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S. 1520

To assist States in preparing for, and responding to, biological or chemical terrorist attacks.

IN THE SENATE OF THE UNITED STATES

OCTOBER 9, 2001

Mr. BAYH (for himself, Mr. VOINOVICH, Mr. MILLER, Mrs. CARNAHAN, Mr. CARPER, Mr. NELSON of Nebraska, Mr. ROCKEFELLER, Mrs. LINCOLN, Ms. MIKULSKI, and Mr. BENNETT) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To assist States in preparing for, and responding to,
biological or chemical terrorist attacks.

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 “State Bioterrorism
5 Preparedness Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) State governments are viewed as strong
2 partners in the United States' national security ef-
3 forts, particularly as related to domestic terrorism.

4 (2) Information sharing is a critical part of ter-
5 rorism preparedness activities.

6 (3) Coordination efforts with public, private,
7 nonprofit, and for-profit hospitals and medical pro-
8 viders are essential to the success of preventing the
9 spread of a biological terrorist attack.

10 (4) The Centers for Disease Control and Pre-
11 vention have implemented a solid structure with
12 which to combat terrorism. However, additional re-
13 sources and direction are needed to expand upon the
14 program and accelerate its results.

15 (5) There are hundreds of infectious agents and
16 toxins, but only a small subgroup has the physical
17 and biological properties needed for a mass casualty
18 producing biological weapon.

19 (6) Most biological weapons programs con-
20 centrate on between 10 and 15 agents sharing the
21 common characteristics of ease of production, infec-
22 tivity or toxicity, stability during processing, storage
23 and in the environment, and the ability to effectively
24 cause illness or death to an exposed population with
25 anthrax and small pox common to most lists.

1 (7) A comprehensive strategy that involves pre-
2 venting an attack from occurring and preparing the
3 Federal, State, local and private sectors in case such
4 an attack were to occur is critical to reducing the in-
5 cidence of fatality if such an attack were to occur.

6 (8) The intelligence community must make far
7 greater use of the biomedical communities in and
8 out of government and the United States national
9 security community should include the medical, pub-
10 lic health and human service communities, which all
11 are critical to bioterrorism preparedness and re-
12 sponse.

13 (9) Enhancing domestic preparedness by devel-
14 oping a national bioterrorism surveillance and detec-
15 tion capacity, developing and distributing rapid and
16 more reliable diagnostic capabilities and systems, de-
17 veloping a comprehensive strategy for assuring surge
18 capacity for health care, streamlining national phar-
19 maceutical stockpiling efforts, and increasing re-
20 search and development for new pharmaceuticals,
21 vaccines and antidotes are essential endeavors.

22 (10) Developing a clear strategy for working
23 with the media to help manage public apprehension
24 and panic and to reexamine and modernize the legal
25 framework for epidemic control measures and civil

1 liberties, including working with States to achieve
2 greater harmony at the State and local level with
3 management of new threats must be done.

4 (11) The Administration of President Clinton
5 took the initiative to strengthen the public health in-
6 frastructure by creating a pharmaceutical stockpile
7 for civilian use, awarding contracts for new small
8 pox vaccine, researching the development of new and
9 improved diagnostics, drugs and vaccines, helping to
10 train first responders (police, fire fighters and public
11 health officials) and investing in new technologies to
12 help with detection of biological agents, but this ef-
13 fort must be dramatically accelerated and far more
14 money and energy is needed to address the today's
15 threats.

16 **SEC. 3. GRANTS TO IMPROVE STATE PREPAREDNESS.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services (referred to in this Act as the “Sec-
19 retary”), acting through the Director of the Centers for
20 Disease Control and Prevention, shall award grants to
21 States to enable such States to prepare for and respond
22 to bioterrorism. The grant program established under this
23 section shall be administered through the Bioterrorism
24 Preparedness and Response Initiative.

1 (b) ELIGIBILITY.—To be eligible to receive a grant
2 under subsection (a), a State shall prepare and submit to
3 the Secretary an application at such time, in such manner,
4 and containing such information as the Secretary may re-
5 quire, including a plan for preparing for and responding
6 to bioterrorism. Such plan shall include—

7 (1) a description of the process the State will
8 implement in order to detect and response to bioter-
9 rorism, including how the State will manage State
10 detection and response efforts and coordinate with
11 national efforts;

12 (2) an assurance that the State will coordinate
13 with all emergency responders, health care providers,
14 Federal, State and local governmental agencies, and
15 law enforcement personnel during all stages of the
16 State bioterrorism initiative;

17 (3) a description of the activities that the State
18 will conduct to build local infrastructures for the
19 prevention, detection, and response to biological or
20 chemical attacks;

21 (4) a description of State efforts to stockpile
22 medications, vaccines, antibiotics, and medical sup-
23 plies;

24 (5) an assessment of the threat of biological or
25 chemical attacks in the State;

1 (6) a media and communication plan relating to
2 the dissemination of information to the public to in-
3 form the public of any biological or chemical threat
4 without creating panic;

5 (7) a description of the training initiatives that
6 the State will carry out with respect to local emer-
7 gency personnel, law enforcement officials, and
8 health care providers relating to the detection of and
9 response to a biological or chemical attack;

10 (8) a description of the cleanup and contamina-
11 tion prevention efforts to be implemented in the
12 event of a biological or chemical attack;

13 (9) an assurance that the State will coordinate
14 its bioterrorism efforts with public, private, and
15 faith-based organizations that are able to provide
16 necessary supplies and equipment, such as medical
17 products and personnel;

18 (10) a description of the State mechanisms in
19 place for improving the health care infrastructure in
20 the State through the building of workforce capacity
21 and competency, information and data systems, and
22 up to date health departments and local laboratories;

23 (11) a description of the State procedures for
24 holding practice biological or chemical attack drills
25 and simulations;

1 (12) an assessment of State and local public
2 health laws relating to bioterrorism, and the inter-
3 action of such laws with similar Federal laws;

4 (13) the designation of a State official to serve
5 as a liaison to the Office of Homeland Security; and

6 (14) the general goals and needs of the State
7 relating to bioterrorism.

8 (c) ANNUAL SUBMISSIONS.—A State that receives a
9 grant under this section shall annually submit to the Sec-
10 retary an updated State plan that contains the informa-
11 tion described in paragraphs (1) through (13) of sub-
12 section (b).

13 (d) USE OF FUNDS.—A State shall use amounts re-
14 ceived under a grant under this section to carry out the
15 State plan under subsection (b). Additionally, a State may
16 use such funds to—

17 (1) prepare for and prevent a biological or
18 chemical attack;

19 (2) carry out surveillance and detection activi-
20 ties relating to biological or chemical attacks;

21 (3) carry out activities to improve communica-
22 tions and coordination efforts within the State and
23 between the State and the Federal Government;

24 (4) carry out activities to improve emergency
25 response capabilities in the State; and

1 (5) make public health infrastructure improve-
2 ments, including—

3 (A) carrying out activities relating to rapid
4 disease detection and investigation;

5 (B) carrying out activities to improve State
6 and local laboratories, including improving bio-
7 logical and chemical agent identification, classi-
8 fication, and characterization (bacteria, viruses,
9 and toxins);

10 (C) carrying out coordinated public health
11 response activities;

12 (D) carrying out activities to improve pub-
13 lic health information technology;

14 (E) providing training for health care
15 workers and otherwise addressing staffing
16 needs;

17 (F) the development of comprehensive
18 statewide electronic public health reporting sys-
19 tems; and

20 (G) carrying out cooperative efforts with
21 State and local public and private hospitals;

22 (e) AMOUNT.—

23 (1) IN GENERAL.—Except as provided in para-
24 graph (2), the amount of a grant to a State under

1 this section for a fiscal year shall be an amount
2 equal to the sum of—

3 (A) \$5,000,000; and

4 (B) an amount that bears the same ratio
5 to the amount appropriated under subsection
6 (g) for such fiscal year as the total population
7 of the State bears to the total population of all
8 States.

9 (2) SMALL STATE MINIMUM.—Subject to the
10 extent of amounts made available under subsection
11 (g), the amount determined under paragraph (1)(B)
12 with respect to a State shall not be less than an
13 amount equal to 1 percent of the amount appro-
14 priated for the fiscal year involved.

15 (3) INDIAN TRIBES.—The Secretary shall re-
16 serve 1 percent of the amount appropriated for each
17 fiscal year under subsection (g) to award grants
18 under this section to Indian tribes and tribal organi-
19 zations. The Secretary shall develop guidelines to de-
20 termine the eligibility of such tribes or tribal organi-
21 zations for a grant under this section.

22 (f) ANNUAL REPORTS.—Not later than January 1,
23 2003, and annually thereafter, the General Accounting Of-
24 fice shall prepare and submit to the appropriate commit-

tees of Congress, a report concerning the implementation of this section. Such report shall include—

(1) an assessment of the progress made by States in preparing for and being able to respond to a biological or chemical attack; and

(2) recommendations for areas in which the States can improve their preparation for, or ability to respond to, a biological or chemical attack.

(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

(1) \$250,000,000 for each of fiscal years 2002 through 2006, for base allocations under subsection (e)(1)(A); and

(2) \$200,000,000 for each of fiscal years 2002 through 2006, for allocations based on State population under subsection (e)(1)(B).

(h) DEFINITION.—In this section, the term “State” means each of the several States, the District of Columbia, and any commonwealth, territory, or possession of the United States.

SEC. 4. PROVISION OF INFORMATION BY THE FEDERAL GOVERNMENT.

(a) IN GENERAL.—Each agency of the Federal Government that collects or prepares information of the type

1 described in this subsection shall provide to each State the
2 following—

3 (1) a description of the probable agents that
4 may be utilized in a biological or chemical attack,
5 the characteristics of such agents, their impact on
6 people, and appropriate risk assessments;

7 (2) model or proposed bioterrorism plans, based
8 on Federal standards and guidelines, for the surveil-
9 lance, detection, response to, and management of a
10 biological or chemical attack;

11 (3) information relating to biological or chem-
12 ical attacks that is based on best practices;

13 (4) emergency health information;

14 (5) bioterrorism preparation and response
15 training information;

16 (6) bioterrorism-related emergency information;

17 (7) a list of available resources maintained by
18 public, private, nonprofit, and for-profit entities that
19 have compiled bioterrorism training data and other
20 related information; and

21 (8) in times of war, heightened threat, or risk
22 of war, critical information relating to the health
23 and safety of the State's residents.

1 (b) COORDINATION.—The Secretary shall coordinate
2 the provision of information under subsection (a) to avoid
3 duplication of efforts.

4 (c) BEST PRACTICES.—There is authorized to be ap-
5 propriated, \$50,000,000 in each fiscal year to enable the
6 Director of the Centers for Disease Control and Preven-
7 tion to continue and enhance the efforts of the Centers
8 in developing best practices relating to biological or chem-
9 ical attacks.

10 (d) STATE SECURITY COORDINATOR.—There shall be
11 established within the Office of Homeland Security, a posi-
12 tion to be known as the “Assistant Director for State Co-
13 ordination”. The Director of the Office of Homeland Secu-
14 rity shall appoint an individual to serve as the Assistant
15 Director and act as a liaison between the Office and the
16 States.

17 **SEC. 5. DEVELOPMENT OF COMMUNICATIONS SYSTEMS.**

18 (a) IN GENERAL.—The Secretary, acting through the
19 Director of the Centers for Disease Control and Preven-
20 tion and in consultation with the heads of other Federal
21 departments and agencies, shall—

22 (1) carry out activities to implement a national
23 communications system, including the establishment
24 of a national electronic infrastructure, to improve

1 the exchange of emergency health information
2 among Federal, State, and local health agencies;

3 (2) develop a national emergency communica-
4 tion plan that ensures the rapid dissemination of
5 health information to the public during actual,
6 threatened, or suspected acts of biological or chem-
7 ical terrorism; and

8 (3) establish an Internet web-site that contains
9 training information and bioterrorism-related emer-
10 gency information for use by States.

11 (b) COMPLETION.—Not later than December 31,
12 2002, the Director of the Centers for Disease Control and
13 Prevention shall complete the system, plan, and web-site
14 described in subsection (a).

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated such sums as may be nec-
17 essary to carry out this section.

18 **SEC. 6. SIMULATIONS.**

19 (a) GRANTS.—The Secretary shall award a grant to
20 each State to enable the State to carry out table-top and
21 computer-based biological or chemical attack simulations.

22 (b) EXERCISES.—Not later than 6 months after the
23 date of enactment of this Act, the Director of the Centers
24 for Disease Control and Prevention shall provide each

1 State with a set of exercises for the simulations to be con-
2 ducted under subsection (a).

3 (c) COMPLETION.—Not later than December 31,
4 2002, a State that receives a grant under this section shall
5 complete at least one of the simulations required under
6 subsection (a).

7 (d) NOTICE SIMULATIONS.—The Secretary shall pro-
8 vide for the conduct, in three geographically diverse States
9 that receive a grant under subsection (a), of a biological
10 or chemical attack simulation. Such simulations shall be
11 conducted after notice is provided to the States involved
12 by the Secretary.

13 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated such sums as may be nec-
15 essary to carry out this section.

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