

111TH CONGRESS
1ST SESSION

S. 2864

To provide for the enhancement of United States preparedness for outbreaks of infectious disease to protect homeland security.

IN THE SENATE OF THE UNITED STATES

DECEMBER 10, 2009

Mr. PRYOR introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the enhancement of United States preparedness for outbreaks of infectious disease to protect homeland security.

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 “Defense Against Infec-
5 tious Diseases Act of 2009”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **ALTERNATIVE MEDICAL CARE FACILITY.**—

9 The term “alternative medical care facility” means

1 a site capable of meeting medical surge capacity
2 needs.

3 (2) COMMISSIONED CORPS OF THE PUBLIC
4 HEALTH SERVICE.—The term “Commissioned Corps
5 of the Public Health Service” means the Regular
6 Corps and the Reserve Corps of the Public Health
7 Service established under section 203 of the Public
8 Health Service Act (42 U.S.C. 204).

9 (3) MEDICAL RESERVE CORPS.—The term
10 “Medical Reserve Corps” means the Medical Reserve
11 Corps established under section 2813 of the Public
12 Health Service Act (42 U.S.C. 300hh–15).

13 (4) MEDICAL SURGE.—The term “medical
14 surge” means the response capabilities needed for
15 increased demand of medical resources which sur-
16 pass normal resource capacities or capabilities.

17 (5) METROPOLITAN MEDICAL RESPONSE SYS-
18 TEM.—The term “Metropolitan Medical Response
19 System” means the Metropolitan Medical Response
20 System established under section 635 of the Post-
21 Katrina Emergency Management Reform Act of
22 2006 (6 U.S.C. 723).

23 (6) SUBSISTENCE SUPPLIES.—The term “sub-
24 sistence supplies” means the food, water, medicine,

1 and sanitation products necessary for subsistence of
2 disaster population and pets.

3 (7) SOCIAL DISTANCING.—The term “social
4 distancing” means community infection control
5 measures comprised of a variety of non-pharma-
6 ceutical strategies designed to limit the transmission
7 of pandemic influenza and other highly infectious
8 diseases and thus permit additional time until suffi-
9 cient supplies of vaccines, antivirals, or other appli-
10 cable medical countermeasures become available to
11 support a mass response effort.

12 **SEC. 3. STATE AND LOCAL GOVERNMENT INCLUSION IN**
13 **PLANNING.**

14 (a) IN GENERAL.—Not later than 30 days after the
15 date of enactment of this Act, the President, or the des-
16 ignee of the President, shall convene a consortium of rep-
17 resentatives of State, local, and tribal governments, in-
18 cluding representatives of State, local, and tribal intergov-
19 ernmental and health organizations, to assess the ade-
20 quacy of guidance for State and local government planning
21 in the National Strategy for Pandemic Flu and the Na-
22 tional Strategy for Pandemic Influenza Implementation
23 Plan.

24 (b) UPDATE OF THE STRATEGY AND PLAN.—Not
25 later than 1 year after the convening of the consortium

1 described under subsection (a), and every 4 years there-
2 after, the President, or the designee of the President, shall
3 convene another consortium with representatives described
4 under that subsection to review and update the National
5 Strategy for Pandemic Flu and the National Strategy for
6 Pandemic Influenza Implementation Plan.

7 **SEC. 4. SURVEY OF ALTERNATIVE MEDICAL CARE FACILI-**
8 **TIES.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services, in coordination with the Secretary of
11 Homeland Security, shall conduct a survey to identify ap-
12 propriate alternative medical care facilities, including aca-
13 demic, military, and private sector venues for the prophylaxis for, and treatment of, infectious diseases outbreaks.

15 (b) REPORT.—Not later than 1 year after the date
16 of enactment of this Act, the Secretary of Health and
17 Human Services shall submit a report on the survey con-
18 ducted under subsection (a) to the appropriate committees
19 of the Senate and House of Representatives.

20 **SEC. 5. ACQUISITION AND DISTRIBUTION OF SUBSISTENCE**
21 **SUPPLIES.**

22 The Secretary of Homeland Security shall identify
23 the specific resources, including subsistence supplies and
24 personnel, that may be required to support the implemen-
25 tation of strategies for social distancing and medical surge

1 during a federally declared emergency or major disaster
2 to prevent the introduction, transmission, and spread of
3 communicable disease and ensure the proper delivery of
4 crisis and medical care.

5 **SEC. 6. FEDERAL PREPAREDNESS FOR INFECTIOUS DIS-**
6 **EASE OUTBREAKS AND BIOLOGICAL AT-**
7 **TACKS.**

8 Not later than 1 year after the date of enactment
9 of this Act, the Government Accountability Office shall
10 submit a report to the appropriate committees of the Sen-
11 ate and House of Representatives that describes the roles
12 and responsibilities, capabilities, and coordination of Fed-
13 eral assets for medical response to infectious disease out-
14 breaks or biological attacks, including those roles, respon-
15 sibilities, and capabilities relating to—

16 (1) the Office of Health Affairs of the Depart-
17 ment of Homeland Security;

18 (2) the Metropolitan Medical Response System
19 of the Department of Homeland Security;

20 (3) the Office of the Assistant Secretary for
21 Preparedness and Response of the Department of
22 Health and Human Services;

23 (4) the Medical Reserve Corps;

24 (5) the Commissioned Corps of the Public
25 Health Service; and

1 (6) the National Disaster Medical System.

○