

116TH CONGRESS
2^D SESSION

H. R. 6334

AN ACT

To authorize United States participation in the Coalition for Epidemic Preparedness Innovations, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Securing America
3 From Epidemics Act”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Due to increasing population and popu-
7 lation density, human mobility, and ecological
8 change, emerging infectious diseases pose a real and
9 growing threat to global health security.

10 (2) While vaccines can be the most effective
11 tools to protect against infectious disease, the ab-
12 sence of vaccines for a new or emerging infectious
13 disease with epidemic potential is a major health se-
14 curity threat globally, posing catastrophic potential
15 human and economic costs.

16 (3) The 1918 influenza pandemic infected
17 500,000,000 people, or about one-third of the
18 world’s population at the time, and killed
19 50,000,000 people—more than died in the First
20 World War.

21 (4) The economic cost of an outbreak can be
22 devastating. The estimated global cost today, should
23 an outbreak of the scale of the 1918 influenza pan-
24 demic strike, is 5 percent of global gross domestic
25 product.

1 (5) Even regional outbreaks can have enormous
2 human costs and substantially disrupt the global
3 economy and cripple regional economies. The 2014
4 Ebola outbreak in West Africa killed more than
5 11,000 and cost \$2,800,000,000 in losses in the af-
6 fected countries alone.

7 (6) The ongoing novel coronavirus outbreak re-
8 flects the pressing need for quick and effective vac-
9 cine and countermeasure development.

10 (7) While the need for vaccines to address
11 emerging epidemic threats is acute, markets to drive
12 the necessary development of vaccines to address
13 them—a complex and expensive undertaking—are
14 very often critically absent. Also absent are mecha-
15 nisms to ensure access to those vaccines by those
16 who need them when they need them.

17 (8) To address this global vulnerability and the
18 deficit of political commitment, institutional capac-
19 ity, and funding, in 2017, several countries and pri-
20 vate partners launched the Coalition for Epidemic
21 Preparedness Innovations (CEPI). CEPI’s mission
22 is to stimulate, finance, and coordinate development
23 of vaccines for high-priority, epidemic-potential
24 threats in cases where traditional markets do not
25 exist or cannot create sufficient demand.

1 (9) Through funding of partnerships, CEPI
2 seeks to bring priority vaccines candidates through
3 the end of phase II clinical trials, as well as support
4 vaccine platforms that can be rapidly deployed
5 against emerging pathogens.

6 (10) CEPI has funded multiple partners to de-
7 velop vaccine candidates against the novel
8 coronavirus, responding to this urgent, global re-
9 quirement.

10 (11) Support for and participation in CEPI is
11 an important part of the United States own health
12 security and biodefense and is in the national inter-
13 est, complementing the work of many Federal agen-
14 cies and providing significant value through global
15 partnership and burden-sharing.

16 **SEC. 3. AUTHORIZATION FOR UNITED STATES PARTICIPA-**
17 **TION.**

18 (a) IN GENERAL.—The United States is hereby au-
19 thorized to participate in the Coalition for Epidemic Pre-
20 paredness Innovations.

21 (b) BOARD OF DIRECTORS.—The Administrator for
22 the United States Agency for International Development
23 is authorized to designate an employee to serve on the In-
24 vestors Council of the Coalition for Epidemic Prepared-
25 ness Innovations as a representative of the United States.

1 (c) REPORTS TO CONGRESS.—Not later than 180
2 days after the date of the enactment of this Act, the Presi-
3 dent shall submit to the appropriate congressional com-
4 mittees a report that includes the following:

5 (1) The United States planned contributions to
6 the Coalition for Epidemic Preparedness Innovations
7 and the mechanisms for United States participation
8 in such Coalition.

9 (2) The manner and extent to which the United
10 States shall participate in the governance of the Co-
11 alition.

12 (3) How participation in the Coalition supports
13 relevant United States Government strategies and
14 programs in health security and biodefense, to in-
15 clude—

16 (A) the Global Health Security Strategy
17 required by section 7058(c)(3) of division K of
18 the Consolidated Appropriations Act, 2018
19 (Public Law 115–141);

20 (B) the applicable revision of the National
21 Biodefense Strategy required by section 1086 of
22 the National Defense Authorization Act for Fis-
23 cal Year 2017 (6 U.S.C. 104); and

24 (C) any other relevant decision-making
25 process for policy, planning, and spending in

1 global health security, biodefense, or vaccine
2 and medical countermeasures research and de-
3 velopment.

4 (d) UNITED STATES CONTRIBUTIONS.—Amounts au-
5 thorized to be appropriated under chapters 1 and 10 of
6 part I and chapter 4 of part II of the Foreign Assistance
7 Act of 1961 (22 U.S.C. 2151 et seq.) are authorized to
8 be made available for United States contributions to the
9 Coalition for Epidemic Preparedness Innovations.

10 (e) APPROPRIATE CONGRESSIONAL COMMITTEES.—
11 In this section, the term “appropriate congressional com-
12 mittees” means—

13 (1) the Committee on Foreign Affairs and the
14 Committee on Appropriations of the House of Rep-
15 resentatives; and

16 (2) the Committee on Foreign Relations and
17 the Committee on Appropriations of the Senate.

Passed the House of Representatives November 18,
2020.

Attest:

Clerk.

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