

Subsec. (c)(5)(A)(v). Pub. L. 116-22, § 205(a)(4)(D)(iv)(II)-(IV), added cl. (v).

Subsec. (c)(5)(B). Pub. L. 116-22, § 205(a)(4)(D)(iii), added subpar. (B). Former subpar. (B) redesignated cl. (ii) of subpar. (A).

Subsec. (c)(6). Pub. L. 116-22, § 205(a)(4)(F), added par. (6). Former par. (6) redesignated (7).

Subsec. (c)(7). Pub. L. 116-22, § 205(a)(4)(E), redesignated par. (6) as (7).

Subsec. (c)(7)(A). Pub. L. 116-22, § 205(a)(4)(G)(i), inserted “(taking into account zoonotic disease, including gaps in scientific understanding of the interactions between human, animal, and environmental health)” after “human health”.

Subsec. (c)(7)(B). Pub. L. 116-22, § 205(a)(4)(G)(ii), inserted “and gaps in surveillance programs” after “surveillance programs” and substituted “zoonotic;” for “zoonotic; and”.

Subsec. (c)(7)(C). Pub. L. 116-22, § 205(a)(4)(G)(iii), inserted “, animal health organizations related to zoonotic disease,” after “health care entities” and substituted “activities; and” for “activities.”

Subsec. (c)(7)(D). Pub. L. 116-22, § 205(a)(4)(G)(iv), added subpar. (D).

Subsec. (c)(8). Pub. L. 116-22, § 205(a)(4)(H), added par. (8).

Subsec. (d)(1). Pub. L. 116-22, § 205(a)(5)(A), inserted “environmental health agencies,” after “public health agencies,” and “immunization programs,” after “poison control centers,”.

Subsec. (d)(2)(D). Pub. L. 116-22, § 205(a)(5)(B), added subpar. (D).

Subsec. (d)(5). Pub. L. 116-22, § 205(a)(5)(C), added par. (5) and struck out former par. (5) which required an independent evaluation and report from the Government Accountability Office no later than 3 years after Mar. 13, 2013.

Subsecs. (f) to (h). Pub. L. 116-22, § 205(a)(7), added subsecs. (f) to (h). Former subsecs. (f) and (g) redesignated (i) and (j), respectively.

Subsec. (i). Pub. L. 116-22, § 205(a)(6), (b), redesignated subsec. (f) as (i) and substituted “\$161,800,000 for each of fiscal years 2019 through 2023” for “\$138,300,000 for each of fiscal years 2014 through 2018”.

Subsec. (j). Pub. L. 116-22, § 205(a)(6), redesignated subsec. (g) as (j).

2013—Subsec. (b)(1)(B). Pub. L. 113-5, § 204(a)(1)(A), inserted “poison control centers,” after “hospitals,”.

Subsec. (b)(2). Pub. L. 113-5, § 204(a)(1)(B), inserted “, allowing for coordination to maximize all-hazards medical and public health preparedness and response and to minimize duplication of effort” before period at end.

Subsec. (b)(3). Pub. L. 113-5, § 204(a)(1)(C), inserted “and update such standards as necessary” before period at end.

Subsec. (c). Pub. L. 113-5, § 204(a)(4)(A), substituted “Modernizing public health situational awareness and biosurveillance” for “Public health situational awareness” in heading.

Pub. L. 113-5, § 204(a)(2), (3), redesignated subsec. (d) as (c) and struck out former subsec. (c) which related to authorization of appropriations for fiscal years 2002 through 2006.

Subsec. (c)(1). Pub. L. 113-5, § 204(a)(4)(B), substituted “March 13, 2013” for “December 19, 2006” and inserted “, novel emerging threats,” after “disease outbreaks”.

Subsec. (c)(2). Pub. L. 113-5, § 204(a)(4)(C), added par. (2) and struck out former par. (2). Prior to amendment, text read as follows: “Not later than 180 days after December 19, 2006, the Secretary shall submit to the appropriate committees of Congress, a strategic plan that demonstrates the steps the Secretary will undertake to develop, implement, and evaluate the network described in paragraph (1), utilizing the elements described in paragraph (3).”

Subsec. (c)(3)(D). Pub. L. 113-5, § 204(a)(4)(D), inserted “community health centers, health centers” after “of poison control,”.

Subsec. (c)(5)(A). Pub. L. 113-5, § 204(a)(4)(E), added subpar. (A) and struck out former subpar. (A) which

read as follows: “utilize applicable interoperability standards as determined by the Secretary through a joint public and private sector process;”.

Subsec. (c)(6). Pub. L. 113-5, § 204(a)(4)(F), added par. (6).

Subsec. (d). Pub. L. 113-5, § 204(a)(3), redesignated subsec. (e) as (d). Former subsec. (d) redesignated (c).

Subsec. (d)(1), (4)(B). Pub. L. 113-5, § 204(a)(5)(A), (B), substituted “subsection (c)” for “subsection (d)”.

Subsec. (d)(5). Pub. L. 113-5, § 204(a)(5)(C), substituted “3 years after March 13, 2013” for “4 years after December 19, 2006” and “subsection (c)” for “subsection (d)”.

Subsec. (e). Pub. L. 113-5, § 204(a)(3), redesignated subsec. (f) as (e). Former subsec. (e) redesignated (d).

Subsec. (f). Pub. L. 113-5, § 204(a)(3), (6), redesignated subsec. (g) as (f) and substituted “\$138,300,000 for each of fiscal years 2014 through 2018” for “such sums as may be necessary in each of fiscal years 2007 through 2011”. Former subsec. (f) redesignated (e).

Subsec. (g). Pub. L. 113-5, § 204(a)(7), added subsec. (g). Former subsec. (g) redesignated (f).

2006—Subsec. (a)(1). Pub. L. 109-417, § 202(1), inserted “domestically and abroad” after “public health threats”.

Subsec. (a)(3). Pub. L. 109-417, § 204(b)(2), struck out “, taking into account evaluations under section 247d-2(a) of this title,” after “The Secretary” in introductory provisions.

Subsecs. (d) to (g). Pub. L. 109-417, § 202(2), added subsecs. (d) to (g).

2002—Pub. L. 107-188 reenacted section catchline without change and amended text generally, substituting detailed provisions relating to facilities, capacities, and national communications and surveillance networks for provisions relating to findings of need for secure and modern facilities.

Statutory Notes and Related Subsidiaries

WORKING CAPITAL FUND

Pub. L. 113-76, div. H, title II, Jan. 17, 2014, 128 Stat. 368, provided in part: “That to facilitate the implementation of the permanent Working Capital Fund (‘WCF’) authorized under this heading [CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT] in division F of Public Law 112-74 [see note below], on or after enactment of this Act [Jan. 17, 2014], unobligated balances of amounts appropriated for business services for fiscal year 2013 shall be transferred to the WCF: *Provided further*, That on or after enactment of this Act, CDC shall transfer amounts available for business services to other CDC appropriations consistent with the benefit each appropriation received from the business services appropriation in fiscal year 2013: *Provided further*, That once the WCF is implemented in fiscal year 2014, assets purchased in any prior fiscal year with funds appropriated for or reimbursed to business services may be transferred to the WCF and customers billed for depreciation of those assets: *Provided further*, That CDC shall, consistent with the authorities provided in 42 U.S.C. 231, ensure that the WCF is used only for administrative support services and not for programmatic activities: *Provided further*, That CDC shall notify the Committees on Appropriations of the House of Representatives and the Senate not later than 15 days prior to any transfers made with funds provided under this heading.”

Similar provisions were contained in the following prior appropriation act:

Pub. L. 113-6, div. F, title V, § 1507, Mar. 26, 2013, 127 Stat. 423.

Pub. L. 112-74, div. F, title II, Dec. 23, 2011, 125 Stat. 1070, provided in part: “That CDC [Centers for Disease Control and Prevention] may establish a Working Capital Fund, with the authorities equivalent to those provided in 42 U.S.C. 231, to improve the provision of supplies and service.”

§ 247d-4a. Infectious Diseases Rapid Response Reserve Fund

There is established in the Treasury a reserve fund to be known as the “Infectious Diseases

Rapid Response Reserve Fund” (the “Reserve Fund”): *Provided*, That of the funds provided under the heading “CDC-Wide Activities and Program Support” [132 Stat. 3073], \$50,000,000, to remain available until expended, shall be available to the Director of the CDC for deposit in the Reserve Fund: *Provided further*, That amounts in the Reserve Fund shall be for carrying out titles II, III, and XVII of the PHS Act [42 U.S.C. 201 et seq., 241 et seq., 300u et seq.] to prevent, prepare for, or respond to an infectious disease emergency, including, in connection with such activities, to purchase or lease and provide for the insurance of passenger motor vehicles for official use in foreign countries: *Provided further*, That amounts in the Reserve Fund may only be provided for an infectious disease emergency if the infectious disease emergency (1) is declared by the Secretary of Health and Human Services under section 319 of the PHS Act [42 U.S.C. 247d] to be a public health emergency; or (2) as determined by the Secretary, has significant potential to imminently occur and potential, on occurrence, to affect national security or the health and security of United States citizens, domestically or internationally: *Provided further*, That amounts in the Reserve Fund may be transferred by the Director of the CDC to other accounts of the CDC, to accounts of the NIH, or to the Public Health and Social Services Emergency Fund, to be merged with such accounts or Fund for the purposes provided in this section: *Provided further*, That the Director shall provide to the Committees on Appropriations of the House of Representatives and the Senate, at least 7 days in advance of any transfer or obligation of funds made under the authority provided in this section, both a notification on the anticipated uses of funds by program, project, or activity; and a detailed spend plan of anticipated uses of funds, including estimated personnel and administrative costs, disaggregated by program, project, or activity: *Provided further*, That such spend plans shall be updated to include all applicable obligations to date and unobligated amounts and submitted quarterly to such Committees on Appropriations until such funds are fully expended: *Provided further*, That amounts in the Reserve Fund shall be in addition to amounts otherwise available to the Department of Health and Human Services for the purposes provided in this section: *Provided further*, That the transfer authorities in this section are in addition to any transfer authority otherwise available to the Department of Health and Human Services: *Provided further*, That products purchased using amounts in the Reserve Fund may, at the discretion of the Secretary of Health and Human Services, be deposited in the Strategic National Stockpile under section 319F–2 of the PHS Act [42 U.S.C. 247d–6b]: *Provided further*, That this section shall be in effect as of September 28, 2018, through each fiscal year hereafter.

(Pub. L. 115–245, div. B, title II, § 231, Sept. 28, 2018, 132 Stat. 3095; Pub. L. 118–47, div. D, title II, § 236, Mar. 23, 2024, 138 Stat. 680.)

Editorial Notes

REFERENCES IN TEXT

CDC and NIH, referred to in text, mean the Centers for Disease Control and Prevention and the National Institutes of Health, respectively.

The PHS Act, referred to in text, means the Public Health Service Act, act July 1, 1944, ch. 373, 58 Stat. 682. Titles II, III, and XVII of the Act are classified generally to subchapters I (§201 et seq.), II (§241 et seq.), and XV (§300u et seq.), respectively, of this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Department of Health and Human Services Appropriations Act, 2019, and also as part of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2019, and the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2024—Pub. L. 118–47 substituted “*Provided further*, That the Director shall provide to the Committees on Appropriations of the House of Representatives and the Senate, at least 7 days in advance of any transfer or obligation of funds made under the authority provided in this section, both a notification on the anticipated uses of funds by program, project, or activity; and a detailed spend plan of anticipated uses of funds, including estimated personnel and administrative costs, disaggregated by program, project, or activity: *Provided further*, That such spend plans shall be updated to include all applicable obligations to date and unobligated amounts and submitted quarterly to such Committees on Appropriations until such funds are fully expended.” for “*Provided further*, That the Committees on Appropriations of the House of Representatives and the Senate shall be notified in advance of any transfer or obligation made under the authority provided in this section, including notification on the anticipated uses of such funds by program, project, or activity: *Provided further*, That not later than 15 days after notification of the planned use of the Reserve Fund, the Director shall provide a detailed spend plan of anticipated uses of funds, including estimated personnel and administrative costs, to the Committees on Appropriations of the House of Representatives and the Senate: *Provided further*, That such plans shall be updated and submitted every 90 days thereafter until funds have been fully expended which should include the unobligated balances in the Reserve Fund and all the actual obligations incurred to date.”.

Statutory Notes and Related Subsidiaries

REPORTS REQUIRED

Pub. L. 116–136, div. B, title VIII, Mar. 27, 2020, 134 Stat. 555, which provided in part that the Secretary of Health and Human Services, in consultation with the Director of the Centers for Disease Control and Prevention, would provide a report to the Committees on Appropriations of the House of Representatives and the Senate every 14 days, for one year from the date from any such declaration or determination described in the third proviso of section 247d–4a of this title, that detailed commitment and obligation information for the Infectious Diseases Rapid Response Reserve Fund during the prior two weeks, was repealed by Pub. L. 118–47, div. D, title II, § 237, Mar. 23, 2024, 138 Stat. 681.

§ 247d-4b. Children's Preparedness Unit**(a) Enhancing emergency preparedness for children**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this subsection as the "Director"), shall maintain an internal team of experts, to be known as the Children's Preparedness Unit (referred to in this subsection as the "Unit"), to work collaboratively to provide guidance on the considerations for, and the specific needs of, children before, during, and after public health emergencies. The Unit shall inform the Director regarding emergency preparedness and response efforts pertaining to children at the Centers for Disease Control and Prevention.

(b) Expertise

The team described in subsection (a) shall include one or more pediatricians, which may be a developmental-behavioral pediatrician, and may also include behavioral scientists, child psychologists, epidemiologists, biostatisticians, health communications staff, and individuals with other areas of expertise, as the Secretary determines appropriate.

(c) Duties

The team described in subsection (a) may—

- (1) assist State, local, Tribal, and territorial emergency planning and response activities related to children, which may include developing, identifying, and sharing best practices;
- (2) provide technical assistance, training, and consultation to Federal, State, local, Tribal, and territorial public health officials to improve preparedness and response capabilities with respect to the needs of children, including providing such technical assistance, training, and consultation to eligible entities in order to support the achievement of measurable evidence-based benchmarks and objective standards applicable to sections 247d-3a and 247d-3b of this title;
- (3) improve the utilization of methods to incorporate the needs of children in planning for and responding to a public health emergency, including public awareness of such methods;
- (4) coordinate with, and improve, public-private partnerships, such as health care coalitions pursuant to sections 247d-3b and 247d-3c of this title, to address gaps and inefficiencies in emergency preparedness and response efforts for children;
- (5) provide expertise and input during the development of guidance and clinical recommendations to address the needs of children when preparing for, and responding to, public health emergencies, including pursuant to section 247d-3c of this title; and
- (6) carry out other duties related to preparedness and response activities for children, as the Secretary determines appropriate.

(July 1, 1944, ch. 373, title III, §319D-1, as added Pub. L. 116-22, title III, §304, June 24, 2019, 133 Stat. 936.)

§ 247d-5. Combating antimicrobial resistance**(a) Task force****(1) In general**

The Secretary shall establish an Antimicrobial Resistance Task Force to provide advice and recommendations to the Secretary and coordinate Federal programs relating to antimicrobial resistance. The Secretary may appoint or select a committee, or other organization in existence as of November 13, 2000, to serve as such a task force, if such committee, or other organization meets the requirements of this section.

(2) Members of task force

The task force described in paragraph (1) shall be composed of representatives from such Federal agencies, and shall seek input from public health constituencies, manufacturers, veterinary and medical professional societies and others, as determined to be necessary by the Secretary, to develop and implement a comprehensive plan to address the public health threat of antimicrobial resistance.

(3) Agenda**(A) In general**

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

- (i) public health factors contributing to increasing antimicrobial resistance;
- (ii) public health needs to detect and monitor antimicrobial resistance;
- (iii) detection, prevention, and control strategies for resistant pathogens;
- (iv) the need for improved information and data collection;
- (v) the assessment of the risk imposed by pathogens presenting a threat to the public health; and
- (vi) any other issues which the Secretary determines are relevant to antimicrobial resistance.

(B) Detection and control

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

- (i) develop, improve, coordinate or enhance participation in a surveillance plan to detect and monitor emerging antimicrobial resistance; and
- (ii) develop, improve, coordinate or enhance participation in an integrated information system to assimilate, analyze, and exchange antimicrobial resistance data between public health departments.

(4) Meetings

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

(b) Research and development of new antimicrobial drugs and diagnostics

The Secretary and the Director of Agricultural Research Services, consistent with the recommendations of the task force established