

116TH CONGRESS
2D SESSION

H. R. 7531

To direct the Secretary of Health and Human Services to increase Federal efforts to prepare for and respond to public health emergencies with respect to the spread of infectious diseases, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2020

Mr. HIGGINS of New York introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to increase Federal efforts to prepare for and respond to public health emergencies with respect to the spread of infectious diseases, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Infectious Disease Epi-
5 demic and Pandemic Preparedness Act”.

1 **SEC. 2. INCREASED PREPARATION AND RESPONSE FOR IN-**
2 **FECTIONOUS DISEASES.**

3 (a) NATIONAL MEDICAL COMMAND.—Title III of the
4 Public Health Service Act (42 U.S.C. 241 et seq.) is
5 amended by inserting after section 319M the following:

6 **“SEC. 319N. NATIONAL MEDICAL COMMAND.**

7 “(a) ESTABLISHMENT.—The Secretary, in consulta-
8 tion with the appropriate Federal agencies and depart-
9 ments, shall establish an interagency task force to be
10 known as the National Medical Command to prepare for
11 and respond to a public health emergency for which a dec-
12 laration is in effect under section 319 with respect to an
13 infectious disease.

14 “(b) DUTIES.—The National Medical Command
15 shall—

16 “(1) coordinate measures between Federal
17 agencies to prevent and respond to a public health
18 emergency described in subsection (a);

19 “(2) taking into consideration the coordinated
20 strategy required under section 2802(a), develop a
21 strategic plan to respond to a pandemic, including
22 identifying strategies that may not be identified in
23 such coordinated strategy; and

24 “(3) in coordination with the Director of the
25 Centers for Disease Control and Prevention, develop
26 a public health surveillance system with respect to

1 any infectious diseases that has a high mortality
2 rate.

3 “(c) MEMBERSHIP.—

4 “(1) REPRESENTED OFFICES, AGENCIES, AND
5 DEPARTMENTS.—The National Medical Command
6 shall be composed of representatives of Federal
7 agencies, offices, and departments, which shall in-
8 clude the following:

9 “(A) The Centers for Disease Control and
10 Prevention.

11 “(B) The National Institute of Allergy and
12 Infectious Diseases.

13 “(C) The Office of the Assistant Secretary
14 for Preparedness and Response of the Depart-
15 ment of Health and Human Services.

16 “(D) The Office of Global Affairs of the
17 Department of Health and Human Services.

18 “(E) The Occupational Safety and Health
19 Administration.

20 “(F) The Federal Emergency Management
21 Agency.

22 “(G) The Department of Defense.

23 “(H) The Department of Transportation.

24 “(I) The Department of State.

1 “(J) The Environmental Protection Agen-
2 cy.

3 “(K) The National Security Council.

4 “(L) The Agency for International Devel-
5 opment.

6 “(M) The intelligence community.

7 “(2) REQUIREMENTS.—Each representative
8 under paragraph (1) shall—

9 “(A) have appropriate technical expertise
10 with respect to the duties of the National Med-
11 ical Command; and

12 “(B) be selected by the head of the agency,
13 department, or office described in such para-
14 graph.

15 “(d) NATIONAL MEDICAL COMMANDER.—The Sec-
16 retary shall appoint a chair of the National Medical Com-
17 mand from among the members of the National Medical
18 Command to be known as the Medical Commander for
19 Pandemic Preparedness and Response (in this section re-
20 ferred to as the ‘Medical Commander’).

21 “(e) DURATION.—Notwithstanding section 14(a) of
22 the Federal Advisory Committee Act, the National Medical
23 Command shall continue in existence until otherwise pro-
24 vided by law.”.

1 (b) EARLY DETECTION AND EARLY WARNING SYS-
2 TEMS MANAGEMENT.—Section 319D of the Public Health
3 Service Act (247d–4) is amended—

4 (1) in subsection (b), by inserting “, in coordi-
5 nation with the National Medical Command” after
6 the first instance of “Secretary”; and

7 (2) in subsection (c), in paragraph (1), by strik-
8 ing “Secretary,” and inserting “Secretary, in coordi-
9 nation with the National Medical Command and”.

10 (c) ADMINISTRATION OVER NATIONAL STRATEGIC
11 STOCKPILE.—Section 319F–2(a) of the Public Health
12 Service Act (42 U.S.C. 247d–6b(a)) is amended—

13 (1) in paragraph (1), by striking “Response”
14 and inserting “Response, the Medical Commander
15 for Pandemic Preparedness and Response,”; and

16 (2) in paragraph (2)—

17 (A) in subparagraph (A)—

18 (i) by striking “Secretary” and insert-
19 ing “Secretary, in collaboration with the
20 Medical Commander for Pandemic Pre-
21 paredness and Response,”;

22 (ii) by striking “an annual” and in-
23 serting “a biannual”; and

24 (iii) by inserting “and September 15”
25 after “March 15”; and

1 (B) in subparagraph (B), by striking “an-
2 nual” and inserting “biannual”.

3 (d) STRATEGIC PLAN TO ADDRESS INFECTIOUS DIS-
4 EASES.—

5 (1) STRATEGIC PLAN.—

6 (A) IN GENERAL.—Not later than 1 year
7 after the date of the enactment of this Act, the
8 Director of the National Institutes of Health
9 (in this section referred to as the “Director”),
10 in consultation with the Director of the Bio-
11 medical Advanced Research and Development
12 Authority and the Commissioner of Food and
13 Drugs, shall prepare and submit to Congress a
14 strategic plan for fiscal years 2021 through
15 2030 to identify, treat, and develop vaccines for
16 infectious diseases. Such plan shall take into
17 consideration, the coordinated strategy devel-
18 oped pursuant to section 2802(a) of the Public
19 Health Service Act (42 U.S.C. 300hh–1(a)).

20 (B) CONTENT.—The plan under subpara-
21 graph (A) shall address the following:

22 (i) Research of pathogens, including
23 research on the origins of zoonotic patho-
24 gens.

1 (ii) The development of cooperative
2 partnerships to determine treatments and
3 vaccines for COVID–19, and other similar
4 infectious diseases.

5 (iii) A strategy to fund clinical trials
6 to determine which pathogens demonstrate
7 a high mortality rate and high rate of in-
8 fection.

9 (iv) The development of partnerships
10 with private entities to allow such entities
11 to eliminate industry risk.

12 (2) EXPEDITED APPROVAL.—The Secretary of
13 Health and Human Services, acting through the
14 Commissioner of Food and Drugs, may designate a
15 treatment or vaccine identified in the plan under
16 this subsection as a breakthrough therapy, a fast
17 track product, or eligible for accelerated approval as
18 appropriate under section 506 of the Federal Food,
19 Drug, and Cosmetic Act (21 U.S.C. 356).

20 (3) AUTHORIZATION OF APPROPRIATIONS.—
21 There are authorized to be appropriated to the Di-
22 rector to carry out this subsection \$1,000,000,000
23 for each fiscal year from 2021 through 2030.

24 (e) COMMUNITY-BASED PREVENTION STRATEGIES
25 GRANT PROGRAM.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services shall award grants to community-
3 based organizations for the purpose of preventing,
4 identifying, tracking, and responding to infectious
5 diseases, including reducing or eliminating health
6 disparities with respect to race, gender, and socio-
7 economic status.

8 (2) PRIORITY.—The Secretary may give priority
9 to organizations that prioritize vulnerable popu-
10 lations and the treatment of individuals who are at
11 a higher risk of mortality as a result of an infectious
12 disease, including—

- 13 (A) the elderly;
14 (B) children;
15 (C) the immunocompromised;
16 (D) the homeless; and
17 (E) individuals who have a low income.

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