Federal, State, or local programs, and the extent to which State and local governments have established stockpiles of such tablets; and
(B) the measures taken by the President to implement this section.

(2) NATIONAL ACADEMY OF SCIENCES.—

(A) IN GENERAL.—The President shall request the National Academy of Sciences to enter into an agreement with the President under which the Academy conducts a study to determine what is the most effective and safe way to distribute and administer potassium iodide tablets

Deadline.

Deadline.

Contracts.

Deadline.

42 USC 360hh-12 note.

on a mass scale. If the Academy declines to conduct the study, the President shall enter into an agreement with another appropriate public or nonprofit private entity to conduct the study.

(B) REPORT.—The President shall ensure that, not later than six months after the date of the enactment of this Act, the study required in subparagraph (A) is completed and a report describing the findings made in the study is submitted to the Congress.

(f) APPLICABILITY.—Subsections (a) and (d) cease to apply as requirements if the President determines that there is an alternative and more effective prophylaxis or preventive measures for adverse thyroid conditions that may result from the release of radionuclides from nuclear power plants.

Subtitle C—Improving State, Local, and Hospital Preparedness for and Response to Bioterrorism and Other Public Health Emergencies

SEC. 131. GRANTS TO IMPROVE STATE, LOCAL, AND HOSPITAL PREPAREDNESS FOR AND RESPONSE TO BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 319C the following sections:

42 USC 247d-3a.

“SEC. 319C-1. GRANTS TO IMPROVE STATE, LOCAL, AND HOSPITAL PREPAREDNESS FOR AND RESPONSE TO BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.

“(a) IN GENERAL.—To enhance the security of the United States with respect to bioterrorism and other public health emergencies, the Secretary shall make awards of grants or cooperative agreements to eligible entities to enable such entities to conduct the activities described in subsection (d).

“(b) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—To be eligible to receive an award under subsection (a), an entity shall—

“(A)(i) be a State; and

“(ii) prepare and submit to the Secretary an application at such time, and in such manner, and containing such information as the Secretary may require, including an assurance that the State—

“(I) has completed an evaluation under section 319B(a), or an evaluation that is substantially equivalent to an evaluation described in such section (as determined by the Secretary);

“(II) has prepared, or will (within 60 days of receiving an award under this section) prepare, a Bioterrorism and Other Public Health Emergency Preparedness and Response Plan in accordance with subsection (c);

“(III) has established a means by which to obtain public comment and input on the plan prepared under subclause (II), and on the implementation of such plan,

that shall include an advisory committee or other similar mechanism for obtaining comment from the public at large as well as from other State and local stakeholders;

“(IV) will use amounts received under the award in accordance with the plan prepared under subclause (II), including making expenditures to carry out the strategy contained in the plan; and

“(V) with respect to the plan prepared under subclause (II), will establish reasonable criteria to evaluate the effective performance of entities that receive funds under the award and include relevant benchmarks in the plan; or

“(B)(i) be a political subdivision of a State or a consortium of 2 or more such subdivisions; and

“(ii) prepare and submit to the Secretary an application at such time, and in such manner, and containing such information as the Secretary may require.

“(2) COORDINATION WITH STATEWIDE PLANS.—An award under subsection (a) to an eligible entity described in paragraph (1)(B) may not be made unless the application of such entity is in coordination with, and consistent with, applicable State-wide plans described in subsection (d)(1).

“(c) BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PLAN.—Not later than 60 days after receiving amounts under an award under subsection (a), an eligible entity described in subsection (b)(1)(A) shall prepare and submit to the Secretary a Bioterrorism and Other Public Health Emergency Preparedness and Response Plan. Recognizing the assessment of public health needs conducted under section 319B, such plan shall include a description of activities to be carried out by the entity to address the needs identified in such assessment (or an equivalent assessment).

“(d) USE OF FUNDS.—An award under subsection (a) may be expended for activities that may include the following and similar activities:

“(1) To develop Statewide plans (including the development of the Bioterrorism and Other Public Health Emergency Preparedness and Response Plan required under subsection (c)), and community-wide plans for responding to bioterrorism and other public health emergencies that are coordinated with the capacities of applicable national, State, and local health agencies and health care providers, including poison control centers;

“(2) To address deficiencies identified in the assessment conducted under section 319B;

“(3) To purchase or upgrade equipment (including stationary or mobile communications equipment), supplies, pharmaceuticals or other priority countermeasures to enhance preparedness for and response to bioterrorism or other public health emergencies, consistent with the plan described in subsection (c);

“(4) To conduct exercises to test the capability and timeliness of public health emergency response activities.

“(5) To develop and implement the trauma care and burn center care components of the State plans for the provision of emergency medical services.

Deadline.

information and advice as part of the emergency public health response to bioterrorism or other public health emergencies. Nothing in this subsection may be construed as establishing new regulatory authority or as modifying any existing regulatory authority.

“(e) PRIORITIES IN USE OF GRANTS.—

“(1) IN GENERAL.—

“(A) PRIORITIES.—Except as provided in subparagraph (B), the Secretary shall, in carrying out the activities described in this section, address the following hazards in the following priority:

“(i) Bioterrorism or acute outbreaks of infectious diseases.

“(ii) Other public health threats and emergencies.

“(B) DETERMINATION OF THE SECRETARY.—In the case of the hazard involved, the degree of priority that would apply to the hazard based on the categories specified in clauses (i) and (ii) of subparagraph (A) may be modified by the Secretary if the following conditions are met:

“(i) The Secretary determines that the modification is appropriate on the basis of the following factors:

“(I) The extent to which eligible entities are adequately prepared for responding to hazards within the category specified in clause (i) of subparagraph (A).

“(II) There has been a significant change in the assessment of risks to the public health posed by hazards within the category specified in clause (ii) of such subparagraph.

“(ii) Prior to modifying the priority, the Secretary notifies the appropriate committees of the Congress of the determination of the Secretary under clause (i) of this subparagraph.

“(2) AREAS OF EMPHASIS WITHIN CATEGORIES.—The Secretary shall determine areas of emphasis within the category of hazards specified in clause (i) of paragraph (1)(A), and shall determine areas of emphasis within the category of hazards specified in clause (ii) of such paragraph, based on an assessment of the risk and likely consequences of such hazards and on an evaluation of Federal, State, and local needs, and may also take into account the extent to which receiving an award under subsection (a) will develop capacities that can be used for public health emergencies of varying types.

“(f) CERTAIN ACTIVITIES.—In administering activities under section 319(c)(4) or similar activities, the Secretary shall, where appropriate, give priority to activities that include State or local government financial commitments, that seek to incorporate multiple public health and safety services or diagnostic databases into an integrated public health entity, and that cover geographic areas lacking advanced diagnostic and laboratory capabilities.

“(g) COORDINATION WITH LOCAL MEDICAL RESPONSE SYSTEM.—An eligible entity and local Metropolitan Medical Response Systems shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities that are carried out by local Metropolitan Medical Response Systems.

“(6) To improve training or workforce development to enhance public health laboratories.

“(7) To train public health and health care personnel to enhance the ability of such personnel—

“(A) to detect, provide accurate identification of, and recognize the symptoms and epidemiological characteristics of exposure to a biological agent that may cause a public health emergency; and

“(B) to provide treatment to individuals who are exposed to such an agent.

“(8) To develop, enhance, coordinate, or improve participation in systems by which disease detection and information about biological attacks and other public health emergencies can be rapidly communicated among national, State, and local health agencies, emergency response personnel, and health care providers and facilities to detect and respond to a bioterrorist attack or other public health emergency, including activities to improve information technology and communications equipment available to health care and public health officials for use in responding to a biological threat or attack or other public health emergency.

“(9) To enhance communication to the public of information on bioterrorism and other public health emergencies, including through the use of 2-1-1 call centers.

“(10) To address the health security needs of children and other vulnerable populations with respect to bioterrorism and other public health emergencies.

“(11) To provide training and develop, enhance, coordinate, or improve methods to enhance the safety of workers and workplaces in the event of bioterrorism.

“(12) To prepare and plan for contamination prevention efforts related to public health that may be implemented in the event of a bioterrorist attack, including training and planning to protect the health and safety of workers conducting the activities described in this paragraph.

“(13) To prepare a plan for triage and transport management in the event of bioterrorism or other public health emergencies.

“(14) To enhance the training of health care professionals to recognize and treat the mental health consequences of bioterrorism or other public health emergencies.

“(15) To enhance the training of health care professionals to assist in providing appropriate health care for large numbers of individuals exposed to a bioweapon.

“(16) To enhance training and planning to protect the health and safety of personnel, including health care professionals, involved in responding to a biological attack.

“(17) To improve surveillance, detection, and response activities to prepare for emergency response activities including biological threats or attacks, including training personnel in these and other necessary functions and including early warning and surveillance networks that use advanced information technology to provide early detection of biological threats or attacks.

“(18) To develop, enhance, and coordinate or improve the ability of existing telemedicine programs to provide health care

“(b) COORDINATION OF FEDERAL ACTIVITIES.—In making awards under subsection (a), the Secretary shall—

“(1) annually notify the Director of the Federal Emergency Management Agency, the Director of the Office of Justice Programs, and the Director of the National Domestic Preparedness Office, as to the amount, activities covered under, and status of such awards; and

“(2) coordinate such awards with other activities conducted or supported by the Secretary to enhance preparedness for bioterrorism and other public health emergencies.

“(f) DEFINITION.—For purposes of this section, the term ‘eligible entity’ means an entity that meets the conditions described in subparagraph (A) or (B) of subsection (b)(1).

“(j) FUNDING.—

“(1) AUTHORIZATIONS OF APPROPRIATIONS.—

“(A) FISCAL YEAR 2003.—

“(i) AUTHORIZATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$1,600,000,000 for fiscal year 2003, of which—

“(I) \$1,080,000,000 is authorized to be appropriated for awards pursuant to paragraph (3) (subject to the authority of the Secretary to make awards pursuant to paragraphs (4) and (5)); and

“(II) \$520,000,000 is authorized to be appropriated—

“(aa) for awards under subsection (a) to States, notwithstanding the eligibility conditions under subsection (b), for the purpose of enhancing the preparedness of hospitals (including children’s hospitals), clinics, health centers, and primary care facilities for bioterrorism and other public health emergencies; and

“(bb) for Federal, State, and local planning and administrative activities related to such purpose.

“(ii) CONTINGENT ADDITIONAL AUTHORIZATION.—If a significant change in circumstances warrants an increase in the amount authorized to be appropriated under clause (i) for fiscal year 2003, there are authorized to be appropriated such sums as may be necessary for such year for carrying out this section, in addition to the amount authorized in clause (i).

“(B) OTHER FISCAL YEARS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2004 through 2006.

“(2) SUPPLEMENT NOT SUPPLANT.—Amounts appropriated under paragraph (1) shall be used to supplement and not supplant other State and local public funds provided for activities under this section.

“(3) STATE BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE BLOCK GRANT FOR FISCAL YEAR 2003.—

“(A) IN GENERAL.—For fiscal year 2003, the Secretary shall, in an amount determined in accordance with subparagraphs (B) through (D), make an award under subsection (a) to each State, notwithstanding the eligibility conditions described in subsection (b), that submits to the Secretary an application for the award that meets the criteria of the Secretary for the receipt of such an award and that meets other implementation conditions established by the Secretary for such awards. No other awards may be made under subsection (a) for such fiscal year, except as provided in paragraph (1)(A)(i)(II) and paragraphs (4) and (5).

“(B) BASE AMOUNT.—In determining the amount of an award pursuant to subparagraph (A) for a State, the Secretary shall first determine an amount the Secretary considers appropriate for the State (referred to in this paragraph as the ‘base amount’), except that such amount may not be greater than the minimum amount determined under subparagraph (D).

“(C) INCREASE ON BASIS OF POPULATION.—After determining the base amount for a State under subparagraph (B), the Secretary shall increase the base amount by an amount equal to the product of—

(1)(A)(i)(I) the amount appropriated under paragraph (1)(A)(i)(I) for the fiscal year less an amount equal to the sum of all base amounts determined for the States under subparagraph (B), and less the amount, if any, reserved by the Secretary under paragraphs (4) and (5); and

“(ii) subject to paragraph (4)(C), the percentage constituted by the ratio of an amount equal to the population of the State over an amount equal to the total population of the States (as indicated by the most recent data collected by the Bureau of the Census).

“(D) MINIMUM AMOUNT.—Subject to the amount appropriated under paragraph (1)(A)(i)(I), an award pursuant to subparagraph (A) for a State shall be the greater of the base amount as increased under subparagraph (C), or the minimum amount under this subparagraph. The minimum amount under this subparagraph is—

“(i) in the case of each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, an amount equal to the lesser of—

“(I) \$5,000,000; or

“(II) if the amount appropriated under paragraph (1)(A)(i)(I) is less than \$667,000,000, an amount equal to 0.75 percent of the amount appropriated under such paragraph, less the amount, if any, reserved by the Secretary under paragraphs (4) and (5); or

“(ii) in the case of each of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands, an amount determined by the Secretary to be appropriate, except that such amount may not exceed the amount determined under clause (i).