Tribe acquiesced to relocation to the far northeastern corner of present day Oklahoma. In the process, the tribal land base was whittled down to its current acreage.

After Quapaw lands in Oklahoma were found to contain rich deposits of zinc and lead in 1905, the Government allowed mining activities to be carried out largely unfettered, and not for the benefit of the Quapaws. For years the value of the Quapaw mineral estate was exported from their land with the Government failing to ensure that royalties, bonuses and other payments were properly made and managed.

WHY H. RES. 668 IS NECESSARY

The Office of Historical Trust Accounting (OHTA) was established by Secretary of the Interior Secretarial Order No. 3231 on July 10, 2001; OHTA is charged with planning, organizing, directing and executing the historical accounting of tribal trust accounts and nonmonetary assets.

In 2002, the Tribe filed a lawsuit for an accounting and for asset mismanagement in the Federal District Court in Oklahoma alleging the U.S. Government owed them an accounting and had mismanaged their funds and nonmonetary assets.

During this time, there were over 104 tribal lawsuits pending and the Department of the Interior—Office of Historic Trust Accounting's ability to fund the accountings and determine whether assets were mismanaged was severely limited. At the same time, the Department of Justice had similar concerns about its ability to respond to the myriad of tribal lawsuits

In July 2004, the U.S. Government and the Tribe negotiated and agreed to settle the pending lawsuit, and enter into an agreement under which the Department of the Interior would enter into a contract with Quapaw Information Services as contractor, to ''identify, select, and analyze documents, and prepare an analysis (the Quapaw Analysis), of Interior's management'' of the Tribe's Tribal Trust Fund Account, along with certain non-monetary land and natural resources assets held in trust on behalf of the Tribe, and eight individual members of the Tribe.

In 2010—after six years of work, Quapaw Information Systems gave its report to the U.S. Government. In turn, the U.S. Government accepted the accounting as being in conformity with the Federal standards, but refused to do anything with the accounting.

The Tribe fulfilled its end of the bargain. The U.S. Government did not.

By 2011, the Tribe was left with no choice but to seek relief in court from the Government's failure—not only its failure to fulfill its trust obligations, but its agreement to mediate and settle the matter once the accounting was completed. Accordingly, eight Quapaw tribal members filed a class-action lawsuit on behalf of themselves and all other similarly situated tribal members. This case, Goodeagle v. United States, seeks damages for the Government's breach of trust in the U.S. Court of Federal Claims.

In May 2011, the Tribe submitted a formal settlement demand to the Government, to which the Government has never responded.

Instead, the Government has filed repeated Motions to Dismiss the Goodeagle case.

With the settlement demand ignored, and the Government's ongoing refusal to resolve these claims through settlement, in September 2012, the Tribe filed a complaint for damages in the U.S. Court of Federal Claims.

In November 2012, the Government filed yet another motion to dismiss the Tribe's case.

THE MECHANICS OF H. RES. 668

To ensure that the Tribe and its members can pursue their trust-related claims in the U.S. Court of Federal Claims, Rep. TOM COLE and Rep. DAN BOREN introduced H. Res. 668. Notably, this resolution does not pre-determine the outcome of the U.S. Court of Federal Claims review of the Tribe's lawsuit.

It simply allows the Tribe and its members to plead their case to a neutral decision-maker in a judicial proceeding.

Some may assume that the sending of a congressional reference to the U.S. Court of Federal Claims has already predetermined liability in favor of a claimant. As observed by former House Member (Rep. Marion T. Bennett (R–MO)), who became a Claims Court judge, ''nothing could be further from the truth or the intent of Congress . . . Congress intends only to afford an impartial and independent forum for determination of the merits of a complex claim by judicial methods.'' Bennett, Private Claims Acts and Congressional References, 9 JAG L. Rev. 9 (1967).

H. Res. 668, as amended, simply affords the Tribe and its members the chance to present their case about the nature, extent, and character of the Indian trust related claims of the Quapaw Tribe and its tribal members for compensation as legal or equitable claims against the United States other than the legal claims that are pending in the Court of Federal Claims on the date of House approval of this to a neutral decision-maker in a judicial proceeding.

Ms. ZOE LOFGREN of California. I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of Texas. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 668.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. ZOE LOFGREN of California. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT OF 2012

Mr. ROGERS of Michigan. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6672) to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6672

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Pandemic and All-Hazards Preparedness Reauthorization Act of 2012''.

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

TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES

SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.

(a) IN GENERAL.—Section 2802 of the Public Health Service Act (42 U.S.C. 300hh–1) is amended—

(1) in subsection (a)(1), by striking ''2009'' and inserting ''2014''; and

(2) in subsection (b)—

(A) in paragraph (1)(A), by inserting '', including drills and exercises to ensure medical surge capacity for events without notice'' after ''exercises''; and

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A)—

(I) by striking ''facilities), and trauma care'' and inserting ''and ambulatory care facilities and which may include dental health facilities), and trauma care, critical care,''; and

(II) by inserting ''(including related availability, accessibility, and coordination)'' after ''public health emergencies'';

(ii) in subparagraph (A), by inserting ''and trauma'' after ''medical'';

(iii) in subparagraph (B), by striking ''Medical evacuation and fatality management'' and inserting ''Fatality management'';

(iv) by redesignating subparagraphs (C), (D), and (E) as subparagraphs (D), (E), and (F), respectively;

(v) by inserting after subparagraph (B), the following the new subparagraph:

''(C) Coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.'';

(vi) in subparagraph (E), as redesignated by clause (iv), by inserting ''(which may include such dental health assets)'' after ''medical assets''; and

(vii) by adding at the end the following:

''(G) Optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, and trauma care (which may include trauma centers) and emergency medical systems.'';

(C) in paragraph (4)—

(i) in subparagraph (A), by inserting '', including the unique needs and considerations of individuals with disabilities,'' after ''medical needs of at-risk individuals''; and

(ii) in subparagraph (B), by inserting ''the'' before ''purpose of this section''; and

(D) by adding at the end the following:

''(7) COUNTERMEASURES.—

''(A) Promoting strategic initiatives to advance countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin, chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate.

''(B) For purposes of this paragraph, the term 'countermeasures' has the same meaning as the terms 'qualified countermeasures' under section 319F–1, 'qualified pandemic and epidemic products' under section 319F–3, and 'security countermeasures' under section 319F–2.

''(8) MEDICAL AND PUBLIC HEALTH COMMUNITY RESILIENCY.—Strengthening the ability of States, local communities, and tribal communities to prepare for, respond to, and be resilient in the event of public health emergencies, whether naturally occurring, unintentional, or deliberate by—

''(A) optimizing alignment and integration of medical and public health preparedness and response planning and capabilities with and into routine daily activities; and

''(B) promoting familiarity with local medical and public health systems.''.

(b) AT-RISK INDIVIDUALS.—Section 2814 of the Public Health Service Act (42 U.S.C. 300hh–16) is amended—

(1) by striking paragraphs (5), (7), and (8);

(2) in paragraph (4), by striking ''2811(b)(3)(B)'' and inserting ''2802(b)(4)(B)'';

(3) by redesignating paragraphs (1) through (4) as paragraphs (2) through (5), respectively;

(4) by inserting before paragraph (2) (as so redesignated), the following:

''(1) monitor emerging issues and concerns as they relate to medical and public health preparedness and response for at-risk individuals in the event of a public health emergency declared by the Secretary under section 319;'';

(5) by amending paragraph (2) (as so redesignated) to read as follows:

''(2) oversee the implementation of the preparedness goals described in section 2802(b) with respect to the public health and medical needs of at-risk individuals in the event of a public health emergency, as described in section 2802(b)(4);'';

(6) by inserting after paragraph (6), the following:

''(7) disseminate and, as appropriate, update novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies in as timely a manner as is practicable, including from the time a public health threat is identified; and

''(8) ensure that public health and medical information distributed by the Department of Health and Human Services during a public health emergency is delivered in a manner that takes into account the range of communication needs of the intended recipients, including at-risk individuals.''.

SEC. 102. ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE.

(a) IN GENERAL.—Section 2811 of the Public Health Service Act (42 U.S.C. 300hh–10) is amended—

(1) in subsection (b)—

(A) in paragraph (3), by inserting '', security countermeasures (as defined in section 319F–2),'' after ''qualified countermeasures (as defined in section 319F–1)'';

(B) in paragraph (4), by adding at the end the following:

''(D) POLICY COORDINATION AND STRATEGIC DIRECTION.—Provide integrated policy coordination and strategic direction with respect to all matters related to Federal public health and medical preparedness and execution and deployment of the Federal response for public health emergencies and incidents covered by the National Response Plan developed pursuant to section 504(6) of the Homeland Security Act of 2002, or any successor plan, before, during, and following public health emergencies.

''(E) IDENTIFICATION OF INEFFICIENCIES.—Identify and minimize gaps, duplication, and other inefficiencies in medical and public health preparedness and response activities and the actions necessary to overcome these obstacles.

''(F) COORDINATION OF GRANTS AND AGREEMENTS.—Align and coordinate medical and public health grants and cooperative agreements as applicable to preparedness and response activities authorized under this Act, to the extent possible, including program requirements, timelines, and measurable goals, and in consultation with the Secretary of Homeland Security, to—

''(i) optimize and streamline medical and public health preparedness and response capabilities and the ability of local communities to respond to public health emergencies; and

''(ii) gather and disseminate best practices among grant and cooperative agreement recipients, as appropriate.

''(G) DRILL AND OPERATIONAL EXERCISES.—Carry out drills and operational exercises, in consultation with the Department of Homeland Security, the Department of Defense, the Department of Veterans Affairs, and other applicable Federal departments and agencies, as necessary and appropriate, to identify, inform, and address gaps in and policies related to all-hazards medical and public health preparedness and response, including exercises based on—

''(i) identified threats for which countermeasures are available and for which no countermeasures are available; and

''(ii) unknown threats for which no countermeasures are available.

''(H) NATIONAL SECURITY PRIORITY.—On a periodic basis consult with, as applicable and appropriate, the Assistant to the President for National Security Affairs, to provide an update on, and discuss, medical and public health preparedness and response activities pursuant to this Act and the Federal Food, Drug, and Cosmetic Act, including progress on the development, approval, clearance, and licensure of medical countermeasures.''; and

(C) by adding at the end the following:

''(7) COUNTERMEASURES BUDGET PLAN.—Develop, and update on an annual basis, a coordinated 5-year budget plan based on the medical countermeasure priorities described in subsection (d). Each such plan shall—

''(A) include consideration of the entire medical countermeasures enterprise, including—

''(i) basic research and advanced research and development;

''(ii) approval, clearance, licensure, and authorized uses of products; and

''(iii) procurement, stockpiling, maintenance, and replenishment of all products in the Strategic National Stockpile;

''(B) inform prioritization of resources and include measurable outputs and outcomes to allow for the tracking of the progress made toward identified priorities;

''(C) identify medical countermeasure lifecycle costs to inform planning, budgeting, and anticipated needs within the continuum of the medical countermeasure enterprise consistent with section 319F–2; and

''(D) be made available to the appropriate committees of Congress upon request.'';

(2) by striking subsection (c) and inserting the following:

''(c) FUNCTIONS.—The Assistant Secretary for Preparedness and Response shall—

''(1) have lead responsibility within the Department of Health and Human Services for emergency preparedness and response policy coordination and strategic direction;

''(2) have authority over and responsibility for—

''(A) the National Disaster Medical System pursuant to section 2812;

''(B) the Hospital Preparedness Cooperative Agreement Program pursuant to section 319C–2;

''(C) the Biomedical Advanced Research and Development Authority pursuant to section 319L;

''(D) the Medical Reserve Corps pursuant to section 2813;

''(E) the Emergency System for Advance Registration of Volunteer Health Professionals pursuant to section 319I; and

''(F) administering grants and related authorities related to trauma care under parts A through C of title XII, such authority to be transferred by the Secretary from the Administrator of the Health Resources and Services Administration to such Assistant Secretary;

''(3) exercise the responsibilities and authorities of the Secretary with respect to the coordination of—

''(A) the Public Health Emergency Preparedness Cooperative Agreement Program pursuant to section 319C–1;

''(B) the Strategic National Stockpile pursuant to section 319F–2; and

''(C) the Cities Readiness Initiative; and

''(4) assume other duties as determined appropriate by the Secretary.''; and

(3) by adding at the end the following:

''(d) PUBLIC HEALTH EMERGENCY MEDICAL COUNTERMEASURES ENTERPRISE STRATEGY AND IMPLEMENTATION PLAN.—

''(1) IN GENERAL.—Not later than 180 days after the date of enactment of this subsection, and every year thereafter, the Assistant Secretary for Preparedness and Response shall develop and submit to the appropriate committees of Congress a coordinated strategy and accompanying implementation plan for medical countermeasures to address chemical, biological, radiological, and nuclear threats. In developing such a plan, the Assistant Secretary for Preparedness and Response shall consult with the Director of the Biomedical Advanced Research and Development Authority, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, and the Commissioner of Food

and Drugs. Such strategy and plan shall be known as the 'Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan'.

''(2) REQUIREMENTS.—The plan under paragraph (1) shall—

''(A) describe the chemical, biological, radiological, and nuclear agent or agents that may present a threat to the Nation and the corresponding efforts to develop qualified countermeasures (as defined in section 319F–1), security countermeasures (as defined in section 319F–2), or qualified pandemic or epidemic products (as defined in section 319F–3) for each threat;

''(B) evaluate the progress of all activities with respect to such countermeasures or products, including research, advanced research, development, procurement, stockpiling, deployment, distribution, and utilization;

''(C) identify and prioritize near-, mid-, and long-term needs with respect to such countermeasures or products to address a chemical, biological, radiological, and nuclear threat or threats;

''(D) identify, with respect to each category of threat, a summary of all awards and contracts, including advanced research and development and procurement, that includes—

''(i) the time elapsed from the issuance of the initial solicitation or request for a proposal to the adjudication (such as the award, denial of award, or solicitation termination); and

''(ii) an identification of projected timelines, anticipated funding allocations, benchmarks, and milestones for each medical countermeasure priority under subparagraph (C), including projected needs with regard to replenishment of the Strategic National Stockpile;

''(E) be informed by the recommendations of the National Biodefense Science Board pursuant to section 319M;

''(F) evaluate progress made in meeting timelines, allocations, benchmarks, and milestones identified under subparagraph (D)(ii);

''(G) report on the amount of funds available for procurement in the special reserve fund as defined in section 319F–2(h) and the impact this funding will have on meeting the requirements under section 319F–2;

''(H) incorporate input from Federal, State, local, and tribal stakeholders;

''(I) identify the progress made in meeting the medical countermeasure priorities for at-risk individuals (as defined in 2802(b)(4)(B)), as applicable under subparagraph (C), including with regard to the projected needs for related stockpiling and replenishment of the Strategic National Stockpile, including by addressing the needs of pediatric populations with respect to such countermeasures and products in the Strategic National Stockpile, including—

''(i) a list of such countermeasures and products necessary to address the needs of pediatric populations;

''(ii) a description of measures taken to coordinate with the Office of Pediatric Therapeutics of the Food and Drug Administration to maximize the labeling, dosages, and formulations of such countermeasures and products for pediatric populations;

''(iii) a description of existing gaps in the Strategic National Stockpile and the development of such countermeasures and products to address the needs of pediatric populations; and

''(iv) an evaluation of the progress made in addressing priorities identified pursuant to subparagraph (C);

''(J) identify the use of authority and activities undertaken pursuant to sections 319F–1(b)(1), 319F–1(b)(2), 319F–1(b)(3), 319F–1(c), 319F–1(d), 319F–1(e), 319F–2(c)(7)(C)(iii), 319F–2 (c)(7)(C)(iv), and 319F–2(c)(7)(C)(v) of this Act, and subsections (a)(1), (b)(1), and (e) of section 564 of the Federal Food, Drug, and Cosmetic Act, by summarizing—

''(i) the particular actions that were taken under the authorities specified, including, as applicable, the identification of the threat agent, emergency, or the biomedical countermeasure with respect to which the authority was used;

''(ii) the reasons underlying the decision to use such authorities, including, as applicable, the options that were considered and rejected with respect to the use of such authorities;

''(iii) the number of, nature of, and other information concerning the persons and entities that received a grant, cooperative agreement, or contract pursuant to the use of such authorities, and the persons and entities that were considered and rejected for such a grant, cooperative agreement, or contract, except that the report need not disclose the identity of any such person or entity;

''(iv) whether, with respect to each procurement that is approved by the President under section 319F–2(c)(6), a contract was entered into within one year after such approval by the President; and

''(v) with respect to section 319F–1(d), for the one-year period for which the report is submitted, the number of persons who were paid amounts totaling $100,000 or greater and the number of persons who were paid amounts totaling at least $50,000 but less than $100,000; and

''(K) be made publicly available.

''(3) GAO REPORT.—

''(A) IN GENERAL.—Not later than 1 year after the date of the submission to the Congress of the first Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of Congress a report, concerning such Strategy and Implementation Plan.

''(B) CONTENT.—The report described in subparagraph (A) shall review and assess—

''(i) the near-term, mid-term, and long-term medical countermeasure needs and identified priorities of the Federal Government pursuant to paragraph (2)(C);

''(ii) the activities of the Department of Health and Human Services with respect to advanced research and development pursuant to section 319L; and

''(iii) the progress made toward meeting the timelines, allocations, benchmarks, and milestones identified in the Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan under this subsection.

''(e) PROTECTION OF NATIONAL SECURITY.—In carrying out subsections (b)(7) and (d), the Secretary shall ensure that information and items that could compromise national security, contain confidential commercial information, or contain proprietary information are not disclosed.''.

(b) INTERAGENCY COORDINATION PLAN.—In the first Public Health Emergency Countermeasures Enterprise Strategy and Implementation Plan submitted under subsection (d) of section 2811 of the Public Health Service Act (42 U.S.C. 300hh–10) (as added by subsection (a)(3)), the Secretary of Health and Human Services, in consultation with the Secretary of Defense, shall include a description of the manner in which the Department of Health and Human Services is coordinating with the Department of Defense regarding countermeasure activities to address chemical, biological, radiological, and nuclear threats. Such report shall include information with respect to—

(1) the research, advanced research, development, procurement, stockpiling, and distribution of countermeasures to meet identified needs; and

(2) the coordination of efforts between the Department of Health and Human Services and the Department of Defense to address countermeasure needs for various segments of the population.

SEC. 103. NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS.

Subtitle B of title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) is amended by inserting after section 2811 the following:

''SEC. 2811A. NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS.

''(a) ESTABLISHMENT.—The Secretary, in consultation with the Secretary of Homeland Security, shall establish an advisory committee to be known as the 'National Advisory Committee on Children and Disasters' (referred to in this section as the 'Advisory Committee').

''(b) DUTIES.—The Advisory Committee shall—

''(1) provide advice and consultation with respect to the activities carried out pursuant to section 2814, as applicable and appropriate;

''(2) evaluate and provide input with respect to the medical and public health needs of children as they relate to preparation for, response to, and recovery from all-hazards emergencies; and

''(3) provide advice and consultation with respect to State emergency preparedness and response activities and children, including related drills and exercises pursuant to the preparedness goals under section 2802(b).

''(c) ADDITIONAL DUTIES.—The Advisory Committee may provide advice and recommendations to the Secretary with respect to children and the medical and public health grants and cooperative agreements as applicable to preparedness and response activities authorized under this title and title III.

''(d) MEMBERSHIP.—

''(1) IN GENERAL.—The Secretary, in consultation with such other Secretaries as may be appropriate, shall appoint not to exceed 15 members to the Advisory Committee. In appointing such members, the Secretary shall ensure that the total membership of the Advisory Committee is an odd number.

''(2) REQUIRED MEMBERS.—The Secretary, in consultation with such other Secretaries as may be appropriate, may appoint to the Advisory Committee under paragraph (1) such individuals as may be appropriate to perform the duties described in subsections (b) and (c), which may include—

''(A) the Assistant Secretary for Preparedness and Response;

''(B) the Director of the Biomedical Advanced Research and Development Authority;

''(C) the Director of the Centers for Disease Control and Prevention;

''(D) the Commissioner of Food and Drugs;

''(E) the Director of the National Institutes of Health;

''(F) the Assistant Secretary of the Administration for Children and Families;

''(G) the Administrator of the Federal Emergency Management Agency;

''(H) at least two non-Federal health care professionals with expertise in pediatric medical disaster planning, preparedness, response, or recovery;

''(I) at least two representatives from State, local, territorial, or tribal agencies with expertise in pediatric disaster planning, preparedness, response, or recovery; and

''(J) representatives from such Federal agencies (such as the Department of Education and the Department of Homeland Security) as determined necessary to fulfill the duties of the Advisory Committee, as established under subsections (b) and (c).

''(e) MEETINGS.—The Advisory Committee shall meet not less than biannually.

''(f) SUNSET.—The Advisory Committee shall terminate on the date that is 5 years after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012.''.

SEC. 104. MODERNIZATION OF THE NATIONAL DISASTER MEDICAL SYSTEM.

Section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11) is amended—

(1) in subsection (a)(3)—

(A) in subparagraph (A), in clause (i) by inserting '', including at-risk individuals as applicable'' after ''victims of a public health emergency'';

(B) by redesignating subparagraph (C) as subparagraph (E); and

(C) by inserting after subparagraph (B), the following:

''(C) CONSIDERATIONS FOR AT-RISK POPULATIONS.—The Secretary shall take steps to ensure that an appropriate specialized and focused range of public health and medical capabilities are represented in the National Disaster Medical System, which take into account the needs of at-risk individuals, in the event of a public health emergency.''.

''(D) ADMINISTRATION.—The Secretary may determine and pay claims for reimbursement for services under subparagraph (A) directly or through contracts that provide for payment in advance or by way of reimbursement.''; and

(2) in subsection (g), by striking ''such sums as may be necessary for each of the fiscal years 2007 through 2011'' and inserting ''$52,700,000 for each of fiscal years 2013 through 2017''.

SEC. 105. CONTINUING THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS.

Section 8117(g) of title 38, United States Code, is amended by striking ''such sums as may be necessary to carry out this section for each of fiscal years 2007 through 2011'' and inserting ''$155,300,000 for each of fiscal years 2013 through 2017 to carry out this section''.

TITLE II—OPTIMIZING STATE AND LOCAL ALL-HAZARDS PREPAREDNESS AND RESPONSE

SEC. 201. TEMPORARY REDEPLOYMENT OF FEDERALLY FUNDED PERSONNEL DURING A PUBLIC HEALTH EMERGENCY.

Section 319 of the Public Health Service Act (42 U.S.C. 247d) is amended by adding at the end the following:

''(e) TEMPORARY REDEPLOYMENT OF FEDERALLY FUNDED PERSONNEL DURING A PUBLIC HEALTH EMERGENCY.—

''(1) EMERGENCY REDEPLOYMENT OF FEDERALLY FUNDED PERSONNEL.—Notwithstanding any other provision of law, and subject to paragraph (2), upon request by the Governor of a State or the chief of a tribe or such Governor or chief's designee, the Secretary may authorize the requesting State or tribe to temporarily redeploy, for purposes of immediately addressing a public health emergency in the State or tribe, non-Federal personnel funded in whole or in part through, as appropriate, programs under this Act.

''(2) ACTIVATION OF EMERGENCY REDEPLOYMENT.—

''(A) PUBLIC HEALTH EMERGENCY.—The Secretary may authorize a temporary redeployment of personnel under paragraph (1) only during the period of a public health emergency determined pursuant to subsection (a).

''(B) CONTENTS OF REQUEST.—To seek authority for a temporary redeployment of personnel under paragraph (1), the Governor of a State or the chief of a tribe shall submit to the Secretary a request for such authority and shall include in the request each of the following:

''(i) An assurance that the public health emergency in the geographic area of the requesting State or tribe cannot be adequately and appropriately addressed by the public health workforce otherwise available.

''(ii) An assurance that the public health emergency would be addressed more efficiently and effectively through the requested temporary redeployment of personnel.

''(iii) An assurance that the requested temporary redeployment of personnel is consistent with the any applicable All-Hazards Public Health Emergency Preparedness and Response Plan under section 319C–1.

''(iv) An identification of—

''(I) each Federal program from which personnel would be temporarily redeployed pursuant to the requested authority; and

''(II) the number of personnel who would be so redeployed from each such program.

''(v) Such other information and assurances as the Secretary may require.

''(C) CONSIDERATION.—In reviewing a request for temporary redeployment under paragraph (1) of personnel funded through a Federal program, the Secretary shall consider the degree to which the program would be adversely affected by the redeployment.

''(D) TERMINATION AND EXTENSION.—

''(i) TERMINATION.—A State or tribe's authority for a temporary redeployment of personnel under paragraph (1) shall terminate upon the earlier of the following:

''(I) The Secretary's determination that the public health emergency no longer exists.

''(II) Subject to clause (ii), the expiration of the 30-day period following the date on which the Secretary approved the State or tribe's request for such authority.

''(ii) EXTENSION AUTHORITY.—The Secretary may extend the authority to authorize a temporary redeployment of personnel under paragraph (1) beyond the date otherwise applicable under clause (i)(II) if the public health emergency still exists as of such date, but only if—

''(I) the State or tribe that submitted the initial request for authority for a temporary redeployment of personnel submits a request for an extension of such authority; and

''(II) the request for an extension contains the same type of information and assurances necessary for the approval of an initial request for such authority.

''(3) NOTICE TO PERSONNEL OF POSSIBILITY OF REDEPLOYMENT.—The Secretary shall ensure that, if a State or tribe receives Federal funds for personnel who are subject to the Secretary's redeployment authority under this subsection, the State or tribe gives notice to such personnel of the possibility of redeployment—

''(A) at the time of hiring; or

''(B) in the case of personnel hired before the date of the enactment of this subsection, as soon as practicable.

''(4) NOTICE TO CONGRESS.—The Secretary shall give notice to the Congress in conjunction with the approval under this subsection of—

''(A) any initial request for authority for a temporary redeployment of personnel; and

''(B) any request for an extension of such authority.

''(5) GUIDANCE.—The Secretary shall—

''(A) not later than 6 months after the enactment of this subsection, issue proposed guidance on the temporary redeployment of personnel under this subsection; and

''(B) after providing notice and a 60-day period for public comment, finalize such guidance.

''(6) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of the Congress a report, on the Secretary's authority under this subsection, including—

''(A) a description of how, and under what circumstances, such authority has been used by States and tribes;

''(B) an analysis of how such authority has assisted States and tribes in responding to public health emergencies;

''(C) an evaluation of how such authority has improved operational efficiencies in responding to public health emergencies;

''(D) an analysis of the extent to which, if any, Federal programs from which personnel have been temporarily redeployed pursuant to such authority have been adversely affected by the redeployment; and

''(E) recommendations on how such authority could be improved to further assist in responding to public health emergencies.

''(7) DEFINITION.—In this subsection, the term 'State' includes, in addition to the entities listed in the definition of such term in section 2, the Freely Associated States.

''(8) SUNSET.—The authority under this subsection shall terminate on the date that is 5 years after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012.''.

SEC. 202. IMPROVING STATE AND LOCAL PUBLIC HEALTH SECURITY.

(a) COOPERATIVE AGREEMENTS.—Section 319C–1 of the Public Health Service Act (42 U.S.C. 247d–3a) is amended—

(1) in subsection (b)(1)(C), by striking ''consortium of entities described in subparagraph (A)'' and inserting ''consortium of States'';

(2) in subsection (b)(2)—

(A) in subparagraph (A)—

(i) by striking clauses (i) and (ii) and inserting the following:

''(i) a description of the activities such entity will carry out under the agreement to meet the goals identified under section 2802, including with respect to chemical, biological, radiological, or nuclear threats, whether naturally occurring, unintentional, or deliberate;

''(ii) a description of the activities such entity will carry out with respect to pandemic influenza, as a component of the activities carried out under clause (i), and consistent with the requirements of paragraphs (2) and (5) of subsection (g);'';

(ii) in clause (iv), by striking ''and'' at the end; and

(iii) by adding at the end the following:

''(vi) a description of how, as appropriate, the entity may partner with relevant public and private stakeholders in public health emergency preparedness and response;

''(vii) a description of how the entity, as applicable and appropriate, will coordinate with State emergency preparedness and response plans in public health emergency preparedness, including State educational agencies (as defined in section 9101(41) of the Elementary and Secondary Education Act of 1965) and State child care lead agencies (designated under section 658D of the Child Care and Development Block Grant Act of 1990);

''(viii) in the case of entities that operate on the United States-Mexico border or the United States-Canada border, a description of the activities such entity will carry out under the agreement that are specific to the border area including disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to

bioterrorism, consistent with the requirements of this section; and

''(ix) a description of any activities that such entity will use to analyze real-time clinical specimens for pathogens of public health or bioterrorism significance, including any utilization of poison control centers;''; and

(B) in subparagraph (C), by inserting '', including addressing the needs of at-risk individuals,'' after ''capabilities of such entity'';

(3) in subsection (f)—

(A) in paragraph (2), by adding ''and'' at the end;

(B) in paragraph (3), by striking ''; and'' and inserting a period; and

(C) by striking paragraph (4);

(4) in subsection (g)—

(A) in paragraph (1), by striking subparagraph (A) and inserting the following:

''(A) include outcome goals representing operational achievements of the National Preparedness Goals developed under section 2802(b) with respect to all-hazards, including chemical, biological, radiological, or nuclear threats; and''; and

(B) in paragraph (2)(A), by adding at the end the following: ''The Secretary shall periodically update, as necessary and appropriate, such pandemic influenza plan criteria and shall require the integration of such criteria into the benchmarks and standards described in paragraph (1).'';

(5) by striking subsection (h);

(6) in subsection (i)—

(A) in paragraph (1)—

(i) in subparagraph (A)—

(I) by striking ''$824,000,000 for fiscal year 2007, of which $35,000,000 shall be used to carry out subsection (h),'' and inserting ''$641,900,000 for fiscal year 2013''; and

(II) by striking ''such sums as may be necessary for each of fiscal years 2008 through 2011'' and inserting ''$641,900,000 for each of fiscal years 2014 through 2017'';

(ii) by striking subparagraph (B);

(iii) by redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively; and

(iv) in subparagraph (C), as so redesignated, by striking ''subparagraph (C)'' and inserting ''subparagraph (B)'';

(B) in subparagraphs (C) and (D) of paragraph (3), by striking ''(1)(A)(i)(I)'' each place it appears and inserting ''(1)(A)'';

(C) in paragraph (4)(B), by striking ''subsection (c)'' and inserting ''subsection (b)''; and

(D) by adding at the end the following:

''(7) AVAILABILITY OF COOPERATIVE AGREEMENT FUNDS.—

''(A) IN GENERAL.—Amounts provided to an eligible entity under a cooperative agreement under subsection (a) for a fiscal year and remaining unobligated at the end of such year shall remain available to such entity for the next fiscal year for the purposes for which such funds were provided.

''(B) FUNDS CONTINGENT ON ACHIEVING BENCHMARKS.—The continued availability of funds under subparagraph (A) with respect to an entity shall be contingent upon such entity achieving the benchmarks and submitting the pandemic influenza plan as described in subsection (g).''; and

(7) in subsection (j), by striking paragraph (3).

(b) VACCINE TRACKING AND DISTRIBUTION.—Section 319A(e) of the Public Health Service Act (42 U.S.C. 247d–1(e)) is amended by striking ''such sums for each of fiscal years 2007 through 2011'' and inserting ''$30,800,000 for each of fiscal years 2013 through 2017''.

SEC. 203. HOSPITAL PREPAREDNESS AND MEDICAL SURGE CAPACITY.

(a) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL RESPONSE CURRICULA AND TRAINING.—Section 319F(a)(5)(B) of the Public Health Service Act (42 U.S.C. 247d–6(a)(5)(B)) is amended by striking ''public health or medical'' and inserting ''public health, medical, or dental''.

(b) ENCOURAGING HEALTH PROFESSIONAL VOLUNTEERS.—

(1) EMERGENCY SYSTEM FOR ADVANCE REGISTRATION OF VOLUNTEER HEALTH PROFESSIONALS.—Section 319I(k) of the Public Health Service Act (42 U.S.C. 247d–7b(k)) is amended by striking ''$2,000,000 for fiscal year 2002, and such sums as may be necessary for each of the fiscal years 2003 through 2011'' and inserting ''$5,000,000 for each of fiscal years 2013 through 2017''.

(2) VOLUNTEERS.—Section 2813 of the Public Health Service Act (42 U.S.C. 300hh–15) is amended—

(A) in subsection (d)(2), by adding at the end the following: ''Such training exercises shall, as appropriate and applicable, incorporate the needs of at-risk individuals in the event of a public health emergency.''; and

(B) in subsection (i), by striking ''$22,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011'' and inserting ''$11,200,000 for each of fiscal years 2013 through 2017''.

(c) PARTNERSHIPS FOR STATE AND REGIONAL PREPAREDNESS TO IMPROVE SURGE CAPACITY.—Section 319C–2 of the Public Health Service Act (42 U.S.C. 247d–3b) is amended—

(1) in subsection (a), by inserting '', including capacity and preparedness to address the needs of pediatric and other at-risk populations'' before the period at the end;

(2) in subsection (b)(1)(A)(ii), by striking ''centers, primary'' and inserting ''centers, community health centers, primary'';

(3) by striking subsection (c) and inserting the following:

''(c) USE OF FUNDS.—An award under subsection (a) shall be expended for activities to achieve the preparedness goals described under paragraphs (1), (3), (4), (5), and (6) of section 2802(b) with respect to all-hazards, including chemical, biological, radiological, or nuclear threats.'';

(4) by striking subsection (g) and inserting the following:

''(g) COORDINATION.—

''(1) LOCAL RESPONSE CAPABILITIES.—An eligible entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant local Metropolitan Medical Response Systems, local Medical Reserve Corps, the local Cities Readiness Initiative, and local emergency plans.

''(2) NATIONAL COLLABORATION.—Partnerships consisting of one or more eligible entities under this section may, to the extent practicable, collaborate with other partnerships consisting of one or more eligible entities under this section for purposes of national coordination and collaboration with respect to activities to achieve the preparedness goals described under paragraphs (1), (3), (4), (5), and (6) of section 2802(b).'';

(5) in subsection (i)—

(A) by striking ''The requirements of'' and inserting the following:

''(1) IN GENERAL.—The requirements of''; and

(B) by adding at the end the following:

''(2) MEETING GOALS OF NATIONAL HEALTH SECURITY STRATEGY.—The Secretary shall implement objective, evidence-based metrics to ensure that entities receiving awards under this section are meeting, to the extent practicable, the applicable goals of the National Health Security Strategy under section 2802.''; and

(6) in subsection (j)—

(A) by amending paragraph (1) to read as follows:

''(1) IN GENERAL.—For purposes of carrying out this section, there is authorized to be appropriated $374,700,000 for each of fiscal years 2013 through 2017.''; and

(B) by adding at the end the following:

''(4) AVAILABILITY OF COOPERATIVE AGREEMENT FUNDS.—

''(A) IN GENERAL.—Amounts provided to an eligible entity under a cooperative agreement under subsection (a) for a fiscal year and remaining unobligated at the end of such year shall remain available to such entity for the next fiscal year for the purposes for which such funds were provided.

''(B) FUNDS CONTINGENT ON ACHIEVING BENCHMARKS.—The continued availability of funds under subparagraph (A) with respect to an entity shall be contingent upon such entity achieving the benchmarks and submitting the pandemic influenza plan as required under subsection (i).''.

SEC. 204. ENHANCING SITUATIONAL AWARENESS AND BIOSURVEILLANCE.

Section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended—

(1) in subsection (b)—

(A) in paragraph (1)(B), by inserting ''poison control centers,'' after ''hospitals,'';

(B) in paragraph (2), by inserting before the period at the end the following: '', allowing for coordination to maximize all-hazards medical and public health preparedness and response and to minimize duplication of effort''; and

(C) in paragraph (3), by inserting before the period at the end the following: ''and update such standards as necessary'';

(2) by striking subsection (c); and

(3) in subsection (d)—

(A) in the subsection heading, by striking ''PUBLIC HEALTH SITUATIONAL AWARENESS'' and inserting ''MODERNIZING PUBLIC HEALTH SITUATIONAL AWARENESS AND BIOSURVEILLANCE'';

(B) in paragraph (1)—

(i) by striking ''Pandemic and All-Hazards Preparedness Act'' and inserting ''Pandemic and All-Hazards Preparedness Reauthorization Act of 2012''; and

(ii) by inserting '', novel emerging threats,'' after ''disease outbreaks'';

(C) by striking paragraph (2) and inserting the following:

''(2) STRATEGY AND IMPLEMENTATION PLAN.—Not later than 180 days after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012, the Secretary shall submit to the appropriate committees of Congress a coordinated strategy and an accompanying implementation plan that identifies and demonstrates the measurable steps the Secretary will carry out to—

''(A) develop, implement, and evaluate the network described in paragraph (1), utilizing the elements described in paragraph (3);

''(B) modernize and enhance biosurveillance activities; and

''(C) improve information sharing, coordination, and communication among disparate biosurveillance systems supported by the Department of Health and Human Services.'';

(D) in paragraph (3)(D), by inserting ''community health centers, health centers'' after ''poison control,'';

(E) in paragraph (5), by striking subparagraph (A) and inserting the following:

''(A) utilize applicable interoperability standards as determined by the Secretary, and in consultation with the Office of the National Coordinator for Health Information Technology, through a joint public and private sector process;''; and

(F) by adding at the end the following:

''(6) CONSULTATION WITH THE NATIONAL BIODEFENSE SCIENCE BOARD.—In carrying out this section and consistent with section 319M, the National Biodefense Science Board

shall provide expert advice and guidance, including recommendations, regarding the measurable steps the Secretary should take to modernize and enhance biosurveillance activities pursuant to the efforts of the Department of Health and Human Services to ensure comprehensive, real-time, all-hazards biosurveillance capabilities. In complying with the preceding sentence, the National Biodefense Science Board shall—

''(A) identify the steps necessary to achieve a national biosurveillance system for human health, with international connectivity, where appropriate, that is predicated on State, regional, and community level capabilities and creates a networked system to allow for two-way information flow between and among Federal, State, and local government public health authorities and clinical health care providers;

''(B) identify any duplicative surveillance programs under the authority of the Secretary, or changes that are necessary to existing programs, in order to enhance and modernize such activities, minimize duplication, strengthen and streamline such activities under the authority of the Secretary, and achieve real-time and appropriate data that relate to disease activity, both human and zoonotic; and

''(C) coordinate with applicable existing advisory committees of the Director of the Centers for Disease Control and Prevention, including such advisory committees consisting of representatives from State, local, and tribal public health authorities and appropriate public and private sector health care entities and academic institutions, in order to provide guidance on public health surveillance activities.'';

(4) in subsection (e)(5), by striking ''4 years after the date of enactment of the Pandemic and All-Hazards Preparedness Act'' and inserting ''3 years after the date of enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012'';

(5) in subsection (g), by striking ''such sums as may be necessary in each of fiscal years 2007 through 2011'' and inserting ''$138,300,000 for each of fiscal years 2013 through 2017''; and

(6) by adding at the end the following:

''(h) DEFINITION.—For purposes of this section the term 'biosurveillance' means the process of gathering near real-time biological data that relates to human and zoonotic disease activity and threats to human or animal health, in order to achieve early warning and identification of such health threats, early detection and prompt ongoing tracking of health events, and overall situational awareness of disease activity.''.

SEC. 205. ELIMINATING DUPLICATIVE PROJECT BIOSHIELD REPORTS.

Section 5 of the Project Bioshield Act of 2004 (42 U.S.C. 247d–6c) is repealed.

TITLE III—ENHANCING MEDICAL COUNTERMEASURE REVIEW

SEC. 301. SPECIAL PROTOCOL ASSESSMENT.

Section 505(b)(5)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(5)(B)) is amended by striking ''size of clinical trials intended'' and all that follows through ''. The sponsor or applicant'' and inserting the following: ''size—

''(i)(I) of clinical trials intended to form the primary basis of an effectiveness claim; or

''(II) in the case where human efficacy studies are not ethical or feasible, of animal and any associated clinical trials which, in combination, are intended to form the primary basis of an effectiveness claim; or

''(ii) with respect to an application for approval of a biological product under section 351(k) of the Public Health Service Act, of any necessary clinical study or studies. The sponsor or applicant''.

SEC. 302. AUTHORIZATION FOR MEDICAL PRODUCTS FOR USE IN EMERGENCIES.

(a) IN GENERAL.—Section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking ''sections 505, 510(k), and 515 of this Act'' and inserting ''any provision of this Act'';

(B) in paragraph (2)(A), by striking ''under a provision of law referred to in such paragraph'' and inserting ''under section 505, 510(k), or 515 of this Act or section 351 of the Public Health Service Act''; and

(C) in paragraph (3), by striking ''a provision of law referred to in such paragraph'' and inserting ''a section of this Act or the Public Health Service Act referred to in paragraph (2)(A)'';

(2) in subsection (b)—

(A) in the subsection heading, by striking ''EMERGENCY'' and inserting ''EMERGENCY OR THREAT JUSTIFYING EMERGENCY AUTHORIZED USE'';

(B) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''may declare an emergency'' and inserting ''may make a declaration that the circumstances exist'';

(ii) in subparagraph (A), by striking ''specified'';

(iii) in subparagraph (B)—

(I) by striking ''specified''; and

(II) by striking ''; or'' and inserting a semicolon;

(iv) by amending subparagraph (C) to read as follows:

''(C) a determination by the Secretary that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of United States citizens living abroad, and that involves a biological, chemical, radiological, or nuclear agent or agents, or a disease or condition that may be attributable to such agent or agents; or''; and

(v) by adding at the end the following:

''(D) the identification of a material threat pursuant to section 319F–2 of the Public Health Service Act sufficient to affect national security or the health and security of United States citizens living abroad.'';

(C) in paragraph (2)—

(i) in subparagraph (A), by amending clause (ii) to read as follows:

''(ii) a change in the approval status of the product such that the circumstances described in subsection (a)(2) have ceased to exist.'';

(ii) by striking subparagraph (B); and

(iii) by redesignating subparagraph (C) as subparagraph (B);

(D) in paragraph (4), by striking ''advance notice of termination, and renewal under this subsection.'' and inserting '', and advance notice of termination under this subsection.''; and

(E) by adding at the end the following:

''(5) EXPLANATION BY SECRETARY.—If an authorization under this section with respect to an unapproved product or an unapproved use of an approved product has been in effect for more than 1 year, the Secretary shall provide in writing to the sponsor of such product an explanation of the scientific, regulatory, or other obstacles to approval, licensure, or clearance of such product or use, including specific actions to be taken by the Secretary and the sponsor to overcome such obstacles.'';

(3) in subsection (c)—

(A) in the matter preceding paragraph (1)—

(i) by inserting ''the Assistant Secretary for Preparedness and Response,'' after ''consultation with'';

(ii) by striking ''Health and'' and inserting ''Health, and''; and

(iii) by striking ''circumstances of the emergency involved'' and inserting ''applicable circumstances described in subsection (b)(1)'';

(B) in paragraph (1), by striking ''specified'' and inserting ''referred to''; and

(C) in paragraph (2)(B), by inserting '', taking into consideration the material threat posed by the agent or agents identified in a declaration under subsection (b)(1)(D), if applicable'' after ''risks of the product'';

(4) in subsection (d)(3), by inserting '', to the extent practicable given the circumstances of the emergency,'' after ''including'';

(5) in subsection (e)—

(A) in paragraph (1)(A), by striking ''circumstances of the emergency'' and inserting ''applicable circumstances described in subsection (b)(1)'';

(B) in paragraph (1)(B), by amending clause (iii) to read as follows:

''(iii) Appropriate conditions with respect to collection and analysis of information concerning the safety and effectiveness of the product with respect to the use of such product during the period when the authorization is in effect and a reasonable time following such period.'';

(C) in paragraph (2)—

(i) in subparagraph (A)—

(I) by striking ''manufacturer of the product'' and inserting ''person'';

(II) by striking ''circumstances of the emergency'' and inserting ''applicable circumstances described in subsection (b)(1)''; and

(III) by inserting at the end before the period ''or in paragraph (1)(B)'';

(ii) in subparagraph (B)(i), by inserting before the period at the end '', except as provided in section 564A with respect to authorized changes to the product expiration date''; and

(iii) by amending subparagraph (C) to read as follows:

''(C) In establishing conditions under this paragraph with respect to the distribution and administration of the product for the unapproved use, the Secretary shall not impose conditions that would restrict distribution or administration of the product when distributed or administered for the approved use.''; and

(D) by amending paragraph (3) to read as follows:

''(3) GOOD MANUFACTURING PRACTICE; PRESCRIPTION.—With respect to the emergency use of a product for which an authorization under this section is issued (whether an unapproved product or an unapproved use of an approved product), the Secretary may waive or limit, to the extent appropriate given the applicable circumstances described in subsection (b)(1)—

''(A) requirements regarding current good manufacturing practice otherwise applicable to the manufacture, processing, packing, or holding of products subject to regulation under this Act, including such requirements established under section 501 or 520(f)(1), and including relevant conditions prescribed with respect to the product by an order under section 520(f)(2);

''(B) requirements established under section 503(b); and

''(C) requirements established under section 520(e).'';

(6) in subsection (g)—

(A) in the subsection heading, by inserting ''REVIEW AND'' before ''REVOCATION'';

(B) in paragraph (1), by inserting after the period at the end the following: ''As part of such review, the Secretary shall regularly review the progress made with respect to the approval, licensure, or clearance of—

''(A) an unapproved product for which an authorization was issued under this section; or

''(B) an unapproved use of an approved product for which an authorization was issued under this section.''; and

(C) by amending paragraph (2) to read as follows:

''(2) REVISION AND REVOCATION.—The Secretary may revise or revoke an authorization under this section if—

''(A) the circumstances described under subsection (b)(1) no longer exist;

''(B) the criteria under subsection (c) for issuance of such authorization are no longer met; or

''(C) other circumstances make such revision or revocation appropriate to protect the public health or safety.'';

(7) in subsection (h)(1), by adding after the period at the end the following: ''The Secretary shall make any revisions to an authorization under this section available on the Internet Web site of the Food and Drug Administration.'';

(8) by adding at the end of subsection (j) the following:

''(4) Nothing in this section shall be construed as authorizing a delay in the review or other consideration by the Secretary of any application or submission pending before the Food and Drug Administration for a product for which an authorization under this section is issued.''; and

(9) by adding at the end the following:

''(m) CATEGORIZATION OF LABORATORY TESTS ASSOCIATED WITH DEVICES SUBJECT TO AUTHORIZATION.—

''(1) IN GENERAL.—In issuing an authorization under this section with respect to a device, the Secretary may, subject to the provisions of this section, determine that a laboratory examination or procedure associated with such device shall be deemed, for purposes of section 353 of the Public Health Service Act, to be in a particular category of examinations and procedures (including the category described by subsection (d)(3) of such section) if, based on the totality of scientific evidence available to the Secretary—

''(A) such categorization would be beneficial to protecting the public health; and

''(B) the known and potential benefits of such categorization under the circumstances of the authorization outweigh the known and potential risks of the categorization.

''(2) CONDITIONS OF DETERMINATION.—The Secretary may establish appropriate conditions on the performance of the examination or procedure pursuant to such determination.

''(3) EFFECTIVE PERIOD.—A determination under this subsection shall be effective for purposes of section 353 of the Public Health Service Act notwithstanding any other provision of that section during the effective period of the relevant declaration under subsection (b).''.

(b) EMERGENCY USE OF MEDICAL PRODUCTS.—Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by inserting after section 564 the following:

''SEC. 564A. EMERGENCY USE OF MEDICAL PRODUCTS.

''(a) DEFINITIONS.—In this section:

''(1) ELIGIBLE PRODUCT.—The term 'eligible product' means a product that—

''(A) is approved or cleared under this chapter or licensed under section 351 of the Public Health Service Act;

''(B)(i) is intended for use to prevent, diagnose, or treat a disease or condition involving a biological, chemical, radiological, or nuclear agent or agents; or

''(ii) is intended for use to prevent, diagnose, or treat a serious or life-threatening disease or condition caused by a product described in clause (i); and

''(C) is intended for use during the circumstances under which—

''(i) a determination described in subparagraph (A), (B), or (C) of section 564(b)(1) has been made by the Secretary of Homeland Security, the Secretary of Defense, or the Secretary, respectively; or

''(ii) the identification of a material threat described in subparagraph (D) of section 564(b)(1) has been made pursuant to section 319F–2 of the Public Health Service Act.

''(2) PRODUCT.—The term 'product' means a drug, device, or biological product.

''(b) EXPIRATION DATING.—

''(1) IN GENERAL.—The Secretary may extend the expiration date and authorize the introduction or delivery for introduction into interstate commerce of an eligible product after the expiration date provided by the manufacturer if—

''(A) the expiration date extension is intended to support the United States ability to protect—

''(i) the public health; or

''(ii) military preparedness and effectiveness; and

''(B) the expiration date extension is supported by an appropriate scientific evaluation that is conducted or accepted by the Secretary.

''(2) REQUIREMENTS AND CONDITIONS.—Any extension of an expiration date under paragraph (1) shall, as part of the extension, identify—

''(A) each specific lot, batch, or other unit of the product for which extended expiration is authorized;

''(B) the duration of the extension; and

''(C) any other requirements or conditions as the Secretary may deem appropriate for the protection of the public health, which may include requirements for, or conditions on, product sampling, storage, packaging or repackaging, transport, labeling, notice to product recipients, recordkeeping, periodic testing or retesting, or product disposition.

''(3) EFFECT.—Notwithstanding any other provision of this Act or the Public Health Service Act, an eligible product shall not be considered an unapproved product (as defined in section 564(a)(2)(A)) and shall not be deemed adulterated or misbranded under this Act because, with respect to such product, the Secretary has, under paragraph (1), extended the expiration date and authorized the introduction or delivery for introduction into interstate commerce of such product after the expiration date provided by the manufacturer.

''(4) EXPIRATION DATE.—For purposes of this subsection, the term 'expiration date' means the date established through appropriate stability testing required by the regulations issued by the Secretary to ensure that the product meets applicable standards of identity, strength, quality, and purity at the time of use.

''(c) CURRENT GOOD MANUFACTURING PRACTICE.—

''(1) IN GENERAL.—The Secretary may, when the circumstances of a domestic, military, or public health emergency or material threat described in subsection (a)(1)(C) so warrant, authorize, with respect to an eligible product, deviations from current good manufacturing practice requirements otherwise applicable to the manufacture, processing, packing, or holding of products subject to regulation under this Act, including requirements under section 501 or 520(f)(1) or applicable conditions prescribed with respect to the eligible product by an order under section 520(f)(2).

''(2) EFFECT.—Notwithstanding any other provision of this Act or the Public Health Service Act, an eligible product shall not be considered an unapproved product (as defined in section 564(a)(2)(A)) and shall not be deemed adulterated or misbranded under this Act because, with respect to such product, the Secretary has authorized deviations from current good manufacturing practices under paragraph (1).

''(d) EMERGENCY DISPENSING.—The requirements of sections 503(b) and 520(e) shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 564(a)(2)(A)) and shall not be deemed adulterated or misbranded under this Act because it is dispensed without an individual prescription, if—

''(1) the product is dispensed during the circumstances described in subsection (a)(1)(C); and

''(2) such dispensing without an individual prescription occurs—

''(A) as permitted under the law of the State in which the product is dispensed; or

''(B) in accordance with an order issued by the Secretary, for the purposes and duration of the circumstances described in subsection (a)(1)(C).

''(e) EMERGENCY USE INSTRUCTIONS.—

''(1) IN GENERAL.—The Secretary, acting through an appropriate official within the Department of Health and Human Services, may create and issue emergency use instructions to inform health care providers or individuals to whom an eligible product is to be administered concerning such product's approved, licensed, or cleared conditions of use.

''(2) EFFECT.—Notwithstanding any other provisions of this Act or the Public Health Service Act, a product shall not be considered an unapproved product and shall not be deemed adulterated or misbranded under this Act because of the issuance of emergency use instructions under paragraph (1) with respect to such product or the introduction or delivery for introduction of such product into interstate commerce accompanied by such instructions—

''(A) during an emergency response to an actual emergency that is the basis for a determination described in subsection (a)(1)(C)(i); or

''(B) by a government entity (including a Federal, State, local, or tribal government entity), or a person acting on behalf of such a government entity, in preparation for an emergency response.''.

(c) RISK EVALUATION AND MITIGATION STRATEGIES.—Section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), is amended—

(1) in subsection (f), by striking paragraph (7); and

(2) by adding at the end the following:

''(k) WAIVER IN PUBLIC HEALTH EMERGENCIES.—The Secretary may waive any requirement of this section with respect to a qualified countermeasure (as defined in section 319F–1(a)(2) of the Public Health Service Act) to which a requirement under this section has been applied, if the Secretary determines that such waiver is required to mitigate the effects of, or reduce the severity of, the circumstances under which—

''(1) a determination described in subparagraph (A), (B), or (C) of section 564(b)(1) has been made by the Secretary of Homeland Security, the Secretary of Defense, or the Secretary, respectively; or

''(2) the identification of a material threat described in subparagraph (D) of section 564(b)(1) has been made pursuant to section 319F–2 of the Public Health Service Act.''.

(d) PRODUCTS HELD FOR EMERGENCY USE.—The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) is amended by inserting after section 564A, as added by subsection (b), the following:

''SEC. 564B. PRODUCTS HELD FOR EMERGENCY USE.

''It is not a violation of any section of this Act or of the Public Health Service Act for a government entity (including a Federal, State, local, or tribal government entity), or a person acting on behalf of such a government entity, to introduce into interstate commerce a product (as defined in section 564(a)(4)) intended for emergency use, if that product—

''(1) is intended to be held and not used; and

''(2) is held and not used, unless and until that product—

''(A) is approved, cleared, or licensed under section 505, 510(k), or 515 of this Act or section 351 of the Public Health Service Act;

''(B) is authorized for investigational use under section 505 or 520 of this Act or section 351 of the Public Health Service Act; or

''(C) is authorized for use under section 564.''.

SEC. 303. DEFINITIONS.

Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4) is amended by striking ''The Secretary, in consultation'' and inserting the following:

''(a) DEFINITIONS.—In this section—

''(1) the term 'countermeasure' means a qualified countermeasure, a security countermeasure, and a qualified pandemic or epidemic product;

''(2) the term 'qualified countermeasure' has the meaning given such term in section 319F–1 of the Public Health Service Act;

''(3) the term 'security countermeasure' has the meaning given such term in section 319F–2 of such Act; and

''(4) the term 'qualified pandemic or epidemic product' means a product that meets the definition given such term in section 319F–3 of the Public Health Service Act and—

''(A) that has been identified by the Department of Health and Human Services or the Department of Defense as receiving funding directly related to addressing chemical, biological, radiological, or nuclear threats, including pandemic influenza; or

''(B) is included under this paragraph pursuant to a determination by the Secretary.

''(b) GENERAL DUTIES.—The Secretary, in consultation''.

SEC. 304. ENHANCING MEDICAL COUNTERMEASURE ACTIVITIES.

Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4), as amended by section 303, is further amended—

(1) in the section heading, by striking ''**TECHNICAL ASSISTANCE**'' and inserting ''**COUNTERMEASURE DEVELOPMENT, REVIEW, AND TECHNICAL ASSISTANCE**'';

(2) in subsection (b), by striking the subsection enumerator and all that follows through ''shall establish'' and inserting the following:

''(b) GENERAL DUTIES.—In order to accelerate the development, stockpiling, approval, licensure, and clearance of qualified countermeasures, security countermeasures, and qualified pandemic or epidemic products, the Secretary, in consultation with the Assistant Secretary for Preparedness and Response, shall—

''(1) ensure the appropriate involvement of Food and Drug Administration personnel in interagency activities related to countermeasure advanced research and development, consistent with sections 319F, 319F–1, 319F–2, 319F–3, 319L, and 2811 of the Public Health Service Act;

''(2) ensure the appropriate involvement and consultation of Food and Drug Administration personnel in any flexible manufacturing activities carried out under section 319L of the Public Health Service Act, including with respect to meeting regulatory requirements set forth in this Act;

''(3) promote countermeasure expertise within the Food and Drug Administration by—

''(A) ensuring that Food and Drug Administration personnel involved in reviewing countermeasures for approval, licensure, or clearance are informed by the Assistant Secretary for Preparedness and Response on the material threat assessment conducted under section 319F–2 of the Public Health Service Act for the agent or agents for which the countermeasure under review is intended;

''(B) training Food and Drug Administration personnel regarding review of countermeasures for approval, licensure, or clearance;

''(C) holding public meetings at least twice annually to encourage the exchange of scientific ideas; and

''(D) establishing protocols to ensure that countermeasure reviewers have sufficient training or experience with countermeasures;

''(4) maintain teams, composed of Food and Drug Administration personnel with expertise on countermeasures, including specific countermeasures, populations with special clinical needs (including children and pregnant women that may use countermeasures, as applicable and appropriate), classes or groups of countermeasures, or other countermeasure-related technologies and capabilities, that shall—

''(A) consult with countermeasure experts, including countermeasure sponsors and applicants, to identify and help resolve scientific issues related to the approval, licensure, or clearance of countermeasures, through workshops or public meetings; and

''(B) improve and advance the science relating to the development of new tools, standards, and approaches to assessing and evaluating countermeasures—

''(i) in order to inform the process for countermeasure approval, clearance, and licensure; and

''(ii) with respect to the development of countermeasures for populations with special clinical needs, including children and pregnant women, in order to meet the needs of such populations, as necessary and appropriate; and

''(5) establish''; and

(3) by adding at the end the following:

''(c) FINAL GUIDANCE ON DEVELOPMENT OF ANIMAL MODELS.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012, the Secretary shall provide final guidance to industry regarding the development of animal models to support approval, clearance, or licensure of countermeasures referred to in subsection (a) when human efficacy studies are not ethical or feasible.

''(2) AUTHORITY TO EXTEND DEADLINE.—The Secretary may extend the deadline for providing final guidance under paragraph (1) by not more than 6 months upon submission by the Secretary of a report on the status of such guidance to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

''(d) DEVELOPMENT AND ANIMAL MODELING PROCEDURES.—

''(1) AVAILABILITY OF ANIMAL MODEL MEETINGS.—To facilitate the timely development of animal models and support the development, stockpiling, licensure, approval, and clearance of countermeasures, the Secretary shall, not later than 180 days after the enactment of this subsection, establish a procedure by which a sponsor or applicant that is developing a countermeasure for which human efficacy studies are not ethical or practicable, and that has an approved investigational new drug application or investigational device exemption, may request and receive—

''(A) a meeting to discuss proposed animal model development activities; and

''(B) a meeting prior to initiating pivotal animal studies.

''(2) PEDIATRIC MODELS.—To facilitate the development and selection of animal models that could translate to pediatric studies, any meeting conducted under paragraph (1) shall include discussion of animal models for pediatric populations, as appropriate.

''(e) REVIEW AND APPROVAL OF COUNTERMEASURES.—

''(1) MATERIAL THREAT.—When evaluating an application or submission for approval, licensure, or clearance of a countermeasure, the Secretary shall take into account the material threat posed by the chemical, biological, radiological, or nuclear agent or agents identified under section 319F–2 of the Public Health Service Act for which the countermeasure under review is intended.

''(2) REVIEW EXPERTISE.—When practicable and appropriate, teams of Food and Drug Administration personnel reviewing applications or submissions described under paragraph (1) shall include a reviewer with sufficient training or experience with countermeasures pursuant to the protocols established under subsection (b)(3)(D).''.

SEC. 305. REGULATORY MANAGEMENT PLANS.

Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4), as amended by section 304, is further amended by adding at the end the following:

''(f) REGULATORY MANAGEMENT PLAN.—

''(1) DEFINITION.—In this subsection, the term 'eligible countermeasure' means—

''(A) a security countermeasure with respect to which the Secretary has entered into a procurement contract under section 319F–2(c) of the Public Health Service Act; or

''(B) a countermeasure with respect to which the Biomedical Advanced Research and Development Authority has provided funding under section 319L of the Public Health Service Act for advanced research and development.

''(2) REGULATORY MANAGEMENT PLAN PROCESS.—The Secretary, in consultation with the Assistant Secretary for Preparedness and Response and the Director of the Biomedical Advanced Research and Development Authority, shall establish a formal process for obtaining scientific feedback and interactions regarding the development and regulatory review of eligible countermeasures by facilitating the development of written regulatory management plans in accordance with this subsection.

''(3) SUBMISSION OF REQUEST AND PROPOSED PLAN BY SPONSOR OR APPLICANT.—

''(A) IN GENERAL.—A sponsor or applicant of an eligible countermeasure may initiate the process described under paragraph (2) upon submission of a written request to the Secretary. Such request shall include a proposed regulatory management plan.

''(B) TIMING OF SUBMISSION.—A sponsor or applicant may submit a written request under subparagraph (A) after the eligible countermeasure has an investigational new drug or investigational device exemption in effect.

''(C) RESPONSE BY SECRETARY.—The Secretary shall direct the Food and Drug Administration, upon submission of a written request by a sponsor or applicant under subparagraph (A), to work with the sponsor or applicant to agree on a regulatory management plan within a reasonable time not to exceed 90 days. If the Secretary determines

that no plan can be agreed upon, the Secretary shall provide to the sponsor or applicant, in writing, the scientific or regulatory rationale why such agreement cannot be reached.

''(4) PLAN.—The content of a regulatory management plan agreed to by the Secretary and a sponsor or applicant shall include—

''(A) an agreement between the Secretary and the sponsor or applicant regarding developmental milestones that will trigger responses by the Secretary as described in subparagraph (B);

''(B) performance targets and goals for timely and appropriate responses by the Secretary to the triggers described under subparagraph (A), including meetings between the Secretary and the sponsor or applicant, written feedback, decisions by the Secretary, and other activities carried out as part of the development and review process; and

''(C) an agreement on how the plan shall be modified, if needed.

''(5) MILESTONES AND PERFORMANCE TARGETS.—The developmental milestones described in paragraph (4)(A) and the performance targets and goals described in paragraph (4)(B) shall include—

''(A) feedback from the Secretary regarding the data required to support the approval, clearance, or licensure of the eligible countermeasure involved;

''(B) feedback from the Secretary regarding the data necessary to inform any authorization under section 564;

''(C) feedback from the Secretary regarding the data necessary to support the positioning and delivery of the eligible countermeasure, including to the Strategic National Stockpile;

''(D) feedback from the Secretary regarding the data necessary to support the submission of protocols for review under section 505(b)(5)(B);

''(E) feedback from the Secretary regarding any gaps in scientific knowledge that will need resolution prior to approval, licensure, or clearance of the eligible countermeasure and plans for conducting the necessary scientific research;

''(F) identification of the population for which the countermeasure sponsor or applicant seeks approval, licensure, or clearance and the population for which desired labeling would not be appropriate, if known; and

''(G) as necessary and appropriate, and to the extent practicable, a plan for demonstrating safety and effectiveness in pediatric populations, and for developing pediatric dosing, formulation, and administration with respect to the eligible countermeasure, provided that such plan would not delay authorization under section 564, approval, licensure, or clearance for adults.

''(6) PRIORITIZATION.—

''(A) PLANS FOR SECURITY COUNTERMEASURES.—The Secretary shall establish regulatory management plans for all security countermeasures for which a request is submitted under paragraph (3)(A).

''(B) PLANS FOR OTHER ELIGIBLE COUNTERMEASURES.—The Secretary shall determine whether resources are available to establish regulatory management plans for eligible countermeasures that are not security countermeasures. If resources are available to establish regulatory management plans for eligible countermeasures that are not security countermeasures, and if resources are not available to establish regulatory management plans for all eligible countermeasures for which requests have been submitted, the Director of the Biomedical Advanced Research and Development Authority, in consultation with the Commissioner, shall prioritize which eligible countermeasures may receive regulatory management plans.''.

SEC. 306. REPORT.

Section 565 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4), as amended by section 305, is further amended by adding at the end the following:

''(g) ANNUAL REPORT.—Not later than 180 days after the date of enactment of this subsection, and annually thereafter, the Secretary shall make publicly available on the Web site of the Food and Drug Administration a report that details the countermeasure development and review activities of the Food and Drug Administration, including—

''(1) with respect to the development of new tools, standards, and approaches to assess and evaluate countermeasures—

''(A) the identification of the priorities of the Food and Drug Administration and the progress made on such priorities; and

''(B) the identification of scientific gaps that impede the development, approval, licensure, or clearance of countermeasures for populations with special clinical needs, including children and pregnant women, and the progress made on resolving these challenges;

''(2) with respect to countermeasures for which a regulatory management plan has been agreed upon under subsection (f), the extent to which the performance targets and goals set forth in subsection (f)(4)(B) and the regulatory management plan have been met, including, for each such countermeasure—

''(A) whether the regulatory management plan was completed within the required timeframe, and the length of time taken to complete such plan;

''(B) whether the Secretary adhered to the timely and appropriate response times set forth in such plan; and

''(C) explanations for any failure to meet such performance targets and goals;

''(3) the number of regulatory teams established pursuant to subsection (b)(4), the number of products, classes of products, or technologies assigned to each such team, and the number of, type of, and any progress made as a result of consultations carried out under subsection (b)(4)(A);

''(4) an estimate of resources obligated to countermeasure development and regulatory assessment, including—

''(A) Center-specific objectives and accomplishments; and

''(B) the number of full-time equivalent employees of the Food and Drug Administration who directly support the review of countermeasures;

''(5) the number of countermeasure applications and submissions submitted, the number of countermeasures approved, licensed, or cleared, the status of remaining submitted applications and submissions, and the number of each type of authorization issued pursuant to section 564;

''(6) the number of written requests for a regulatory management plan submitted under subsection (f)(3)(A), the number of regulatory management plans developed, and the number of such plans developed for security countermeasures; and

''(7) the number, type, and frequency of meetings between the Food and Drug Administration and—

''(A) sponsors of a countermeasure as defined in subsection (a); or

''(B) another agency engaged in development or management of portfolios for such countermeasures, including the Centers for Disease Control and Prevention, the Biomedical Advanced Research and Development Authority, the National Institutes of Health, and the appropriate agencies of the Department of Defense.''.

SEC. 307. PEDIATRIC MEDICAL COUNTERMEASURES.

(a) PEDIATRIC STUDIES OF DRUGS.—Section 505A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a) is amended—

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

''(5) CONSULTATION.—With respect to a drug that is a qualified countermeasure (as defined in section 319F–1 of the Public Health Service Act), a security countermeasure (as defined in section 319F–2 of the Public Health Service Act), or a qualified pandemic or epidemic product (as defined in section 319F–3 of the Public Health Service Act), the Secretary shall solicit input from the Assistant Secretary for Preparedness and Response regarding the need for and, from the Director of the Biomedical Advanced Research and Development Authority regarding the conduct of, pediatric studies under this section.''; and

(2) in subsection (n)(1), by adding at the end the following:

''(C) For a drug that is a qualified countermeasure (as defined in section 319F–1 of the Public Health Service Act), a security countermeasure (as defined in section 319F–2 of the Public Health Service Act), or a qualified pandemic or epidemic product (as defined in section 319F–3 of such Act), in addition to any action with respect to such drug under subparagraph (A) or (B), the Secretary shall notify the Assistant Secretary for Preparedness and Response and the Director of the Biomedical Advanced Research and Development Authority of all pediatric studies in the written request issued by the Commissioner of Food and Drugs.''.

(b) ADDITION TO PRIORITY LIST CONSIDERATIONS.—Section 409I of the Public Health Service Act (42 U.S.C. 284m) is amended—

(1) by striking subsection (a)(2) and inserting the following:

''(2) CONSIDERATION OF AVAILABLE INFORMATION.—In developing and prioritizing the list under paragraph (1), the Secretary—

''(A) shall consider—

''(i) therapeutic gaps in pediatrics that may include developmental pharmacology, pharmacogenetic determinants of drug response, metabolism of drugs and biologics in children, and pediatric clinical trials;

''(ii) particular pediatric diseases, disorders or conditions where more complete knowledge and testing of therapeutics, including drugs and biologics, may be beneficial in pediatric populations; and

''(iii) the adequacy of necessary infrastructure to conduct pediatric pharmacological research, including research networks and trained pediatric investigators; and

''(B) may consider the availability of qualified countermeasures (as defined in section 319F–1), security countermeasures (as defined in section 319F–2), and qualified pandemic or epidemic products (as defined in section 319F–3) to address the needs of pediatric populations, in consultation with the Assistant Secretary for Preparedness and Response, consistent with the purposes of this section.''; and

(2) in subsection (b), by striking ''subsection (a)'' and inserting ''paragraphs (1) and (2)(A) of subsection (a)''.

(c) ADVICE AND RECOMMENDATIONS OF THE PEDIATRIC ADVISORY COMMITTEE REGARDING COUNTERMEASURES FOR PEDIATRIC POPULATIONS.—Subsection (b)(2) of section 14 of the Best Pharmaceuticals for Children Act (42 U.S.C. 284m note) is amended—

(1) in subparagraph (C), by striking the period and inserting ''; and''; and

(2) by adding at the end the following:

''(D) the development of countermeasures (as defined in section 565(a) of the Federal Food, Drug, and Cosmetic Act) for pediatric populations.''.

TITLE IV—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

SEC. 401. BIOSHIELD.

(a) PROCUREMENT OF COUNTERMEASURES.—Section 319F–2(c) of the Public Health Service Act (42 U.S.C. 247d–6b(c)) is amended—

(1) in paragraph (1)(B)(i)(III)(bb), by striking ''eight years'' and inserting ''10 years'';

(2) in paragraph (2)(C), by striking ''the designated congressional committees (as defined in paragraph (10))'' and inserting ''the appropriate committees of Congress'';

(3) in paragraph (5)(B)(ii), by striking ''eight years'' and inserting ''10 years'';

(4) in subparagraph (C) of paragraph (6)—

(A) in the subparagraph heading, by striking ''DESIGNATED CONGRESSIONAL COMMITTEES'' and inserting ''APPROPRIATE CONGRESSIONAL COMMITTEES''; and

(B) by striking ''the designated congressional committees'' and inserting ''the appropriate congressional committees''; and

(5) in paragraph (7)(C)—

(A) in clause (i)(I), by inserting ''including advanced research and development,'' after ''as may reasonably be required,'';

(B) in clause (ii)—

(i) in subclause (III), by striking ''eight years'' and inserting ''10 years''; and

(ii) by striking subclause (IX) and inserting the following:

''(IX) CONTRACT TERMS.—The Secretary, in any contract for procurement under this section—

''(aa) may specify—

''(AA) the dosing and administration requirements for the countermeasure to be developed and procured;

''(BB) the amount of funding that will be dedicated by the Secretary for advanced research, development, and procurement of the countermeasure; and

''(CC) the specifications the countermeasure must meet to qualify for procurement under a contract under this section; and

''(bb) shall provide a clear statement of defined Government purpose limited to uses related to a security countermeasure, as defined in paragraph (1)(B).''; and

(C) by adding at the end the following:

''(viii) FLEXIBILITY.—In carrying out this section, the Secretary may, consistent with the applicable provisions of this section, enter into contracts and other agreements that are in the best interest of the Government in meeting identified security countermeasure needs, including with respect to reimbursement of the cost of advanced research and development as a reasonable, allowable, and allocable direct cost of the contract involved.''.

(b) REAUTHORIZATION OF THE SPECIAL RESERVE FUND.—Section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended—

(1) in subsection (c)—

(A) by striking ''special reserve fund under paragraph (10)'' each place it appears and inserting ''special reserve fund as defined in subsection (h)''; and

(B) by striking paragraphs (9) and (10); and

(2) by adding at the end the following:

''(g) SPECIAL RESERVE FUND.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—In addition to amounts appropriated to the special reserve fund prior to the date of the enactment of this subsection, there is authorized to be appropriated, for the procurement of security countermeasures under subsection (c) and for carrying out section 319L (relating to the Biomedical Advanced Research and Development Authority), $2,800,000,000 for the period of fiscal years 2014 through 2018. Amounts appropriated pursuant to the preceding sentence are authorized to remain available until September 30, 2019.

''(2) USE OF SPECIAL RESERVE FUND FOR ADVANCED RESEARCH AND DEVELOPMENT.—The Secretary may utilize not more than 50 percent of the amounts authorized to be appropriated under paragraph (1) to carry out section 319L (related to the Biomedical Advanced Research and Development Authority). Amounts authorized to be appropriated under this subsection to carry out section 319L are in addition to amounts otherwise authorized to be appropriated to carry out such section.

''(3) RESTRICTIONS ON USE OF FUNDS.—Amounts in the special reserve fund shall not be used to pay costs other than payments made by the Secretary to a vendor for advanced development (under section 319L) or for procurement of a security countermeasure under subsection (c)(7).

''(4) REPORT.—Not later than 30 days after any date on which the Secretary determines that the amount of funds in the special reserve fund available for procurement is less than $1,500,000,000, the Secretary shall submit to the appropriate committees of Congress a report detailing the amount of such funds available for procurement and the impact such reduction in funding will have—

''(A) in meeting the security countermeasure needs identified under this section; and

''(B) on the annual Public Health Emergency Medical Countermeasures Enterprise and Strategy Implementation Plan (pursuant to section 2811(d)).

''(h) DEFINITIONS.—In this section:

''(1) The term 'advanced research and development' has the meaning given such term in section 319L(a).

''(2) The term 'special reserve fund' means the 'Biodefense Countermeasures' appropriations account, any appropriation made available pursuant to section 521(a) of the Homeland Security Act of 2002, and any appropriation made available pursuant to subsection (g)(1).''.

SEC. 402. BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY.

(a) DUTIES.—Section 319L(c)(4) of the Public Health Service Act (42 U.S.C. 247d–7e(c)(4)) is amended—

(1) in subparagraph (B)(iii), by inserting ''(which may include advanced research and development for purposes of fulfilling requirements under the Federal Food, Drug, and Cosmetic Act or section 351 of this Act)'' after ''development''; and

(2) in subparagraph (D)(iii), by striking ''and vaccine manufacturing technologies'' and inserting ''vaccine-manufacturing technologies, dose-sparing technologies, efficacy-increasing technologies, and platform technologies''.

(b) TRANSACTION AUTHORITIES.—Section 319L(c)(5) of the Public Health Service Act (42 U.S.C. 247d–7e(c)(5)) is amended by adding at the end the following:

''(G) GOVERNMENT PURPOSE.—In awarding contracts, grants, and cooperative agreements under this section, the Secretary shall provide a clear statement of defined Government purpose related to activities included in subsection (a)(6)(B) for a qualified countermeasure or qualified pandemic or epidemic product.''.

(c) FUND.—Paragraph (2) of section 319L(d) of the Public Health Service Act (42 U.S.C. 247d–7e(d)(2)) is amended to read as follows:

''(2) FUNDING.—To carry out the purposes of this section, there is authorized to be appropriated to the Fund $415,000,000 for each of fiscal years 2013 through 2017, such amounts to remain available until expended.''.

(d) CONTINUED INAPPLICABILITY OF CERTAIN PROVISIONS.—Section 319L(e)(1)(C) of the Public Health Service Act (42 U.S.C. 247d–7e(e)(1)(C)) is amended by striking ''7 years'' and inserting ''11 years''.

(e) EXTENSION OF LIMITED ANTITRUST EXEMPTION.—Section 405(b) of the Pandemic and All-Hazards Preparedness Act (42 U.S.C. 247d–6a note) is amended by striking ''6-year'' and inserting ''11-year''.

(f) INDEPENDENT EVALUATION.—Section 319L of the Public Health Service Act (42 U.S.C. 247d–7e) is amended by adding at the end the following:

''(f) INDEPENDENT EVALUATION.—

''(1) IN GENERAL.—Not later than 180 days after the date of enactment of this subsection, the Comptroller General of the United States shall conduct an independent evaluation of the activities carried out to facilitate flexible manufacturing capacity pursuant to this section.

''(2) REPORT.—Not later than 1 year after the date of enactment of this subsection, the Comptroller General of the United States shall submit to the appropriate committees of Congress a report concerning the results of the evaluation conducted under paragraph (1). Such report shall review and assess—

''(A) the extent to which flexible manufacturing capacity under this section is dedicated to chemical, biological, radiological, and nuclear threats;

''(B) the activities supported by flexible manufacturing initiatives; and

''(C) the ability of flexible manufacturing activities carried out under this section to—

''(i) secure and leverage leading technical expertise with respect to countermeasure advanced research, development, and manufacturing processes; and

''(ii) meet the surge manufacturing capacity needs presented by novel and emerging threats, including chemical, biological, radiological, and nuclear agents.''.

(g) DEFINITIONS.—

(1) QUALIFIED COUNTERMEASURE.—Section 319F–1(a)(2)(A) of the Public Health Service Act (42 U.S.C. 247d–6a(a)(2)(A)) is amended—

(A) in the matter preceding clause (i), by striking ''to—'' and inserting ''—'';

(B) in clause (i)—

(i) by striking ''diagnose'' and inserting ''to diagnose''; and

(ii) by striking ''; or'' and inserting a semicolon;

(C) in clause (ii)—

(i) by striking ''diagnose'' and inserting ''to diagnose''; and

(ii) by striking the period at the end and inserting ''; or''; and

(D) by adding at the end the following:

''(iii) is a product or technology intended to enhance the use or effect of a drug, biological product, or device described in clause (i) or (ii).''.

(2) QUALIFIED PANDEMIC OR EPIDEMIC PRODUCT.—Section 319F–3(i)(7)(A) of the Public Health Service Act (42 U.S.C. 247d–6d(i)(7)(A)) is amended—

(A) in clause (i)(II), by striking ''; or'' and inserting '';'';

(B) in clause (ii), by striking ''; and'' and inserting ''; or''; and

(C) by adding at the end the following:

''(iii) a product or technology intended to enhance the use or effect of a drug, biological product, or device described in clause (i) or (ii); and''.

(3) TECHNICAL AMENDMENTS.—Section 319F–3(i) of the Public Health Service Act (42 U.S.C. 247d–6d(i)) is amended—

(A) in paragraph (1)(C), by inserting '', 564A, or 564B'' after ''564''; and

(B) in paragraph (7)(B)(iii), by inserting '', 564A, or 564B'' after ''564''.

SEC. 403. STRATEGIC NATIONAL STOCKPILE.

Section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by inserting ''consistent with section 2811'' before ''by the Secretary to be appropriate''; and

(ii) by inserting before the period at the end of the second sentence the following: ''and shall submit such review annually to the appropriate congressional committees of jurisdiction to the extent that disclosure of such information does not compromise national security''; and

(B) in paragraph (2)(D), by inserting before the semicolon at the end the following: ''and that the potential depletion of countermeasures currently in the stockpile is identified and appropriately addressed, including through necessary replenishment''; and

(2) in subsection (f)(1), by striking ''$640,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006. Such authorization is in addition to amounts in the special reserve fund referred to in subsection (c)(10)(A).'' and inserting ''$533,800,000 for each of fiscal years 2013 through 2017. Such authorization is in addition to amounts in the special reserve fund referred to in subsection (h).''.

SEC. 404. NATIONAL BIODEFENSE SCIENCE BOARD.

Section 319M(a) of the Public Health Service Act (42 U.S.C. 247d–f(a)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (D)—

(i) in clause (i), by striking ''and'' at the end;

(ii) in clause (ii), by striking the period and inserting a semicolon; and

(iii) by adding at the end the following:

''(iii) one such member shall be an individual with pediatric subject matter expertise; and

''(iv) one such member shall be a State, tribal, territorial, or local public health official.''; and

(B) by adding at the end the following flush sentence:

''Nothing in this paragraph shall preclude a member of the Board from satisfying two or more of the requirements described in subparagraph (D).''; and

(2) in paragraph (5)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(D) provide any recommendation, finding, or report provided to the Secretary under this paragraph to the appropriate committees of Congress.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. ROGERS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. ROGERS of Michigan. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on H.R. 6672.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. ROGERS of Michigan. Madam Speaker, I yield myself such time as I may consume.

Although it has been more than 10 years since September 11 and the anthrax attacks that followed, the threat of bioterrorism remains a very real danger to the American people. Fortunately, we have spent the last decade preparing for chemical, biological, radiological, and nuclear threats by developing and stockpiling numerous medical countermeasures to protect Americans in the event of such an attack. As a result of these efforts, we now have numerous vaccines and treatments in the Strategic National Stockpile that will save thousands of lives if we are attacked. However, the work to protect Americans against bioterrorism is not finished; and we must pass this bill, or the future of America's public health preparedness infrastructure will be in jeopardy.

The Pandemic and All-Hazards Preparedness Authorization Act, known as PAHPRA, is a fiscally responsible bill that represents common ground between the bipartisan House and Senate-passed preparedness bills. I would like to take the opportunity to thank the bipartisan cosponsors, including Chairman UPTON and Ranking Member WAXMAN, as well as our great bipartisan partners in the Senate for their support in what has been a very productive process to ensure the health, preparedness of our States and hospitals for the next flu outbreak or pandemic.

The bill will reauthorize critically important biodefense programs designed to promote the continued development of medical countermeasures against threats and would strengthen the Nation's public health preparedness infrastructure. Reauthorizing these programs is essential to how the Nation would respond to a chemical, biological, radiological, or nuclear attack. PAHPRA will reauthorize critically important programs for 5 years at the fiscal year 2012 appropriated level. The bill would not create a new program nor increase the authorization for appropriations for the existing program.

H.R. 6672 would reauthorize and improve certain provisions of Project Bioshield and PAHPRA. Its passage, I think, is important for the future of our national security here at home.

Madam Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. I yield myself such time as I may consume.

I rise in strong support of the Pandemic and All-Hazards Preparedness Reauthorization Act, which will reauthorize certain provisions of the Project Bioshield Act of 2004 and Pandemic and All-Hazards Preparedness Act of 2006. This legislation was passed by Congress to help the U.S. develop countermeasures against chemical, biological, radiological, and nuclear terrorism agents and to provide a mechanism for Federal acquisition of these newly developed countermeasures.

Our Nation remains vulnerable to these threats because many of these vaccines and medicines that are needed to protect our citizens do not exist. Developing and stockpiling these medical countermeasures require time, resources, and research—all of which will be provided under the legislation before us today. I'm pleased that the language I supported during the committee process was included, aimed at increasing emphasis on regionalized trauma care systems.

This bill is also very important to me because the University of Texas Medical Branch's Galveston National Laboratory is in my backyard. The Galveston National Lab is the only BSL–4 lab located on a university campus. At the lab, scientists conduct research to develop therapies, vaccines, and diagnostic tests for naturally-occurring emerging diseases such as SARS and avian influenza, as well as for microbes that might be employed by terrorists. This is exactly the type of research we hope to encourage under the Pandemic and All-Hazards Preparedness Reauthorization Act.

As an original cosponsor of the bill with Mr. ROGERS, I'm very pleased how quickly we moved this rare bipartisan piece of legislation. I want to thank Mr. ROGERS, Chairman UPTON, Ranking Member WAXMAN, Ranking Member PALLONE, Mrs. MYRICK, Ms. ESHOO, and Mr. MARKEY for their work on H.R. 6672. I strongly urge my colleagues to vote ''yes'' on this legislation.

I reserve the balance of my time.

Mr. ROGERS of Michigan. I yield 2 minutes to the distinguished chairman and a great leader of this Congress, the chairman of the Energy and Commerce Committee, the gentleman from Michigan (Mr. UPTON).

Mr. UPTON. I particularly want to thank Mr. ROGERS, who has helped shepherd this bill through our committee. I appreciate the very hard work of Chairman PITTS, Ranking Members WAXMAN and PALLONE, along with all the members of our committee to get this bill done and to the floor this afternoon.

Madam Speaker, this bill, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012, would reauthorize programs designed to encourage the development of medical countermeasures and improve the Nation's health infrastructure to help us respond to a terrorist attack. This bill is very similar to H.R. 2405, the Pandemic and All-Hazards Preparedness Act of 2011, which passed the House last year. This bill, H.R. 6672, reflects common ground reached between the House and Senate through months and months of bipartisan negotiations. I'm hopeful that the Congress, House and Senate, will enact the bill this week so that we can ensure that our Nation is prepared for the unthinkable.

This bill reauthorizes the special reserve fund, the Biodefense Advanced Research and Development Authority, and public health preparedness programs, while eliminating duplicative reports. It also clarifies that the Assistant Secretary for Preparedness and Response is the leader of the Federal Government's efforts on preparedness

and response. This clarification will help in removing duplication, improving coordination, and providing accountability.

The bill also takes important steps to foster medical countermeasure development by ensuring that the FDA's regulations of medical countermeasures are predictable, consistent, and, in fact, transparent. Finally, the bill would provide additional flexibility for emergency distribution, stockpiling, and use of medical countermeasures so the Nation is prepared for whatever may happen.

I would urge all of my colleagues to support the bill. Again, I commend Republicans and Democrats for working together on a bill that really does need to get to the President's desk.

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Mr. PALLONE. Madam Speaker, I'd like to yield such time as she may consume to the gentlewoman from California (Ms. ESHOO) and stress her involvement in this issue over the years.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the time.

There was no objection.

Ms. ESHOO. I thank the gentleman.

Madam Speaker, it's good to see you in the chair. We're all going to miss you a great, great deal.

I rise today in support of the Pandemic and All-Hazards Preparedness Act's reauthorization, legislation I first introduced in 2006 with Congressman MIKE ROGERS to better help our country prepare for a chemical, biological, radiological, or nuclear attack.

Developing and stockpiling appropriate countermeasures is essential for public safety, and these programs encourage American companies to invest in areas of high critical need.

The bill before us today includes new provisions that highlight the important needs of our Nation's children. Children are not just little adults; they need special care and special medical attention. They're especially vulnerable to biological or chemical agents because of their size, their limited capacity to flush out toxins, their underdeveloped motor skills, and their total reliance on their parents or other caregivers.

While the hope is that we will never need to use these countermeasures to combat an attack on our country, I'm proud that we've strengthened these programs for everyone in our country, especially the children.

I'm pleased to see the Pandemic and All-Hazards Preparedness Act voted on today. I thank everyone that's been involved in this on a bipartisan basis in the spirit in which it was first introduced when we introduced it in 2006, and I look forward to seeing it signed into law by the President of the United States.

Mr. ROGERS of Michigan. Madam Speaker, I just want to say thank you and congratulate my friend, ANNA ESHOO, for the work that she's done on this bill in such a bipartisan way. I think we would not have advanced to this degree without her great help and assistance.

With that, I would yield 3 minutes to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. I thank the gentleman for yielding.

I also want to start by thanking our chairman, Chairman UPTON, Mr. WAXMAN, the ranking member, Mr. ROGERS, as well as our staff, Clay Alspach with the majority staff, for all their help in assuring that this bill, H.R. 6672, came to the floor.

In an emergency we need all hands on deck. In the aftermath of an attack, natural disaster, or pandemic, we need to be assured that there is an adequate supply of countermeasures to meet our Nation's needs. This program has also proven itself effective and deserves to be reauthorized and strengthened, as this bill does.

Our Nation will never reach the surge capacity it needs without utilizing all personnel in our health care workforce. The committee has worked with me to ensure maximum capacity by correcting an oversight in the original law and now clarifies that dentists and dental facilities have the opportunity to be included in the first responder framework by incorporating earlier legislation, H.R. 570.

Dentists are willing and trained to support the medical and public health response to a disaster, and this legislation allows States the option of incorporating dentists into their disaster response framework.

In addition, the legislation expands on a long-held priority for me by strengthening our Nation's commitment to trauma care and its continued necessity in the aftermath of a disaster.

We're fortunate to have the bill on the floor today to ensure that our national disaster response framework has the maximum available resources. I urge the Senate to take up this legislation.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I'm pleased to rise in support of H.R. 6672, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012. This bill reflects bipartisan work that has taken place between the House and Senate over the last several months to resolve differences between the House and Senate-passed PAHPA reauthorization bills.

We all know very well that our Nation continues to face threats that require an ongoing commitment to public health and emergency preparedness. Just recently we experienced a devastating storm along the east coast—Hurricane Sandy—that destroyed entire communities in coastal New Jersey and New York, including areas within my district. The Federal Government's support, including through programs authorized by PAHPA, was critical in the wake of this disaster.

The legislation before us today reauthorizes programs and activities first established as part of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the 2004 Project Bioshield Act, and the 2006 Pandemic and All-Hazards Preparedness.

In the wake of 9/11, Congress placed a high priority on biodefense. Congress first passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to improve the Nation's ability to respond to acts of biological terrorism.

In 2004, we passed the Project Bioshield Act with tremendous bipartisan support, and Democrats and Republicans worked together to authorize the development, procurement, and emergency use of medical countermeasures for biological, chemical, radiological, and nuclear threats.

We then identified some shortfalls, and in 2006 worked to amend and build upon the existing BioShield program and Department of Health and Human Services authorities by passing PAHPA. For example, PAHPA charged the Assistant Secretary for Preparedness and Response with the Department's public health and medical response. It required, a National Health Security Strategy to guide the Department's preparedness and response efforts, reauthorize grants to improve State and local public health and hospital preparedness, and establish the Biomedical Advance Research and Development Authority to spur development of medical countermeasures.

Together, BioShield and PAHPA represent more comprehensive efforts to prepare for and respond to public health emergencies, whether they're naturally occurring events like the H1N1 outbreak, or those that are deliberate, such as anthrax attacks. As a result of these bills and the investments that followed, our Nation is better equipped to respond to public health emergencies.

I'd just like to take a few moments, Madam Speaker, to highlight ways that H.R. 6672 will continue the progress we've made over the past decade.

First, the bill further facilitates the development of medical countermeasures through emphasizing medical countermeasures advancement in the National Health Security Strategy; requiring the development of a 5-year budget analysis of the countermeasure enterprise; and calling for the development of a countermeasure strategy and implementation plan.

Second, Madam Speaker, H.R. 6672 bolsters the Nation's medical and public health preparedness and response infrastructure, including through a new authority that would allow States to redeploy personnel funded through Federal programs to the areas within their State where they're most needed in the aftermath of a disaster.

Third, it strengthens and clarifies the position of Assistant Secretary for

Preparedness and Response as the lead for HHS on emergency preparedness and response and calls for streamlining and better coordinating HHS preparedness grants with those of other departments.

Next, it places even greater emphasis on the special needs of pediatric and other at-risk populations in preparing for and responding to public health emergencies.

Finally, H.R. 6672 improves FDA's emergency response capabilities. It will enable FDA to authorize the distribution and use of medical countermeasures in preparation for an emergency and to take actions during an emergency that will allow for the most effective use of medical countermeasures.

I'd like to thank Congressman MIKE ROGERS, Congressman GENE GREEN, and their staff who authored the original House legislation, H.R. 2405. I'd like to recognize the contributions of Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, Congresswoman ESHOO, and Congressman MARKEY, and their staff in strengthening the legislation as it moved through the committee process and in discussions with the Senate. They have all worked in a bipartisan fashion over the past 1½ years to accomplish the goals of our Members and should be commended for their work.

I also urge Members to join me in supporting passage of H.R. 6672. I'm hopeful that our Senate colleagues will similarly support this bill's passage so we can get the bill to the President's desk.

Madam Speaker, I reserve the balance of my time.

Mr. ROGERS of Michigan. Madam Speaker, at this time we have no further speakers, and I would continue to reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I'd like to submit letters of support from the following organizations into the RECORD: the Alliance for Biosecurity, the American Academy of Pediatrics, the Biotechnology Industry Organization, or BIO, the Roundtable on Critical Care Policy, and a joint letter from four public health organizations. Those are the American Public Health Association, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Trust for America's Health.

I yield back the balance of my time.

ALLIANCE FOR BIOSECURITY, OFFICE OF THE SECRETARY AND LEGAL COUNSEL,
Washington, DC, December 17, 2012.

Hon. MIKE ROGERS,
Rayburn House Office Building,
Washington, DC.

DEAR REPRESENTATIVE ROGERS: On behalf of the Alliance for Biosecurity, I write in strong support of the Pandemic All-Hazards Preparedness Reauthorization Act of 2012 (H.R. 6672). The Alliance for Biosecurity is a collaboration of pharmaceutical and biotechnology companies working to develop medical countermeasures (MCMs) to prevent and treat diseases associated with bioterrorism and emerging infectious diseases. It is essential to our nation's safety that this bill is passed by the House and Senate before the end of the 112th Congress.

As you know, the chemical, biological, radiological, and nuclear (CBRN) threat is real and growing. It is critical that the country continue ongoing efforts to develop, procure, and stockpile MCMs to both deter an attack and protect our citizens should a bioterrorism event occur. The Congressionally-established Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism 2008 report predicted that ''it is more likely than not that a weapon of mass destruction will be used in a terrorist attack somewhere in the world by the end of 2013.'' There is a limited commercial market for MCMs; consequently, without adequate advanced development and stockpiling funding, companies have neither the incentive nor the ability to invest in these life-saving therapies.

Reauthorization of PAHPA and Project BioShield is critical to ensuring the sustainability of the MCM enterprise. We applaud the tireless work of you and your colleagues on this important issue and urge that this measure is brought up for consideration in the House and Senate without delay to ensure that our nation remains prepared to face such threats.

Respectfully submitted on behalf of the Alliance for Biosecurity.

MAUREEN DONAHUE HARDWICK,
Secretariat and Legal Counsel.

AMERICAN ACADEMY OF PEDIATRICS,
December 18, 2012.

Hon. MIKE ROGERS,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN ROGERS: On behalf of the American Academy of Pediatrics (AAP), a professional organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to express our support for H.R. 6672, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012.

Representing twenty-five percent of the U.S. population, children are not little adults. Their developing minds and bodies place them at disproportionate risk during a disaster situation. Children are particularly vulnerable to aerosolized biological or chemical agents because they breathe more times per minute than adults and they are more vulnerable to agents that act on or through the skin because their skin is thinner and they have a larger surface-to-mass ratio than adults. Children need different dosages of medicine than adults, not only because they are smaller, but also because certain drugs and biologics may have different or unanticipated effects on developing children. From needles and tubing, to oxygen masks and ventilators, to imaging and laboratory technology, children need medical equipment that has been specifically designed for their size and unique physiology.

Numerous expert bodies including the National Commission on Children and Disasters and the National Biodefense Science Board (NBSB) have found that, with respect to medical countermeasures (MCMs) for children, significant gaps remain in pediatric indications, dosages and formulations. H.R. 6672 includes several important provisions that will help advance the development of MCMs for children by maximizing existing pediatric drug testing laws, increasing pediatric expertise at federal agencies involved in MCM development and procurement, and prioritizing children within the existing Public Health Emergency Medical Countermeasures Enterprise. Additionally, the expansion of existing emergency use authorization authority will be critical to ensuring that countermeasures for children are stockpiled in advance of a disaster or emergency.

In particular, the Academy thanks you for including a provision that will require the Secretary of Health and Human Services to establish a National Advisory Committee on Children and Disasters. With the termination of the National Commission on Children and Disasters, which helped focus attention on gaps in disaster planning and delivered practical recommendations to the President and Congress, the National Advisory Committee on Children and Disasters will help ensure that important progress made at various federal agencies, state and local levels, and throughout the private sector continues. Importantly, the Advisory Committee will bring together federal and non-federal partners to provide guidance and recommendations on our nation's preparedness to meet the needs of children before, during and after all-hazards emergencies. It is our hope that the Advisory Committee will comprehensively assess progress toward fulfilling the recommendations of the National Commission on Children and Disasters. The Academy looks forward to working with you and the Department of Health and Human Services to establish the National Advisory Committee on Children and Disasters.

H.R. 6672 maintains the important role of the National Disaster Medical System (NDMS) while ensuring that the NDMS takes into account pediatric populations. It also ensures that the requirements for the Hospital Preparedness Program and the Public Health Emergency Preparedness Cooperative Agreement Program have specific pediatric performance measures. The AAP applauds the requirement in the legislation that the NBSB include an individual with pediatric subject matter expertise.

Thank you for your continued commitment to improving the health and well-being of children. We look forward to working with you on passage of H.R. 6672.

Sincerely,

THOMAS K. MCINERNY, MD, FAAP,
President.

BIOTECHNOLOGY INDUSTRY ORGANIZATION,
December 18, 2012.

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives, The Capitol, Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives, The Capitol, Washington, DC.

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: On behalf of the Biotechnology Industry Organization (BIO), I am writing with our support for H.R. 6672, the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2012, sponsored and championed by Chairman Mike Rogers (R–MI).

BIO represents more than 1,100 biotechnology companies, academic institutions, state biotechnology centers and related organizations across the United States. BIO members are involved in the research and development of healthcare, agricultural, industrial and environmental biotechnology products. Our members play a central role in ensuring the effective development of medical countermeasures (MCMs) to protect our nation's citizens against chemical, biological, radiological and nuclear threats, whether naturally occurring or man-made.

We strongly support the simultaneous reauthorization of Project BioShield and the Special Reserve Fund (SRF) with PAHPRA.

Because the government represents the sole marketplace for the vast majority of MCMs, the funding available through the SRF is vital for private companies, considering the high cost and significant time commitment associated with the development and manufacture of these products. We also support the bill's provisions clarifying the regulatory process at the U.S. Food and Drug Administration (FDA) for MCMs, as these provisions will help accelerate MCM development and approval, improving the nation's preparedness.

We thank you for moving the legislation forward in the House, and we look forward to working with you, Chairman Rogers, Congressman Gene Green, and the Senate to ensure that H.R. 6672 is ultimately enacted into law this year. Thank you.

Sincerely,

JAMES C. GREENWOOD,
President & CEO.

THE ROUNDTABLE
ON CRITICAL CARE POLICY,
Washington, DC, December 18, 2012.

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives, U.S. Capitol, Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives, U.S. Capitol, Washington, DC.

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: The Roundtable on Critical Care Policy strongly supports the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2012 and urges the House of Representatives to swiftly pass this vital legislation that will improve America's public health, medical preparedness and response capabilities, and enhance the nation's ability to care for the critically ill and injured in the aftermath of a public health emergency.

In particular, our organization strongly supports the Roundtable-endorsed provisions included in the House and Senate negotiated version of PAHPRA that would prioritize critical care within the National Health Security Strategy (NHSS). More specifically, these provisions would, for the first time, add care for critically ill patients in our nation's intensive care units (ICU) to the federal government's medical preparedness and surge capacity goals, thereby ensuring that critical care is included in federal, state and local planning efforts to increase preparedness for public health emergencies. This reauthorization would require the inclusion of medical surge capacity in the periodic evaluation of the nation's preparedness capabilities, enabling an efficient and effective medical response during an emergency.

The Roundtable also commends the inclusion of language in the NHSS that requires coordinated medical triage and evacuation to appropriate medical institutions during a public health emergency, which supports the Roundtable's past calls for increased planning for patient evacuation in hospitals—including ICUs.

When our nation is faced with a health emergency, the critical care delivery system is an integral component of our nation's medical response. Yet, despite the fact that Americans depend on this delivery system to care for our most critically ill and injured—a system whose capacity is truly put to the test and often stretched to its limits in the event of a widespread health emergency—critical care medicine has not been given sufficient consideration in our disaster preparedness efforts, until now.

The Roundtable believes that the inclusion of these provisions in the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012 will go a long way towards strengthening the nation's critical care infrastructure, and addressing the needs of the critically ill and injured in the event of a major public health crisis.

We applaud the U.S. House of Representatives under your leadership for working to improve our federal disaster preparedness efforts, and ensuring the prioritization of critical care within PAHPRA.

Sincerely,

STEPHANIE SILVERMAN,
President.

DECEMBER 18, 2012.

Hon. JOHN BOEHNER,
Speaker of the House, U.S. Capitol, Washington, DC.

Hon. NANCY PELOSI,
House Minority Leader, U.S. Capitol, Washington, DC.

DEAR SPEAKER BOEHNER AND MINORITY LEADER PELOSI: On behalf of the undersigned organizations, dedicated to protecting the public health of our nation, we write to express our support for the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012 (PAHPRA/H.R. 6672) before the House of Representatives this week. We thank you for your leadership on this legislation that is critical to the safety of our nation.

PAHPRA is vital to state and local health and other public health practitioners who are a critical part of any community's first response to disease outbreaks, emergencies, and acts of terrorism. The following provisions in particular are essential to keeping communities healthy and safe:

Temporary Redeployment of Federally Funded Personnel During a Public Health Emergency (Section 201): The provision allows states and tribes to request from the Department of Health and Human Services (HHS) the authority to temporarily reassign public health personnel from other HHS-funded grant programs to respond to a major emergency. The authority would allow state and local governments to meet the tremendous staffing needs required by a disaster.

Reauthorization of the Public Health and Emergency Preparedness Grants (PHEP) (Section 202): The PHEP cooperative agreement program provides funding to local and state public health departments to strengthen their capacity and capability to effectively respond to public health emergencies including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. State and local health departments work with federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes, communities are prepared.

Reauthorization of the Hospital Preparedness Program (HPP) (Section 203): HPP provides funding to state and local health departments to enhance hospital preparedness and improve overall surge capacity in the case of public health emergencies. The preparedness activities carried out under this program strengthen the capabilities of hospitals throughout the country to respond to floods, hurricanes, or wildfires, and also include training for a potential influenza pandemic or terrorist attack.

Carryover of Grant Use, Coordination (Section 202 and 203): The bill updates the preparedness grant programs at HHS giving grantees limited ability to carry over funds encouraging flexibility and efficiency. The provisions promote long-term planning currently impossible in an unpredictable fiscal environment.

Children's Preparedness (Sections 103, 307 and throughout): The bill establishes the National Advisory Committee on Children and Disasters to bring together federal and non-federal partners to provide guidance and recommendations on medical and public health preparedness for children before, during and after a disaster or public health emergency. The bill takes significant steps to consider the particular needs of pediatric populations in Medical Countermeasure (MCM) research and development. The bill also calls for consideration of the needs of children, as an at-risk population, in the Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan, PHEP, HPP, and Medical Reserve Corps.

Enhancing Situational Awareness and Biosurveillance (Section 204): The bill calls for planning and integration of the current biosurveillance systems to strengthen the nation's bioterrorism and disease outbreak response capabilities. The bill also requires coordination with the National Biodefense Science Board. HHS is required to provide a report to Congress on their implementation plans and progress.

Individuals with Disabilities (Section 101): The bill calls for the consideration of the needs individuals with disabilities in the National Health Security Strategy.

Thank you again for your work to reauthorize this important legislation. We look forward to working with you and your staff to move this bill to the President's desk.

Sincerely,

GEORGES C. BENJAMIN, MD, FACP, FACEP, (E)
Executive Director, American Public Health Association.
PAUL E. JARRIS, MD, MBA,
Executive Director, Association of State and Territorial Health Officials.
ROBERT M. PESTRONK, MPH,
Executive Director, National Association of County and City Health Officials.
JEFF LEVI, PHD,
Executive Director, Trust For America's Health.

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Mr. ROGERS of Michigan. Madam Speaker, there are many things that keep me awake at night as the chairman of the House Permanent Select Committee on Intelligence. The growing threat from chemical, biological, radiological, and nuclear attacks not only abroad but here is of growing concern. Instability in governments that possess these materials, an increasing interest from those who would choose to do harm to the United States, desire to get their hands on these materials means that we must prepare ourselves here at home for the unfortunate, I think unlikely certainly in the short term, but possible position of being attacked with these disturbing weapons systems. This is that important step to protect Americans by increasing our stockpiles, and I would urge its passage.

With that, Madam Speaker, I yield back the balance of my time.

Mr. WAXMAN. Madam Speaker, I rise in support of H.R. 6672, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012, and urge my colleagues to support this bill as well.

Madam Speaker, this legislation has been a long time coming. The House version of the

bill passed this body over one year ago; the Senate version was adopted in March of this year. Since that time we have been engaged in a lengthy, but extremely productive process with our Senate colleagues and their staff to come together to bridge the differences between the two bills. H.R. 6672 is the product of that effort. It is our hope that the Senate will pass the bill as soon as possible after the House acts on the legislation today, allowing the critical work authorized under the legislation to continue.

Toward that end, H.R. 6672 reauthorizes and makes minor—but important—improvements to various programs and activities first established in the 2004 Project Bioshield Act and the 2006 Pandemic and All-Hazards Preparedness Act, or as it is commonly referred to, ''PAHPA.'' These programs and activities are key in helping to ensure that our Nation is well prepared to successfully manage the effects of natural disasters, infectious disease outbreaks, and acts of bioterrorism.

H.R. 6672 includes dozens of changes to these underlying authorities. Let me highlight just three provisions that deserve special attention:

The bill targets the Food and Drug Administration, FDA, to ensure that it focuses on medical countermeasures—that is, products designed to combat chemical, biological, radioactive, and nuclear agents—of the highest importance. It requires FDA to work with industry on industry-submitted regulatory management plans for prioritized countermeasures to facilitate scientific exchanges between the FDA and countermeasure product sponsors to streamline our ability to make these products available. Just last Friday, FDA approved the first drug developed and procured under Project BioShield. Raxibacumab is approved for use together with antibiotics to treat anthrax in children and adults. The FDA provisions in H.R. 6672—together with the renewed emphasis in our countermeasure enterprise through other provisions in this legislation—will make it possible for even more drugs and devices to move from early development to procurement.

The legislation also makes improvements to the Nation's blueprint for public health preparedness and response activities that will enhance the ability of our diverse health care system to respond to mass casualty emergencies. Among such improvements are clarifying the role of the Assistant Secretary of Preparedness and Response as the lead office within the Department of Health and Human Services, HHS, for emergency preparedness and response. H.R. 6672 also establishes a new authority to permit the HHS Secretary to approve a request of a state, territory, or an Indian tribe to redeploy certain federally-supported employees during the time of a national emergency to geographic areas where such employees are needed most.

In addition, H.R. 6672 continues support for investments in State and local public health departments. Such investments are necessary to make certain that we have the requisite public health infrastructure in place to respond immediately and appropriately to any public health threat that may arise.

This legislation reflects the effort of a number of members—Democrats and Republicans alike. On our side of the aisle Congressman GREEN, Congresswoman ESHOO, Congressman MARKEY, and our Health Subcommittee Ranking Member—Congressman Pallone—have been deeply involved. I want to thank them and their staff for all the long and incredibly hard work they have put into this legislation and to the process of getting us here today.

I urge my colleagues to vote in favor of H.R. 6672.

Mr. PAULSEN. Madam Speaker, I rise in strong support of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012. This legislation will bolster the nation's public health preparedness infrastructure and ensure the reauthorization of programs that provide key resources to states, health departments and hospitals.

I am particularly pleased that the final legislation contains key provisions that enhance the nation's ability to care for the critically ill and injured in the aftermath of a public health emergency. For the first time, the federal government will be required to prioritize the critical care system in its emergency and disaster planning efforts. Furthermore, the bill requires additional planning regarding evacuation of patients.

Last year, I introduced legislation with my colleague from Wisconsin, Congresswoman BALDWIN to ensure that the nation's critical care system is structured to provide the highest quality and most efficient health care. This legislation is designed to determine inefficiencies in the current system and bolster capabilities to meet future demands—including improving federal disaster preparedness efforts to care for the critically ill or injured.

A key aspect of this bill was to put in place measures to ensure there are sufficient numbers of critical care providers to respond in a medical crisis, develop best practices for the safe evacuation of ICU patients, and enhance the current databases that provide necessary resource information in the aftermath of a disaster. I'm happy to report that these important provisions are all reflected in today's bill.

Today's bill recognizes that critical care services play an important role in our medical response system and provides an opportunity to build more prepared and resilient communities that are able to respond and contain the impact of a public health emergency. I urge its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. ROGERS) that the House suspend the rules and pass the bill, H.R. 6672.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROGERS of Michigan. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY REAUTHORIZATION ACT

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1440) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, as amended.

The Clerk read the title of the bill.

The text of the amendments is as follows:

Amendments:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act'' or the ''PREEMIE Reauthorization Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

TITLE I—PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY

SEC. 101. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f) is amended by striking subsection (b) and inserting the following:

''(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—

''(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—

''(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;

''(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

''(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

''(2) REPORT.—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).''.

(b) REAUTHORIZATION.—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by striking ''2011'' and inserting ''2017''.

SEC. 102. ACTIVITIES AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) TELEMEDICINE AND HIGH-RISK PREGNANCIES.—Section 330I(i)(1)(B) of the Public