

the Comptroller General of the United States shall submit to the appropriate congressional committees a report evaluating the implementation plan required by paragraph (1) and the report required by paragraph (2), including an assessment of progress made with respect to the performance metrics and milestones required by paragraph (1)(A)(ii) and the sustainment of the capabilities of the STC program.

**(4) Briefing and submission requirements**

Before making any changes to the structure or requirements of the STC program, the Assistant Secretary shall—

(A) consult with the appropriate congressional committees; and

(B) provide to those committees—

(i) a briefing on the proposed changes, including a justification for the changes;

(ii) documentation relating to the changes, including plans, strategies, and resources to implement the changes; and

(iii) an assessment of the effect of the changes on the capabilities of the STC program, taking into consideration previous resource allocations and stakeholder input.

(Pub. L. 107–296, title XIX, §1928, as added Pub. L. 115–387, §2(a)(10), Dec. 21, 2018, 132 Stat. 5164.)

PART C—CHIEF MEDICAL OFFICER

**§ 597. Chief Medical Officer**

**(a) In general**

There is in the Office a Chief Medical Officer, who shall be appointed by the President. The Chief Medical Officer shall report to the Assistant Secretary.

**(b) Qualifications**

The individual appointed as Chief Medical Officer shall be a licensed physician possessing a demonstrated ability in and knowledge of medicine and public health.

**(c) Responsibilities**

The Chief Medical Officer shall have the responsibility within the Department for medical issues related to natural disasters, acts of terrorism, and other man-made disasters, including—

(1) serving as the principal advisor on medical and public health issues to the Secretary, the Administrator of the Federal Emergency Management Agency, the Assistant Secretary, and other Department officials;

(2) providing operational medical support to all components of the Department;

(3) as appropriate, providing medical liaisons to the components of the Department, on a reimbursable basis, to provide subject matter expertise on operational medical issues;

(4) coordinating with Federal, State, local, and Tribal governments, the medical community, and others within and outside the Department, including the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services, with respect to medical and public health matters; and

(5) performing such other duties relating to such responsibilities as the Secretary may require.

(Pub. L. 107–296, title XIX, §1931, as added Pub. L. 115–387, §2(c)(2), Dec. 21, 2018, 132 Stat. 5166.)

**Statutory Notes and Related Subsidiaries**

SIMILAR PROVISIONS

Provisions similar to those in this section were contained in section 321e of this title prior to repeal by Pub. L. 115–387, §2(c)(1).

**§ 597a. Medical countermeasures**

**(a) In general**

Subject to the availability of appropriations, the Secretary shall, as appropriate, establish a medical countermeasures program within the components of the Department to—

(1) facilitate personnel readiness and protection for the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic; and

(2) support the mission continuity of the Department.

**(b) Oversight**

The Secretary, acting through the Chief Medical Officer of the Department, shall—

(1) provide programmatic oversight of the medical countermeasures program established under subsection (a); and

(2) develop standards for—

(A) medical countermeasure storage, security, dispensing, and documentation;

(B) maintaining a stockpile of medical countermeasures, including antibiotics, antivirals, antidotes, therapeutics, and radiological countermeasures, as appropriate;

(C) ensuring adequate partnerships with manufacturers and executive agencies that enable advance prepositioning by vendors of inventories of appropriate medical countermeasures in strategic locations nationwide, based on risk and employee density, in accordance with applicable Federal statutes and regulations;

(D) providing oversight and guidance regarding the dispensing of stockpiled medical countermeasures;

(E) ensuring rapid deployment and dispensing of medical countermeasures in a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic;

(F) providing training to employees of the Department on medical countermeasures; and

(G) supporting dispensing exercises.

**(c) Medical countermeasures working group**

The Secretary, acting through the Chief Medical Officer of the Department, shall establish a medical countermeasures working group comprised of representatives from appropriate components and offices of the Department to ensure that medical countermeasures standards are maintained and guidance is consistent.