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PUBLIC HEALTH THREATS AND EMERGENCIES ACT

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Mr. JEFFORDS, from the Committee on Health, Education, Labor, and Pensions, submitted the following

REPORT

[To accompany S. 2731]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 2731) to amend title III of the Public Health Service Act to enhance the Nation's capacity to address public health threats and emergencies, having considered the same, reports favorably thereon with amendments and recommends that the bill (as amended) do pass.

CONTENTS

I. PURPOSE AND SUMMARY

The Public Health Threats and Emergencies Act provides greater resources and better coordination to strengthen public health infrastructure and address the threats of antimicrobial resistance and bioterrorism and improve our preparedness. The Public Health Threats and Emergencies Act produces a more unified public health system by reinforcing the public health infrastructure. By improving national, State, and local public health core capacities, the Nation's front line against emerging public health threats, such as antimicrobial resistance and the possibility of a bioterrorist attack, will in turn be strengthened.

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To bolster public health agencies' core capacities, the Public Health Threats and Emergencies Act authorizes: the development of voluntary performance goals for public health systems; grants to public health agencies to conduct assessments and build core capacities to achieve these goals; and funding to rebuild and remodel the facilities of the Centers for Disease Control and Prevention.

To strengthen public health capacities to combat antimicrobial resistance, the Act authorizes: a task force to coordinate Federal programs related to antimicrobial resistance and to improve public education on antimicrobial resistance; research into the development of new therapeutics against and improved diagnostics for resistant pathogens; and grants for activities to specific capacities to detect, monitor, and combat antimicrobial resistance.

To strengthen public health capacities to prevent and respond to bioterrorism, the act authorizes: two interdepartmental task forces to address joint issues of research needs and the public health and medical consequences of bioterrorism; NIH and CDC research on the epidemiology of bioweapons and the development of new vaccines or therapeutics for bioweapons; and grants to public health agencies and hospitals and care facilities to detect, diagnose, and respond to bioterrorism.

II. Background and Need for the Legislation

Over the last 2 years, the Public Health Subcommittee has held three hearings, "Global Health: U.S. Response to Infectious Diseases" (March 2, 1998);" Antimicrobial Resistance: Solutions for This Growing Public Health Threat" (February 25, 1999); "Bioterrorism: Our Frontline Response, Evaluating U.S. Public Health and Medical Readiness" (March 25, 1999); a forum, "Killer Microbes: Will Anything Work? Drug-Resistant Strains and the Increasing Threat to Public Health" (December 14, 1998) on the topic of infectious disease; and commissioned U.S. General Accounting Office (GAO) report on antimicrobial resistance, Emerging Infectious Diseases: Consensus on Needed Laboratory Capacity Could Strengthen Surveillance. The outcome of this research is clear: our public health infrastructure needs to improved to respond in a timely and effective manner to these and other public health threats.

For too long, adequate funding and resources to maintain and improve the core capacities of our nation's public health infrastructure has not been provided. As the GAO report found, many State and local public health agencies lack even the most basic equipment such as computers and facsimile machines to assist their workload and improve communications. The report states:

> Surveillance and testing for important emerging infectious diseases are not comprehensive in all states, leaving gaps in the nation's infectious diseases surveillance network.

Additionally, inadequate staffing, information-sharing problems, a need for training, and a lack of core capacities add to the problems faced by public health agencies.

The Nation's public health infrastructure must be reinforced by strengthening our Federal and local public health departments. These departments need updated laboratories, facilities, equipment, communication systems, and training of personnel. This need

can be seen as the tremendous successes our Nation has experienced in public health are being countered by the emergence of new pathogens such as West Nile Virus and hantavirus and the re-emergence of adversaries such as tuberculosis and malaria that were once thought to be conquered.

A prime example of an emerging public health threat is antimicrobial resistance. For most of human history, infections were the scourge of man's existence causing debilitating disease and often death. Antibiotics, initially discovered more than 50 years ago, quickly became the most lethal weapon in the crusade against disease-causing bacteria. Antibiotics were widely dispensed and, in the 1970's premature optimism led to a declaration that the war on infections had been won.

Unfortunately, scientists discovered that bacteria are resilient organisms that swiftly developed resistance to antibiotics and adapted to drug-rich environments. Antibiotics, once heralded as miracle drugs, are increasingly coming up against resistant bacteria which are not killed by most first-line antimicrobials. In fact, the New England Journal of Medicine has reported that certain Staphylococci, which are a common cause of post-surgical and hospital acquired infections, are showing intermediate resistance to vancomycin, an antibiotic of the last resort. Just this past April, the Food and Drug Administration (FDA) approved the first entirely new type of antibiotic in 35 years.

In addition, the art of medicine has evolved, creating new opportunities for bacteria to cause infection from invasive procedures using catheters to organ transplant recipients who are treated with immunosuppressive agents to prevent rejection. As a result, we are seeing more life-threatening infections that require concurrent treatment with several antibiotics. To make matters worse, we are seeing infections that were on the decline, such as tuberculosis and malaria, re-emerging in an antimicrobial resistant form.

While antimicrobial resistance is a serious public health threat, it is not the only one that can possibly test the strength of our public health system. Experts believe that a major bioterrorist attack is no longer a question of "IF" but rather a question of "WHEN". As a nation we are presently more vulnerable to bioweapons than other more traditional means of warfare. Bioweapons pose considerable challenges that are different from those of standard terrorist devices, including chemical weapons.

The mere term "bioweapon" invokes visions of immense human pain and suffering and mass casualties. Contrastingly, victims of a covert bioterrorist attack do not necessarily develop symptoms upon exposure to the bioagent, as development of symptoms may be delayed until long after the bioweapon is dispersed.

As a result, exposed individuals will most likely show up in emergency rooms, physician offices, or clinics, with nondescript symptoms or ones that mimic the common cold or flu. In all likelihood, physicians and other health care providers will not attribute these symptoms to a bioweapon. If the bioagent is communicable, such as smallpox, many more people may be infected in the interim, including our health care workers. Stephanie Bailey, the Director of Health for Metropolitan Nashville and Davidson County, stated during the Public Health Subcommittee's March 25, 1999, hearing on bioterrorism, "many localities are on their own for the

first 24 to 48 hours after an attack before Federal assistance can arrive and be operational. This is the critical time for preventing mass casualties."

The Public Health Threats and Emergencies Act is designed to improve the Nation's basic capacities to address emerging public health threats, including antimicrobial resistance and bioterrorism.

III. History of the Legislation

The Public Health Threats and Emergencies Act of 2000 was introduced on June 14, 2000, by Senators Frist and Kennedy. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

On September 20, 2000, the Senate Committee on Health, Education, Labor and Pensions held an executive session to consider S. 2731. Senators Frist and Kennedy offered a technical amendment that was accepted without objection. S. 2731 was ordered reported favorably by a unanimous voice vote.

IV. Explanation of the Bill and Committee Views

The committee seeks to strengthen our national, state, and local public health infrastructure in order to be able to respond to current and future public health threats. The committee is concerned that, currently, many local and State health departments would not be able respond rapidly and efficiently to an outbreak of drug resistant tuberculosis or smallpox in their community, because they do not even have necessary resources such as a facsimile machine or access to e-mail by which to communicate or sufficient laboratory equipment to make an accurate diagnosis. The committee found that the public does not recognize the vital role of our public health systems. According to a poll conducted last year by the Mellman Group, only 16 percent of respondents correctly identified the public health system's role in protecting the public from disease. The committee intends that this legislation will improve national, State, and local public health core capacities, which will in turn strengthen the Nation's front line against emerging public health threats such as antimicrobial resistance and the possibility of a bioterrorist attack.

The committee also seeks to address two specific emerging public health threats, antimicrobial resistance and bioterrorism.

Section 391B: Assessment of public health needs

The committee expects that the Secretary and state and local public health officials will collaborate to develop commonly accepted assessment methods that facilitate comparison of the assessments performed by grantees under this section.

Section 319C: Grants to improve state and local public health agencies

The committee believes that a regional approach to developing public health capacities is often desirable and thus encourages, where appropriate, groups of States or political subdivisions of States to form consortia, which may apply for grants under this section. Laboratory facilities in particular may benefit from a regional approach, whereby the public health laboratory of one State

or political subdivision of a state may serve as a reference laboratory of one State or political subdivision of a state may serve as a reference laboratory for the surrounding region, thus eliminating unnecessary purchases of sophisticated and expensive laboratory equipment.

The committee anticipates that as more States perform assessments under section 319B, there will be an increasing number of entities eligible for grants under this section in fiscal years 2002 through 2006 and thus expenditures under this section will rise in future fiscal years.

Section 319D: Revitalizing the Centers for Disease Control and Prevention

The committee finds that the Centers for Disease Control and Prevention (CDC) require secure and modern facilities to defend against and combat public health threats. Many buildings at CDC were built for temporary use during or just after World War II, but are still being used and are consequently in great disrepair. Research on dangerous infectious agents is conducted in laboratories with poor security, and CDC has been required to lease facilities scattered throughout the Atlanta area instead of being able to bring its researchers together in one central set of facilities. The committee anticipates that under this section CDC will be able to build and renovate laboratories and facilities to ensure its ability to safely and securely respond to America's public health needs.

Section 319E: Combating antimicrobial resistance

The committee expects that the currently operating Interagency task force on antimicrobial resistance will continue and extend the work it has already done on this important issue. It is not the intention of the committee to require a new task force to be established, nor to require the current task force to repeat or duplicate any activities previously undertaken.

The committee expects that electronic networks developed under this section will, to the greatest extent practicable, complement and be compatible with those developed by grantees under section 319C. It is the committee's intention to stimulate the development of nationally integrated data sharing networks, rather than separate or mutually incompatible systems.

Section 319F: Public health countermeasures to a bioterrorist attack

While recognizing that medical and public health personnel will likely provide much of the first response to a bioterrorist attack, the committee expects that the working group on public health and medical consequences of bioterrorism attack and assure the quality of joint training programs between emergency response personnel and public health agencies, hospitals, and primary care facilities. Although the working group on readiness and the working group on consequence management for a bioterrorist attack are separate entities, the committee expects that the Secretary of HHS will ensure adequate coordination and communication between the two groups.

The committee believes that a regional approach to developing public health capacities is often desirable and thus encourages, where appropriate, groups of States or political subdivisions of

States to form consortia, which may apply for grants under this section. The committee expects that electronic networks developed under this section will, to the greatest extent practicable, complement and be compatible with those developed by grantees under sections 319C and 319D. It is the committee's intention to simulate the development of nationally integrated data sharing networks, rather than separate or mutually incompatible systems.

V. COST ESTIMATE

Due to time constraints the Congressional Budget Office estimate was not included in the report. When received by the committee, it will appear in the Congressional Record at a later time.

VI. REGULATORY IMPACT STATEMENT

The committee has determined that there will be no increases in the regulatory burden of paperwork as a result of this bill.

VII. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1, the Congressional Accountability Act (CAA), requires a description of the application of the bill to the legislative branch. S. 2731 amends title III of the Public Health Service Act to enhance the Nation's capacity to address public health threats and emergencies. This bill does not apply to the legislative branch.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1: Short title

This act may be cited as "The Public Health Threats and Emergencies Act of 2000"

Section 2: Amendments to the Public Health Service Act

The act updates Section 319 of the Public Health Service Act and adds new provisions, sections 319A through 319F.

The act maintains section 319, which authorizes the Secretary of Health and Human Services (HHS) to take actions needed to protect the public health in the event of a public health emergency, such as a significant outbreak of infectious disease or an act of bioterrorism. The section also re-establishes in the Treasury a fund to be designated as the "Public Health Emergency Fund" to be made available to the Secretary only in the event of a public health emergency. The Secretary is required to report to Congress on expenditures from this fund.

Section 319A requires the Secretary, within a year of the act's enactment, to develop, in collaboration with state and local health officials, reasonable capacities that are appropriate for national, State, and local public health departments. These core capacities should focus on enhancing the ability of public health agencies to detect and respond effectively to significant public health threats, including major outbreaks of infectious disease, pathogens resistant to antimicrobial agents, and acts of bioterrorism. The section also authorizes an appropriation of $4 million for what the committee anticipates will be a 1-year process of developing a consensus definition of these capacities.

Section 319B authorizes the Secretary of HHS to award grants to States or political subdivisions of states to allow them to assess their ability to attain the capacities defined via the consensus process established by section 319A. Grantees are authorized to subcontract with an outside entity, such as a school of public health, to perform these assessments. This section requires grantees to report, within 1 year of receiving grants under this section, to the Secretary on the results of the assessments conducted using granted funds. Section 319B also authorizes an appropriation of $45 million for fiscal year 2001 and such sums as may be necessary for fiscal years 2002 and 2003. The committee anticipates that assessments performed under this section will be completed by the end of fiscal year 2003.

Section 319C authorizes the Secretary to award, on a competitive basis, grants to States or political subdivisions of States that have conducted an assessment of their needs, either using funds granted under section 319B or having conducted substantially similar assessments prior to the passage of this act. This section provides a list of activities which may be funded under this section, including training public health personnel, enhancing electronic data sharing networks, developing plans for responding to public health emergencies, and improving laboratory facilities. This section also requires the Secretary by January 1, 2005, to report to Congress on expenditures under this section and authorizes an appropriation of $50 million for fiscal year 2001 and such sums as may be necessary in fiscal year 2002 through 2006.

Section 319D authorizes appropriations for constructing or renovating facilities at CDC. These may include laboratories, laboratory support buildings, health communication, or information centers, or office facilities. Section 319D authorizes an appropriation of $180 million in fiscal year 2001 and such sums as may be necessary for fiscal years 2002 through 2010.

Section 319E provides statutory authorization for the interagency task force on antimicrobial resistance that currently exists at HHS, and requires this task force to seek input from outside experts in a variety of fields relevant to antimicrobial resistance. This section requires the Secretary, in collaboration with the task force, to develop, or improve a surveillance plan and electronic data sharing networks for monitoring antimicrobial resistance. This section also authorizes the Directors of National Institutes of Health (NIH), CDC, and the Agricultural Research Service to conduct research programs in areas relevant to antimicrobial resistance. Section 319E requires the Secretary to conduct educational programs to increase the awareness of the public about the dangers of antimicrobial resistance and to inform health care professionals about the prudent use of antimicrobials, as well as to educate laboratory personnel in recognizing resistant pathogens.

Section 319E authorizes a program of competitive grants to State and local public health agencies to increase their ability to monitor and control antimicrobial resistance and provides activities, including providing training to public health personnel, developing policies to control the spread of resistant microbes, and developing or enhancing electronic systems for sharing data relevant to antimicrobial resistance. This section also authorizes grants for demonstration programs for hospitals, clinics, medical professional soci-

eties, and other nonprofit entities to promote judicious use of antimicrobial drugs or control the spread of resistant microbes. This section authorizes an appropriation of $40 million for fiscal year 2001 and such sums as may be necessary for fiscal years 2002–2006.

Section 319F authorizes the Secretary of HHS to establish a joint working group with the Secretary of Defense on readiness for a bioterrorist attack, focusing on the research and development needed to prepare for such as attack. This section authorizes the Secretary of HHS to establish a working group, comprised of the Secretary of HHS, the Director of Federal Emergency Management Agency (FEMA), the Attorney General, and the Secretary of Agriculture, on management of the consequences of a bioterrorist attack. This section authorizes grants or cooperative agreements to be awarded on a competitive basis to States or political subdivisions of States to increase their preparedness for the public health consequences of a bioterrorist attack. The section provides a list of activities that may be supported by such grants, including enhancing the training of health care personnel in recognizing the characteristics of a bioterrorist attack, identifying pathogens that may be used as biological weapons, coordinating medical care for victims of a bioterrorist attack, and facilitating the sharing of data among national, State, and local health agencies and health care providers.

Section 319F requires the Secretary of HHS: to notify the Office of Justice Programs and the National Domestic Preparedness Office of the Department of Justice regarding grants awarded under this section; and to train health care professionals in diagnosing and providing medical care for the victims of a bioterrorist attack and to train laboratory personnel in recognizing pathogens likely to be used in a bioterrorist attack. The section requires grantees to coordinate their activities to the greatest extent practicable with those of a local Metropolitan Medical Response System to enhance local planning and response system capability to care for victims of a terrorist attack using biological weapons, and requires a GAO report on funds expended governmentwide for bioterrorism preparedness and an evaluation of the effectiveness of those expenditures. This section authorizes NIH and CDC to support research in areas relevant to preparing for a bioterrorist attack and provides a list of such activities. This section also authorizes an appropriation of $215 million for fiscal year 2001 and such sums as may be necessary for fiscal year 2002 through 2006.

IX. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

[PUBLIC HEALTH EMERGENCIES

[SEC. 319. (a) If the Secretary determines, after consultation with the Director of the National Institutes of Health, the Administrator of the Substance Abuse and Mental Health Services Administration, the Commissioner of the Food and Drug Administration, the Administrator of Health Resources and Services, or the Director of the Centers for Disease Control and Prevention, that—

[(1) a disease or disorder presents a public health emergency, or

[(2) a public health emergency otherwise exists and the Secretary has the authority to take action with respect to such emergency,

the Secretary, acting through such Directors, Administrator, or Commissioner, may take such action as may be appropriate to respond to the public health emergency, including making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of disease or disorder described in paragraph (1).

[(b)(1) There is established in the Treasury a fund designated the "Public Health Emergency Fund" to be available to the Secretary without fiscal year limitation to carry out subsection (a). There is authorized to be appropriated to the fund $30,000,000 for fiscal year 1984. For fiscal year 1985 and each fiscal year thereafter there is authorized to be appropriated to the fund such sums as may be necessary to have $45,000,000 in the fund at the beginning of such fiscal year.

[(2) The Secretary shall report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate not later than ninety days after the end of a fiscal year—

[(A) on the expenditures made from the Public Health Emergency Fund in such fiscal year; and

[(B) describing each public health emergency for which the expenditures were made and the activities undertaken with respect to each emergency which were conducted or supported by expenditures from the Fund.]

SEC. 319. PUBLIC HEALTH EMERGENCIES.

(a) EMERGENCIES.—If the Secretary determines, after consultation with the Director of the Centers for Disease Control and Prevention and other public health officials as may be necessary, that—

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

(2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,

the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2).

(b) PUBLIC HEALTH EMERGENCY FUND.—

(1) IN GENERAL.—There is established in the Treasury a fund to be designated as the "Public Health Emergency Fund' to be made available to the Secretary without fiscal year limitation to carry out subsection (a) only if a public health emergency has

been declared by the Secretary under such subsection. There is authorized to be appropriated to the Fund such sums as may be necessary.

(2) REPORT.—Not later than 90 days after the end of each fiscal year, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives a report describing—

(A) the expenditures made from the Public Health Emergency Fund in such fiscal year; and

(B) each public health emergency for which the expenditures were made and the activities undertaken with respect to each emergency which was conducted or supported by expenditures from the Fund.

(c) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

SEC. 319A. NATIONAL NEEDS TO COMBAT THREATS TO PUBLIC HEALTH.

(a) CAPACITIES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Secretary, and such Administrators, Directors, or Commissioners, as may be appropriate, and in collaboration with State and local health officials, shall establish reasonable capacities that are appropriate for national, State, and local public health systems and the personnel or work forces of such systems. Such capacities shall be revised every 10 years, or more frequently as the Secretary determines to be necessary.

(2) BASIS.—The capacities established under paragraph (1) shall improve, enhance or expand the capacity of national, state and local public health agencies to detect and respond effectively to significant public health threats, including major outbreaks of infectious disease, pathogens resistant to antimicrobial agents and acts of bioterrorism. Such capacities may include the capacity to—

(A) recognize the clinical signs and epidemiological characteristic of significant outbreaks of infectious disease;

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

(C) develop and implement plans to provide medical care for persons infected with disease-causing agents and to provide preventive care as needed for individuals likely to be exposed to disease-causing agents;

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

(E) develop or implement policies to prevent the spread of infectious disease or antimicrobial resistance.

(b) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to the States to assist such States in fulfilling the requirements of this section.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2006.

SEC. 319B. ASSESSMENT OF PUBLIC HEALTH NEEDS.

(a) PROGRAM AUTHORIZED.—Not later than 1 year after the date of enactment of this section and every 10 years thereafter, the Secretary shall award grants to States to perform, in collaboration with local public health agencies, an evaluation to determine the extent to which the States or local public health agencies can achieve the capacities applicable to State and local public health agencies described in subsection (a) of section 319A. The Secretary shall provide technical assistance to States in addition to awarding such grants.

(b) PROCEDURE.—

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

(2) METHODS.—To the extent practicable, the evaluation described in subsection (a) shall be completed by using methods, to be developed by the Secretary in collaboration with State and local health officials, that facilitate the comparison of evaluations conducted by a State to those conducted by other States receiving funds under this section.

(c) REPORT BY STATE.—Not later than 1 year after the date on which a State receives a grant under this subsection, such State shall prepare and submit to the Secretary a report describing the results of the evaluation described in subsection (a) with respect to such State.

(d) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2002 and 2003.

SEC. 319C. GRANTS TO IMPROVE STATE AND LOCAL PUBLIC HEALTH AGENCIES.

(a) PROGRAM AUTHORIZED.—The Secretary shall award competitive grants to eligible entities to address core public health capacity needs using the capacities developed under section 319A, with a particular focus on building capacity to identify, detect, monitor, and respond to threats to the public health.

(b) ELIGIBLE ENTITIES.—A State or political subdivision of a State, or a consortium of 2 or more States or political subdivisions of States, that has completed an evaluation under section 319B(a), or an evaluation that is substantially equivalent as determined by the Secretary under section 319B(a), shall be eligible for grants under subsection (a).

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

(1) train public health personnel;

(2) develop, enhance, coordinate, or improve participation in an electronic network by which disease detection and public health related information can be rapidly shared among national, regional, State, and local public health agencies and health care providers;

(3) develop a plan for responding to public health emergencies, including significant outbreaks of infectious diseases or bioterrorism attacks, which is coordinated with the capacities of applicable national, State, local, and national health agencies; and

(4) enhance laboratory capacity and facilities.

(d) REPORT.—No later than January 1, 2005, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives a report that describes the activities carried out under sections 319A, 319B, and 319C.

(e) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

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

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

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

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of achieving the mission of the Centers for Disease Control and Prevention described in subsection (a), for constructing new facilities and renovating existing facilities of such Centers, including laboratories, laboratory support buildings, health communication facilities, office buildings and other facilities and infrastructure, for better conducting the capacities described in section 319A, and for supporting related public health activities, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2001 through 2010.

SEC. 319E. COMBATING ANTIMICROBIAL RESISTANCE.

(a) TASK FORCE.—

(1) IN GENERAL.—The Secretary shall establish an Antimicrobial Resistance Task Force to provide advice and recommendations to the Secretary on Federal programs relating to antimicrobial resistance. The Secretary may appoint or select a committee, or other organization in existence as of the date of enactment of this section, to serve as such a task force, if such committee, or other organization meets the requirements of this section.

(2) MEMBERS OF TASK FORCE.—The task force described in paragraph (1) shall be composed of representatives from such Federal agencies, public health constituencies, manufacturers, medical professional societies and others as determined to be

necessary by the Secretary, to provide advice and recommendations regarding a comprehensive strategic plan to address the public health threat of antimicrobial resistance.

(3) AGENDA.—

(A) IN GENERAL.—The task force described in paragraph (1) shall consider factors the Secretary considers appropriate, including—

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

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

(iii) detection, prevention, and control strategies for resistant pathogens;

(iv) the need for improved information and data collection;

(v) the assessment of the risk imposed by pathogens presenting a threat to the public health; and

(vi) any other issues which the Secretary determines are relevant to antimicrobial resistance.

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

(i) develop, improve, coordinate or enhance participation in a surveillance plan to detect and monitor emerging antimicrobial resistance; and

(ii) develop, improve, coordinate or enhance participation in an integrated information system to assimilate, analyze, and exchange antimicrobial resistance data between public health departments.

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

(b) RESEARCH AND DEVELOPMENT OF NEW ANTIMICROBIAL DRUGS AND DIAGNOSTICS.—The Director of the National Institutes of Health and the Director of the Centers for Disease Control and Prevention, consistent with the recommendations of the task force established under subsection (a), shall conduct and support research, investigations, experiments, demonstrations, and studies in the health sciences that are related to—

(1) the development of new therapeutics, including vaccines and antimicrobials, against resistant pathogens;

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

(3) the epidemiology, mechanisms, and pathogenesis of antimicrobial resistance;

(4) the sequencing of the genomes of priority pathogens as determined by the Director of the National Institutes of Health in consultation with the task force established under subsection (a); and

(5) other relevant research areas.

(c) EDUCATION OF MEDICAL AND PUBLIC HEALTH PERSONNEL.—The Secretary, after consultation with the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, mem-

bers of the task force described in subsection (a), and professional organizations and societies, shall—

(1) develop and implement educational programs to increase the awareness of the general public with respect to the public health threat of antimicrobial resistance and the appropriate use of antibiotics;

(2) develop and implement educational programs to instruct health care professionals in the prudent use of antibiotics; and

(3) develop and implement programs to train laboratory personnel in the recognition or identification of resistance in pathogens.

(d) GRANTS.—

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

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

(3) USE OF FUNDS.—An eligible entity receiving a grant under paragraph (1) shall use funds from such grant for activities that are consistent with the factors identified by the task force under subsection (a)(3), which may include activities that—

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

(B) develop, improve, coordinate or enhance participation in information systems by which data on resistant infections can be shared rapidly among relevant national, State, and local health agencies and health care providers; and

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

(e) GRANTS FOR DEMONSTRATION PROGRAMS.—

(1) IN GENERAL.—The Secretary shall award competitive grants to eligible entities to establish demonstration programs to promote judicious use of antimicrobial drugs or control the spread of antimicrobial-resistant pathogens.

(2) ELIGIBLE ENTITIES.—Eligible entities for grants under paragraph (1) may include hospitals, clinics, institutions of long-term care, professional medical societies, or other public or private nonprofit entities.

(3) TECHNICAL ASSISTANCE.—The Secretary shall provide appropriate technical assistance to eligible entities that receive grants under paragraph (1).

(f) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

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

SEC. 319F. PUBLIC HEALTH COUNTERMEASURES TO A BIOTERRORIST ATTACK.

(a) WORKING GROUP ON PREPAREDNESS FOR ACTS OF BIOTERRORISM.—The Secretary, in coordination with the Secretary of Defense, shall establish a joint interdepartmental working group on preparedness and readiness for the medical and public health ef-

fects of a bioterrorist attack on the civilian population. Such joint working group shall—

(1) coordinate research on pathogens likely to be used in a bioterrorist attack on the civilian population as well as therapies to treat such pathogens;

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

(3) develop shared standards for equipment to detect and to protect against infection from pathogens likely to be used in a bioterrorist attack on the civilian population; and

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

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

(1) IN GENERAL.—The Secretary, in collaboration with the Director of the Federal Emergency Management Agency and the Attorney General, shall establish a joint interdepartmental working group to address the public health and medical consequences of a bioterrorist attack on the civilian population.

(2) FUNCTIONS.—Such working group shall—

(A) assess the priorities for and enhance the preparedness of public health institutions, providers of medical care, and other emergency service personnel to detect, diagnose, and respond to a bioterrorist attack; and

(B) in the recognition that medical and public health professionals are likely to provide much of the first response to such an attack, develop, coordinate, enhance, and assure the quality of joint planning and training programs that address the public health and medical consequences of a bioterrorist attack on the civilian population between—

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

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

(3) WORKING GROUP MEMBERSHIP.—In establishing such working group, the Secretary shall act through the Director of the Office of Emergency Preparedness and the Director of the Centers for Disease Control and Prevention.

(4) COORDINATION.—The Secretary shall ensure coordination and communication between the working groups established in this subsection and subsection (a).

(c) GRANTS.—

(1) IN GENERAL.—The Secretary, in coordination with the working group established under subsection (b), shall, on a competitive basis and following scientific or technical review, award grants to or enter into cooperative agreements with eligible entities to enable such entities to increase their capacity to detect, diagnose, and respond to acts of bioterrorism upon the civilian population.

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

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

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

(B) addressing rapid and accurate identification of potential bioweapons;

(C) coordinating medical care for individuals exposed to bioweapons; and

(D) facilitating and coordinating rapid communication of data generated from a bioterrorist attack between national, State, and local health agencies.

(4) COORDINATION.—The Secretary, in awarding grants under this subsection, shall—

(A) notify the Director of the Office of Justice Programs, and the Director of the National Domestic Preparedness Office annually as to the amount and status of grants awarded under this subsection; and

(B) coordinate grants awarded under this subsection with grants awarded by the Office of Emergency Preparedness and the Centers for Disease Control and Prevention for the purpose of improving the capacity of health care providers and public health agencies to respond to bioterrorist attacks on the civilian population.

(5) ACTIVITIES.—An entity that receives a grant under this subsection shall, to the greatest extent practicable, coordinate activities carried out with such funds with the activities of a local Metropolitan Medical Response System.

(d) FEDERAL ASSISTANCE.—The Secretary shall ensure that the Department of Health and Human Services is able to provide such assistance as may be needed to State and local health agencies to enable such agencies to respond effectively to bioterrorist attacks.

(e) EDUCATION.—The Secretary, in collaboration with members of the working group described in subsection (b), and professional organizations and societies, shall—

(1) develop and implement educational programs to instruct public health officials, medical professionals, and other personnel working in health care facilities in the recognition and care of victims of a bioterrorist attack; and

(2) develop and implement programs to train laboratory personnel in the recognition and identification of a potential bioweapon.

(f) FUTURE RESOURCE DEVELOPMENT.—The Director of National Institutes of Health and the Director of the Centers for Disease Control and Prevention shall consult with the working group described in subsection (a), to develop priorities for and conduct research, investigations, experiments, demonstrations, and studies in the health sciences related to—

(1) the epidemiology and pathogenesis of potential bioweapons;

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

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

(4) other relevant research areas.

(g) GENERAL ACCOUNTING OFFICE REPORT.—Not later than 180 days after the date of enactment of this section, the Comptroller General shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives a report that describes—

(1) Federal activities primarily related to research on, preparedness for, and the management of the public health and medical consequences of a bioterrorist attack against the civilian population;

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

(3) the amount of Federal funds authorized or appropriated for the activities described in paragraph (1); and

(4) the effectiveness of such efforts in preparing national, State, and local authorities to address the public health and medical consequences of a potential bioterrorist attack against the civilian population.

(h) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2006.

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