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.

(d) Medical countermeasures management

Not later than 120 days after the date on which appropriations are made available to carry out subsection (a), the Chief Medical Officer shall develop and submit to the Secretary an integrated logistics support plan for medical countermeasures, including—

(1) a methodology for determining the ideal types and quantities of medical countermeasures to stockpile and how frequently such methodology shall be reevaluated;

(2) a replenishment plan; and

(3) inventory tracking, reporting, and reconciliation procedures for existing stockpiles and new medical countermeasure purchases.

(e) Transfer

Not later than 120 days after December 27, 2021, the Secretary shall transfer all medical countermeasures-related programmatic and personnel resources from the Under Secretary for Management to the Chief Medical Officer.

(f) Stockpile elements

In determining the types and quantities of medical countermeasures to stockpile under subsection (d), the Secretary, acting through the Chief Medical Officer of the Department—

(1) shall use a risk-based methodology for evaluating types and quantities of medical countermeasures required; and

(2) may use, if available—

(A) chemical, biological, radiological, and nuclear risk assessments of the Department; and

(B) guidance on medical countermeasures of the Office of the Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention.

(g) Briefing

Not later than 180 days after December 27, 2021, the Secretary shall provide a briefing to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding—

(1) the plan developed under subsection (d); and

(2) implementation of the requirements of this section.

(h) Definition

In this section, the term ''medical countermeasures'' means antibiotics, antivirals, antidotes, therapeutics, radiological countermeasures, and other countermeasures that may be deployed to protect 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.

(Pub. L. 107–296, title XIX, § 1932, as added Pub. L. 117–81, div. F, title LXIV, § 6408(a), Dec. 27, 2021, 135 Stat. 2404.)

SUBCHAPTER XV—HOMELAND SECURITY GRANTS

§ 601. Definitions

In this subchapter, the following definitions shall apply:

(1) Administrator

The term ''Administrator'' means the Administrator of the Federal Emergency Management Agency.

(2) Appropriate committees of Congress

The term ''appropriate committees of Congress'' means—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate; and

(B) those committees of the House of Representatives that the Speaker of the House of Representatives determines appropriate.

(3) Critical infrastructure sectors

The term ''critical infrastructure sectors'' means the following sectors, in both urban and rural areas:

(A) Agriculture and food.
(B) Banking and finance.
(C) Chemical industries.
(D) Commercial facilities.
(E) Commercial nuclear reactors, materials, and waste.
(F) Dams.
(G) The defense industrial base.
(H) Emergency services.
(I) Energy.
(J) Government facilities.
(K) Information technology.
(L) National monuments and icons.
(M) Postal and shipping.
(N) Public health and health care.
(O) Telecommunications.
(P) Transportation systems.
(Q) Water.

(4) Directly eligible tribe

The term ''directly eligible tribe'' means—

(A) any Indian tribe—

(i) that is located in the continental United States;

(ii) that operates a law enforcement or emergency response agency with the capacity to respond to calls for law enforcement or emergency services;

(iii)(I) that is located on or near an international border or a coastline bordering an ocean (including the Gulf of Mexico) or international waters;

(II) that is located within 10 miles of a system or asset included on the prioritized critical infrastructure list established under section 664(a)(2) of this title or has such a system or asset within its territory;

(III) that is located within or contiguous to 1 of the 50 most populous metropolitan statistical areas in the United States; or

(IV) the jurisdiction of which includes not less than 1,000 square miles of Indian country, as that term is defined in section 1151 of title 18; and

(iv) that certifies to the Secretary that a State has not provided funds under section 604 or 605 of this title to the Indian tribe or consortium of Indian tribes for the purpose for which direct funding is sought; and

(B) a consortium of Indian tribes, if each tribe satisfies the requirements of subparagraph (A).

(5) Eligible metropolitan area

The term ''eligible metropolitan area'' means any of the 100 most populous metropolitan statistical areas in the United States.