

109TH CONGRESS
1ST SESSION

S. 969

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

IN THE SENATE OF THE UNITED STATES

APRIL 28, 2005

Mr. OBAMA introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Attacking Viral Influenza Across Nations Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The Department of Health and Human
9 Services reports that an influenza pandemic has a

1 greater potential to cause rapid increases in death
2 and illness than virtually any other natural health
3 threat.

4 (2) Three pandemics occurred during the 20th
5 century: the Spanish flu pandemic in 1918, the
6 Asian flu pandemic in 1957, and the Hong Kong flu
7 pandemic in 1968. The Spanish flu pandemic was
8 the most severe, causing over 500,000 deaths in the
9 United States and more than 20,000,000 deaths
10 worldwide.

11 (3) The Centers for Disease Control and Pre-
12 vention has estimated conservatively that up to
13 207,000 Americans would die, and up to 734,000
14 would be hospitalized, during the next pandemic.
15 The costs of the pandemic, including the total direct
16 costs associated with medical care and indirect costs
17 of lost productivity and death, are estimated at be-
18 tween \$71,000,000,000 and \$166,500,000,000.
19 These costs do not include the economic effects of
20 pandemic on commerce and society.

21 (4) Recent studies suggest that avian influenza
22 strains, which are endemic in wild birds and poultry
23 populations in some countries, are becoming increas-
24 ingly capable of causing severe disease in humans
25 and are likely to cause the next pandemic flu.

1 (5) In 2004, 8 nations—Thailand, Vietnam, In-
2 donesia, Japan, Laos, China, Cambodia, and the Re-
3 public of Korea—experienced outbreaks of avian flu
4 (H5N1) among poultry flocks. Cases of human in-
5 fections were confirmed in Thailand and Vietnam
6 (including a possible human-to-human infection in
7 Thailand).

8 (6) As of April 15, 2005, 88 confirmed human
9 cases of avian influenza (H5N1) have been reported,
10 51 of which resulted in death. Of these cases, 68
11 were in Vietnam, 17 in Thailand, and 3 in Cam-
12 bodia.

13 (7) On February 21, 2005, Dr. Julie
14 Gerberding, Director of the Centers for Disease
15 Control and Prevention, stated that “this is a very
16 ominous situation for the globe . . . the most impor-
17 tant threat we are facing right now.”.

18 (8) On February 23, 2005, Dr. Shigeru Omi,
19 Asia regional director of the World Health Organiza-
20 tion (WHO), stated with respect to the avian flu,
21 “We at WHO believe that the world is now in the
22 gravest possible danger of a pandemic.”.

23 (9) The best defense against influenza
24 pandemics is a heightened global surveillance sys-
25 tem. In many of the nations where avian flu (H5N1)

1 has become endemic the early detection capabilities
2 are severely lacking, as is the transparency in the
3 health systems.

4 (10) In addition to surveillance, pandemic pre-
5 paredness requires domestic and international co-
6 ordination and cooperation to ensure an adequate
7 medical response, including communication and in-
8 formation networks, public health measures to pre-
9 vent spread, use of vaccination and antivirals, provi-
10 sion of health outpatient and inpatient services, and
11 maintenance of core public functions.

12 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
13 **ACT.**

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

17 **“Subtitle 3—Pandemic Influenza**
18 **Preparedness**

19 **“SEC. 2141. DEFINITION.**

20 “For purposes of this subtitle, the term ‘State’ shall
21 have the meaning given such term in section 2(f) and shall
22 include Indian tribes and tribal organizations (as defined
23 in section 4(b) and 4(c) of the Indian Self-Determination
24 and Education Assistance Act).

1 **“SEC. 2142. PROPOSAL FOR INTERNATIONAL FUND TO SUP-**
2 **PORT PANDEMIC INFLUENZA CONTROL.**

3 “(a) IN GENERAL.—The Secretary should submit to
4 the Director of the World Health Organization a proposal
5 to study the feasibility of establishing a fund, (referred
6 to in this section as the ‘Pandemic Fund’) to support pan-
7 demic influenza control and relief activities conducted in
8 countries affected by pandemic influenza, including pan-
9 demic avian influenza.

10 “(b) CONTENT OF PROPOSAL.—The proposal sub-
11 mitted under subsection (a) shall describe, with respect
12 to the Pandemic Fund—

13 “(1) funding sources;

14 “(2) administration;

15 “(3) application process by which a country
16 may apply to receive assistance from such Fund;

17 “(4) factors used to make a determination re-
18 garding a submitted application, which may in-
19 clude—

20 “(A) the gross domestic product of the ap-
21 plicant country;

22 “(B) the burden of need, as determined by
23 human morbidity and mortality and economic
24 impact related to pandemic influenza and the
25 existing capacity and resources of the applicant

1 country to control the spread of the disease;
2 and

3 “(C) the willingness of the country to co-
4 operate with other countries with respect to
5 preventing and controlling the spread of the
6 pandemic influenza; and

7 “(5) any other information the Secretary deter-
8 mines necessary.

9 “(c) USE OF FUNDS.—Funds from any Pandemic
10 Fund established as provided for in this section shall be
11 used to complement and augment ongoing bilateral pro-
12 grams and activities from the United States and other
13 donor nations.

14 **“SEC. 2143. POLICY COORDINATING COMMITTEE ON PAN-**
15 **DEMIC INFLUENZA PREPAREDNESS.**

16 “(a) IN GENERAL.—There is established the Pan-
17 demic Influenza Preparedness Policy Coordinating Com-
18 mittee (referred to in this section as the ‘Committee’).

19 “(b) MEMBERSHIP.—

20 “(1) IN GENERAL.—The Committee shall be
21 composed of—

22 “(A) the Secretary;

23 “(B) the Secretary of Agriculture;

24 “(C) the Secretary of State;

25 “(D) the Secretary of Defense;

1 “(E) the Secretary of Commerce;

2 “(F) the Administrator of the Environ-
3 mental Protection Agency;

4 “(G) the Secretary of Transportation;

5 “(H) the Secretary of Homeland Security;

6 “(I) the Secretary of Veterans Affairs; and

7 “(J) other representatives as determined
8 appropriate by the Co-Chairs of the Committee.

9 “(2) CO-CHAIRS.—The Secretary and the Sec-
10 retary of Agriculture shall serve as the Co-Chairs of
11 the Committee.

12 “(3) TERM.—The members of the Committee
13 shall serve for the life of the Committee.

14 “(c) MEETINGS.—

15 “(1) IN GENERAL.—The Committee shall meet
16 not less often than 2 times per year at the call of
17 the Co-Chairs or as determined necessary by the
18 President.

19 “(2) REPRESENTATION.—A member of the
20 Committee under subsection (b) may designate a
21 representative to participate in Committee meetings,
22 but such representative shall hold the position of at
23 least an assistant secretary or equivalent position.

24 “(d) DUTIES OF THE COMMITTEE.—

1 “(1) PREPAREDNESS PLANS.—Each member of
2 the Committee shall submit to the Committee a pan-
3 demic influenza preparedness plan for the agency in-
4 volved that describes—

5 “(A) initiatives and proposals by such
6 member to address pandemic influenza (includ-
7 ing avian influenza) preparedness; and

8 “(B) any activities and coordination with
9 international entities related to such initiatives
10 and proposals.

11 “(2) INTERAGENCY PLAN AND RECOMMENDA-
12 TIONS.—

13 “(A) IN GENERAL.—

14 “(i) PREPAREDNESS PLAN.—Based on
15 the preparedness plans described under
16 paragraph (1), and not later than 90 days
17 after the date of enactment of the Pan-
18 demic Influenza Preparedness Act of 2005,
19 the Committee shall develop an Inter-
20 agency Preparedness Plan that integrates
21 and coordinates such preparedness plans.

22 “(ii) CONTENT OF PLAN.—The Inter-
23 agency Preparedness Plan under clause (i)
24 shall include a description of—

1 “(I) departmental or agency re-
2 sponsibility and accountability for
3 each component of such plan;

4 “(II) funding requirements and
5 sources;

6 “(III) international collaboration
7 and coordination efforts; and

8 “(IV) recommendations and a
9 timeline for implementation of such
10 plan.

11 “(B) REPORT.—

12 “(i) IN GENERAL.—The Committee
13 shall submit to the President and Con-
14 gress, and make available to the public, a
15 report that includes the Interagency Pre-
16 paredness Plan.

17 “(ii) UPDATED REPORT.—The Com-
18 mittee shall submit to the President and
19 Congress, and make available to the public,
20 on a biannual basis, an update of the re-
21 port that includes a description of—

22 “(I) progress made toward plan
23 implementation, as described under
24 clause (i); and

1 “(II) progress of the domestic
2 preparedness programs under section
3 2144 and of the international assist-
4 ance programs under section 2145.

5 “(C) CONSULTATION WITH INTER-
6 NATIONAL ENTITIES.—In developing the pre-
7 paredness plans described under subparagraph
8 (A) and the report under subparagraph (B), the
9 Committee may consult with representatives
10 from the World Health Organization, the World
11 Organization for Animal Health, and other
12 international bodies, as appropriate.

13 **“SEC. 2144. DOMESTIC PANDEMIC INFLUENZA PREPARED-**
14 **NESS ACTIVITIES.**

15 “(a) PANDEMIC PREPAREDNESS ACTIVITIES.—The
16 Secretary shall strengthen, expand, and coordinate domes-
17 tic pandemic influenza preparedness activities.

18 “(b) STATE PREPAREDNESS PLAN.—

19 “(1) IN GENERAL.—As a condition of receiving
20 funds from the Centers for Disease Control and Pre-
21 vention or the Health Resources and Services Ad-
22 ministration related to bioterrorism, a State shall—

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

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

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

7 “(2) PREPAREDNESS PLAN.—

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

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

18 “(ii) methods to ensure surge capacity
19 in hospitals, laboratories, outpatient
20 healthcare provider offices, medical sup-
21 pliers, and communication networks;

22 “(iii) assisting the recruitment and
23 coordination of national and State volun-
24 teen banks of healthcare professionals;

1 “(iv) distribution of vaccines,
2 antivirals, and other treatments to priority
3 groups, and monitor effectiveness and ad-
4 verse events;

5 “(v) networks that provide alerts and
6 other information for healthcare providers
7 and organizations at the National, State,
8 and regional level;

9 “(vi) communication with the public
10 with respect to prevention and obtaining
11 care during pandemic influenza;

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

17 “(viii) provision of security for—

18 “(I) first responders and other
19 medical personnel and volunteers;

20 “(II) hospitals, treatment cen-
21 ters, and isolation and quarantine
22 areas;

23 “(III) transport and delivery of
24 resources, including vaccines, medica-
25 tions and other supplies; and

1 “(IV) other persons or functions
2 as determined appropriate by the Sec-
3 retary;

4 “(ix) the acquisition of necessary legal
5 authority for pandemic activities;

6 “(x) integration with existing na-
7 tional, State, and regional bioterrorism
8 preparedness activities or infrastructure;

9 “(xi) coordination among public and
10 private health sectors with respect to
11 healthcare delivery, including mass vac-
12 cination and treatment systems, during
13 pandemic influenza; and

14 “(xii) coordination with Federal pan-
15 demic influenza preparedness activities.

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

23 “(3) APPROVAL OF STATE PLAN.—

24 “(A) IN GENERAL.—The Director of the
25 Centers for Disease Control and Prevention, in

1 collaboration with the Secretary of Agriculture
2 and the Administrator of the Health Resources
3 and Services Administration, shall develop cri-
4 teria to rate State Pandemic Influenza Pre-
5 paredness Plans required under paragraph (1)
6 and determine the minimum rating needed for
7 approval.

8 “(B) TIMING OF APPROVAL.—Not later
9 than 180 days after a State submits a State
10 Pandemic Influenza Preparedness Plan as re-
11 quired under paragraph (1), the Director of the
12 Centers for Disease Control and Prevention
13 shall make a determination regarding approval
14 of such Plan.

15 “(4) REPORTING OF STATE PLAN.—All Pan-
16 demic Influenza Preparedness Plans submitted and
17 approved under this section shall be made available
18 to the public.

19 “(5) ASSISTANCE TO STATES.—The Centers for
20 Disease Control and Prevention and the Health Re-
21 sources and Services Administration may provide as-
22 sistance to States in carrying out this subsection, or
23 implementing an approved State Pandemic Influenza
24 Preparedness Plan, which may include the detail of

1 an officer to approved domestic pandemic sites or
2 the purchase of equipment and supplies.

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

6 “(c) DOMESTIC SURVEILLANCE.—

7 “(1) IN GENERAL.—The Secretary, in coordina-
8 tion with the Secretary of Agriculture, shall establish
9 minimum thresholds for States with respect to ade-
10 quate surveillance for pandemic influenza, including
11 possible pandemic avian influenza.

12 “(2) ASSISTANCE TO STATES.—

13 “(A) IN GENERAL.—The Secretary, in co-
14 ordination with the Secretary of Agriculture,
15 shall provide assistance to States and regions to
16 meet the minimum thresholds established under
17 paragraph (1).

18 “(B) TYPES OF ASSISTANCE.—Assistance
19 provided to States under subparagraph (A) may
20 include—

21 “(i) the establishment or expansion of
22 State surveillance and alert systems, in-
23 cluding the Sentinel Physician Surveillance
24 System and 122 Cities Mortalities Report
25 System;

1 “(ii) the provision of equipment and
2 supplies;

3 “(iii) support for epidemiological anal-
4 ysis and investigation of novel strains;

5 “(iv) the sharing of biological speci-
6 mens and epidemiological and clinical data
7 within and across States; and

8 “(v) other activities determined appro-
9 priate by the Secretary.

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

13 “(d) PRIVATE SECTOR INVOLVEMENT.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention and the Administrator of the
17 Health Resources and Services Administration, and
18 in coordination with private sector entities, shall in-
19 tegrate and coordinate public and private influenza
20 surveillance activities, as appropriate.

21 “(2) GRANT PROGRAM.—

22 “(A) IN GENERAL.—In carrying out the
23 activities under paragraph (1), the Secretary
24 may establish a grant program to provide
25 grants to eligible entities to coordinate pan-

1 demic preparedness surveillance activities be-
2 tween States and private health sector entities,
3 including health plans and other health sys-
4 tems.

5 “(B) ELIGIBILITY.—To be eligible to re-
6 ceive a grant under subparagraph (A), an entity
7 shall—

8 “(i) submit an application at such
9 time, in such manner, and containing such
10 information as the Secretary may require;
11 and

12 “(ii) be a State with a collaborative
13 relationship with a private health system
14 organization or institution.

15 “(C) USE OF FUNDS.—Funds under a
16 grant under subparagraph (A) may be used
17 to—

18 “(i) develop and implement surveil-
19 lance protocols for patients in outpatient
20 and hospital settings;

21 “(ii) establish a communication alert
22 plan for patients for reportable signs and
23 symptoms that may suggest influenza;

24 “(iii) purchase necessary equipment
25 and supplies;

1 “(iv) increase laboratory testing and
2 networking capacity;

3 “(v) conduct epidemiological and
4 other analyses; or

5 “(vi) report and disseminate data.

6 “(D) DETAIL OF OFFICERS.—The Sec-
7 retary may detail officers to grantees under
8 subparagraph (A) for technical assistance.

9 “(E) REQUIREMENT.—As a condition of
10 receiving a grant under subparagraph (A), a
11 State shall have a plan to meet minimum
12 thresholds for State influenza surveillance es-
13 tablished by the Director of the Centers for
14 Disease Control and Prevention in coordination
15 with the Secretary of Agriculture under sub-
16 section (b).

17 “(e) TEMPORARY FACILITY.—The Secretary may es-
18 tablish a temporary Federal facility or body to coordinate
19 Federal support and assistance to States and localities,
20 activities across Federal agencies or departments, or di-
21 rect implementation of Federal authorities and respon-
22 sibilities when appropriate under Federal law or when
23 State and local actions to address the pandemic or threat
24 of pandemic are deemed insufficient by the Secretary or

1 Director of the Centers for Disease Control and Preven-
2 tion.

3 “(f) PROCUREMENT OF ANTIVIRALS FOR THE STRA-
4 TEGIC NATIONAL STOCKPILE.—The Secretary shall deter-
5 mine the minimum number of doses of antivirals needed
6 to prevent infection or treat infection during pandemic in-
7 fluenza, including possible pandemic avian influenza, for
8 health professionals (including doctors, nurses, mental
9 health professionals, pharmacists, veterinarians, labora-
10 tory personnel, epidemiologists, virologists and public
11 health practitioners), core public utility employees, and
12 those persons expected to be at high risk for serious mor-
13 bidity and mortality from pandemic influenza, and take
14 immediate steps to procure this minimum number of doses
15 for the Strategic National Stockpile described under sec-
16 tion 319F-2.

17 “(g) PROCUREMENT OF VACCINES FOR THE STRA-
18 TEGIC NATIONAL STOCKPILE.—Subject to development
19 and testing of potential vaccines for pandemic influenza,
20 including possible pandemic avian influenza, the Secretary
21 shall determine the minimum number of doses of vaccines
22 needed to prevent infection during at least the first wave
23 of pandemic influenza for health professionals (including
24 doctors, nurses, mental health professionals, pharmacists,
25 veterinarians, laboratory personnel, epidemiologists, virol-

1 ogists and public health practitioners), core public utility
 2 employees, and those persons expected to be at high risk
 3 for serious morbidity and mortality from pandemic influ-
 4 enza, and take immediate steps to procure this minimum
 5 number of doses for the Strategic National Stockpile de-
 6 scribed under section 319F-2.

7 **“SEC. 2145. INTERNATIONAL PANDEMIC INFLUENZA AS-**
 8 **SISTANCE.**

9 “(a) IN GENERAL.—The Secretary shall assist other
 10 countries in preparation for, and response to, pandemic
 11 influenza, including possible pandemic avian influenza.

12 “(b) INTERNATIONAL SURVEILLANCE.—

13 “(1) IN GENERAL.—The Secretary, acting
 14 through the Director of the Centers for Disease
 15 Control and Prevention, and in collaboration with
 16 the Secretary of Agriculture, in consultation with the
 17 World Health Organization and the World Organiza-
 18 tion for Animal Health, shall establish minimum
 19 standards for surveillance capacity for all countries
 20 with respect to pandemic influenza, including pos-
 21 sible pandemic avian influenza.

22 “(2) ASSISTANCE.—The Secretary and the Sec-
 23 retary of Agriculture shall assist other countries to
 24 meet the standards established in paragraph (1)
 25 through—

1 “(A) the detail of officers to foreign coun-
2 tries for the provision of technical assistance or
3 training;

4 “(B) laboratory testing, including testing
5 of specimens for viral isolation or subtype anal-
6 ysis;

7 “(C) epidemiological analysis and inves-
8 tigation of novel strains;

9 “(D) provision of equipment or supplies;

10 “(E) coordination of surveillance activities
11 within and among countries;

12 “(F) the establishment and maintenance of
13 an Internet database that is accessible to health
14 officials domestically and internationally, for
15 the purpose of reporting new cases or clusters
16 of influenza and under information that may
17 help avert the pandemic spread of influenza;
18 and

19 “(G) other activities as determined nec-
20 essary by the Secretary.

21 “(c) INCREASED INTERNATIONAL MEDICAL CAPAC-
22 ITY DURING PANDEMIC INFLUENZA.—The Secretary, in
23 consultation with the Secretary of State, may provide vac-
24 cines, antiviral medications, and supplies to foreign coun-

1 tries from the Strategic National Stockpile described
2 under section 319F-2.

3 “(d) ASSISTANCE TO FOREIGN COUNTRIES.—The
4 Centers for Disease Control and Prevention and the
5 Health Resources and Services Administration may pro-
6 vide assistance to foreign countries in carrying out this
7 section, which may include the detail of an officer to ap-
8 proved international pandemic sites or the purchase of
9 equipment and supplies.

10 **“SEC. 2146. PUBLIC EDUCATION AND AWARENESS CAM-**
11 **PAIGN.**

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

19 “(b) DETAILS OF CAMPAIGN.—The campaign estab-
20 lished under subsection (a) shall—

21 “(1) be culturally and linguistically appropriate
22 for domestic populations;

23 “(2) be adaptable for use in foreign countries;

24 “(3) target high-risk populations (those most
25 likely to contract, transmit, and die from influenza);

1 “(4) promote personal influenza precautionary
2 measures and knowledge, and the need for general
3 vaccination, as appropriate; and

4 “(5) describe precautions at the State and local
5 level that could be implemented during pandemic in-
6 fluenza, including quarantine and other measures.

7 **“SEC. 2147. HEALTH PROFESSIONAL TRAINING.**

8 “The Secretary, directly or through contract, and in
9 consultation with professional health and medical soci-
10 eties, shall develop and disseminate pandemic influenza
11 training curricula—

12 “(1) to educate and train health professionals,
13 including physicians, nurses, public health practi-
14 tioners, virologists and epidemiologists, veterinar-
15 ians, mental health providers, allied health profes-
16 sionals, and paramedics and other first responders;

17 “(2) to educate and train volunteer, non-med-
18 ical personnel whose assistance may be required dur-
19 ing a pandemic influenza outbreak; and

20 “(3) that address prevention, including use of
21 quarantine and other isolation precautions, pan-
22 demic influenza diagnosis, medical guidelines for use
23 of antivirals and vaccines, and professional require-
24 ments and responsibilities, as appropriate.

1 **“SEC. 2148. RESEARCH AT THE NATIONAL INSTITUTES OF**
2 **HEALTH.**

3 “The Director of the National Institutes of Health
4 (referred to in this section as the ‘Director of NIH’), in
5 collaboration with the Director of the Centers for Disease
6 Control and Prevention, and other relevant agencies, shall
7 expand and intensify—

8 “(1) human and animal research, with respect
9 to influenza, on—

10 “(A) vaccine development and manufac-
11 ture, including strategies to increase
12 immunological response;

13 “(B) effectiveness of inducing
14 heterosubtypic immunity;

15 “(C) antivirals, including minimal dose or
16 course of treatment and timing to achieve pro-
17 phylactic or therapeutic effect;

18 “(D) side effects and drug safety of vac-
19 cines and antivirals in subpopulations;

20 “(E) alternative routes of delivery;

21 “(F) more efficient methods for testing
22 and determining virus subtype;

23 “(G) protective measures; and

24 “(H) other areas determined appropriate
25 by the Director of NIH; and

1 “(2) historical research on prior pandemics to
2 better understand pandemic epidemiology, trans-
3 mission, protective measures, high-risk groups, and
4 other lessons that may be applicable to future
5 pandemics.

6 **“SEC. 2149. RESEARCH AT THE CENTERS FOR DISEASE CON-**
7 **TROL AND PREVENTION.**

8 “The Director of the Centers for Disease Control and
9 Prevention, in collaboration with other relevant agencies,
10 shall expand and intensify research, with respect to influ-
11 enza, on—

12 “(1) communication strategies for the public
13 during pandemic influenza, taking into consideration
14 age, racial and ethnic background, health literacy,
15 and risk status;

16 “(2) changing and influencing human behavior
17 as it relates to vaccination; and

18 “(3) development and implementation of a pub-
19 lic, non-commercial and non-competitive broadcast
20 system and person-to-person networks.

21 **“SEC. 2150. INSTITUTE OF MEDICINE STUDY ON THE LEGAL,**
22 **ETHICAL, AND SOCIAL IMPLICATIONS OF**
23 **PANDEMIC INFLUENZA.**

24 “(a) IN GENERAL.—The Secretary shall contract
25 with the Institute of Medicine to—

1 “(1) study the legal, ethical, and social implica-
2 tions of, with respect to pandemic influenza—

3 “(A) animal/human interchange;

4 “(B) global surveillance;

5 “(C) case contact investigations;

6 “(D) vaccination and medical treatment;

7 “(E) community hygiene;

8 “(F) travel and border controls;

9 “(G) decreased social mixing and increased
10 social distance;

11 “(H) civil confinement; and

12 “(I) other topics as determined appropriate
13 by the Secretary.

14 “(2) not later than 1 year after the date of en-
15 actment of the Attacking Viral Influenza Across Na-
16 tions Act of 2005, submit to the Secretary a report
17 that describes recommendations based on the study
18 conducted under paragraph (1).

19 “(b) IMPLEMENTATION OF RECOMMENDATIONS.—

20 Not later than 180 days after the submission of the report
21 of under subsection (a)(2), the Secretary shall address the
22 recommendations of the Institute of Medicine regarding
23 the domestic and international allocation and distribution
24 of pandemic influenza vaccine and antivirals.

1 **“SEC. 2151. NATIONAL PANDEMIC INFLUENZA ECONOMICS**
2 **ADVISORY COMMITTEE.**

3 “(a) IN GENERAL.—There is established the National
4 Pandemic Influenza Economics Advisory Committee (re-
5 ferred to in this section as the ‘Committee’).

6 “(b) MEMBERSHIP.—

7 “(1) IN GENERAL.—The members of the Com-
8 mittee shall be appointed by the Comptroller General
9 of the United States and shall include domestic and
10 international experts on pandemic influenza, public
11 health, veterinary science, commerce, economics, fi-
12 nance, and international diplomacy.

13 “(2) CHAIR.—The Comptroller General of the
14 United States shall select a Chair from among the
15 members of the Committee.

16 “(c) DUTIES.—The Committee shall study and make
17 recommendations to Congress and the Secretary on the
18 financial and economic impact of pandemic influenza and
19 possible financial structures for domestic and inter-
20 national pandemic response, relating to—

21 “(1) the development, storage and distribution
22 of vaccines;

23 “(2) the storage and distribution of antiviral
24 and other medications and supplies;

25 “(3) increased surveillance activities;

1 “(4) provision of preventive and medical care
2 during pandemic;

3 “(5) reimbursement for health providers and
4 other core public function employees;

5 “(6) reasonable compensation for farmers and
6 other workers that bear direct or disproportionate
7 loss of revenue; and

8 “(7) other issues determined appropriate by the
9 Chair.

10 “(d) COMPENSATION.—

11 “(1) IN GENERAL.—Each member of the Com-
12 mittee who is not an officer or employee of the Fed-
13 eral Government shall be compensated at a rate
14 equal to the daily equivalent of the annual rate of
15 basic pay prescribed for level IV of the Executive
16 Schedule under section 5315 of title 5, United
17 States Code, for each day (including travel time)
18 during which such member is engaged in the per-
19 formance of the duties of the Committee. All mem-
20 bers who are officers or employees of the United
21 States shall serve without compensation in addition
22 to that received for their services as officers or em-
23 ployees of the United States.

24 “(2) TRAVEL EXPENSES.—A member of the
25 Committee shall be allowed travel expenses, includ-

1 ing per diem in lieu of subsistence, at rates author-
2 ized for an employee of an agency under subchapter
3 I of chapter 57 of title 5, United States Code, while
4 away from the home or regular place of business of
5 the member in the performance of the duties of the
6 Committee.

7 “(e) STAFF.—

8 “(1) IN GENERAL.—The Chair of the Com-
9 mittee shall provide the Committee with such profes-
10 sional and clerical staff, such information, and the
11 services of such consultants as may be necessary to
12 assist the Committee in carrying out the functions
13 under this section.

14 “(2) DETAIL OF FEDERAL GOVERNMENT EM-
15 PLOYEES.—

16 “(A) IN GENERAL.—An employee of the
17 Federal Government may be detailed to the
18 Committee without reimbursement.

19 “(B) CIVIL SERVICE STATUS.—The detail
20 of the employee shall be without interruption or
21 loss of civil service status or privilege.

22 “(3) PROCUREMENT OF TEMPORARY AND
23 INTERMITTENT SERVICES.—The Chair of the Com-
24 mittee may procure temporary and intermittent serv-
25 ices in accordance with section 3109(b) of title 5,

1 United States Code, at rates for individuals that do
2 not exceed the daily equivalent of the annual rate of
3 basic pay prescribed for level V of the Executive
4 Schedule under section 5316 of that title.”.

5 **SEC. 4. PANDEMIC INFLUENZA AND ANIMAL HEALTH.**

6 (a) IN GENERAL.—The Secretary of Agriculture shall
7 expand and intensify efforts to prevent pandemic influ-
8 enza, including possible pandemic avian influenza.

9 (b) REPORT.—Not later than 180 days after the date
10 of enactment this Act, the Secretary of Agriculture shall
11 submit to Congress a report that describes the anticipated
12 impact of pandemic influenza on the United States.

13 (c) ASSISTANCE.—The Secretary of Agriculture, in
14 consultation with the Secretary of Health and Human
15 Services, the World Health Organization, and the World
16 Organization for Animal Health, shall provide domestic
17 and international assistance with respect to pandemic in-
18 fluenza preparedness to—

19 (1) support the eradication of infectious animal
20 diseases and zoonosis;

21 (2) increase transparency in animal disease
22 states;

23 (3) collect, analyze, and disseminate veterinary
24 data;

1 (4) strengthen international coordination and
2 cooperation in the control of animal diseases; and

3 (5) promote the safety of world trade in ani-
4 mals and animal products.

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

6 There are authorized to be appropriated such sums
7 as may be necessary to carry out this Act (and the amend-
8 ments made by this Act) for each of the fiscal years 2006
9 through 2010.

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