

110TH CONGRESS
1ST SESSION

H. R. 4331

To amend the Public Health Service Act with respect to preparation for an influenza pandemic, including an avian influenza pandemic, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2007

Mrs. LOWEY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act with respect to preparation for an influenza pandemic, including an avian influenza pandemic, 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 “Attacking Viral Influenza Across Nations Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) The Department of Health and Human
2 Services reports that an influenza pandemic has a
3 greater potential to cause rapid increases in death
4 and illness than virtually any other natural health
5 threat.

6 (2) Three pandemics occurred during the 20th
7 century: the Spanish flu pandemic in 1918, the
8 Asian flu pandemic in 1957, and the Hong Kong flu
9 pandemic in 1968. The Spanish flu pandemic was
10 the most severe, causing over 500,000 deaths in the
11 United States and more than 20,000,000 deaths
12 worldwide.

13 (3) The Centers for Disease Control and Pre-
14 vention has estimated conservatively that up to
15 207,000 Americans would die, and up to 734,000
16 would be hospitalized, during the next pandemic.
17 The costs of the pandemic, including the total direct
18 costs associated with medical care and indirect costs
19 of lost productivity and death, are estimated at be-
20 tween \$71,000,000,000 and \$166,500,000,000.
21 These costs do not include the economic effects of
22 pandemic on commerce and society.

23 (4) Recent studies suggest that avian influenza
24 strains, which are endemic in wild birds and poultry
25 populations in some countries, are becoming increas-

1 ingly capable of causing severe disease in humans
2 and are likely to cause the next pandemic flu.

3 (5) In 2004, 8 nations—Thailand, Vietnam, In-
4 donesia, Japan, Laos, China, Cambodia, and the Re-
5 public of Korea—experienced outbreaks of avian flu
6 (H5N1) among poultry flocks. Cases of human in-
7 fections were confirmed in Thailand and Vietnam
8 (including a possible human-to-human infection in
9 Thailand).

10 (6) As of December 4, 2007, 336 confirmed
11 human cases of avian influenza (H5N1) have been
12 reported, 207 of which have resulted in death.

13 (7) On February 23, 2005, Dr. Shigeru Omi,
14 Asia regional director of the World Health Organiza-
15 tion (WHO), stated with respect to the avian flu,
16 “We at WHO believe that the world is now in the
17 gravest possible danger of a pandemic.”.

18 (8) The best defense against influenza
19 pandemics is a heightened global surveillance sys-
20 tem. In many of the nations where avian flu (H5N1)
21 has become endemic the early detection capabilities
22 are severely lacking, as is the transparency in the
23 health systems.

24 (9) In addition to surveillance, pandemic pre-
25 paredness requires domestic and international co-

1 ordination and cooperation to ensure an adequate
2 medical response, including communication and in-
3 formation networks, public health measures to pre-
4 vent spread, use of vaccination and antivirals, provi-
5 sion of health outpatient and inpatient services, and
6 maintenance of core public functions.

7 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
8 **ACT.**

9 Title XXI of the Public Health Service Act (42
10 U.S.C. 300aa–1 et seq.) is amended by adding at the end
11 the following:

12 **“Subtitle 3—Pandemic Influenza**
13 **Preparedness**

14 **“SEC. 2141. DEFINITION.**

15 “For purposes of this subtitle, the term ‘State’ shall
16 have the meaning given such term in section 2(f) and shall
17 include Indian tribes and tribal organizations (as defined
18 in section 4(b) and 4(c) of the Indian Self-Determination
19 and Education Assistance Act).

20 **“SEC. 2142. PROPOSAL FOR INTERNATIONAL FUND TO SUP-**
21 **PORT PANDEMIC INFLUENZA CONTROL.**

22 “(a) IN GENERAL.—The Secretary should submit to
23 the Director of the World Health Organization a proposal
24 to study the feasibility of establishing a fund, (referred
25 to in this section as the ‘Pandemic Fund’) to support pan-

1 demic influenza control and relief activities conducted in
2 countries affected by pandemic influenza, including pan-
3 demic avian influenza.

4 “(b) CONTENT OF PROPOSAL.—The proposal sub-
5 mitted under subsection (a) shall describe, with respect
6 to the Pandemic Fund—

7 “(1) funding sources;

8 “(2) administration;

9 “(3) application process by which a country
10 may apply to receive assistance from such Fund;

11 “(4) factors used to make a determination re-
12 garding a submitted application, which may in-
13 clude—

14 “(A) the gross domestic product of the ap-
15 plicant country;

16 “(B) the burden of need, as determined by
17 human morbidity and mortality and economic
18 impact related to pandemic influenza and the
19 existing capacity and resources of the applicant
20 country to control the spread of the disease;
21 and

22 “(C) the willingness of the country to co-
23 operate with other countries with respect to
24 preventing and controlling the spread of the
25 pandemic influenza; and

1 “(J) other representatives as determined
2 appropriate by the Co-Chairs of the Committee.

3 “(2) CO-CHAIRS.—The Secretary and the Sec-
4 retary of Agriculture shall serve as the Co-Chairs of
5 the Committee.

6 “(3) TERM.—The members of the Committee
7 shall serve for the life of the Committee.

8 “(c) MEETINGS.—

9 “(1) IN GENERAL.—The Committee shall meet
10 not less often than 2 times per year at the call of
11 the Co-Chairs or as determined necessary by the
12 President.

13 “(2) REPRESENTATION.—A member of the
14 Committee under subsection (b) may designate a
15 representative to participate in Committee meetings,
16 but such representative shall hold the position of at
17 least an assistant secretary or equivalent position.

18 “(d) DUTIES OF THE COMMITTEE.—

19 “(1) PREPAREDNESS PLANS.—Each member of
20 the Committee shall submit to the Committee a pan-
21 demic influenza preparedness plan for the agency in-
22 volved that describes—

23 “(A) initiatives and proposals by such
24 member to address pandemic influenza (includ-
25 ing avian influenza) preparedness; and

1 “(B) any activities and coordination with
2 international entities related to such initiatives
3 and proposals.

4 “(2) INTERAGENCY PLAN AND RECOMMENDA-
5 TIONS.—

6 “(A) IN GENERAL.—

7 “(i) PREPAREDNESS PLAN.—Based on
8 the preparedness plans described under
9 paragraph (1), and not later than 90 days
10 after the date of enactment of the Attack-
11 ing Viral Influenza Across Nations Act of
12 2008, the Committee shall develop an
13 Interagency Preparedness Plan that inte-
14 grates and coordinates such preparedness
15 plans.

16 “(ii) CONTENT OF PLAN.—The Inter-
17 agency Preparedness Plan under clause (i)
18 shall include a description of—

19 “(I) departmental or agency re-
20 sponsibility and accountability for
21 each component of such plan;

22 “(II) funding requirements and
23 sources;

24 “(III) international collaboration
25 and coordination efforts; and

1 “(IV) recommendations and a
2 timeline for implementation of such
3 plan.

4 “(B) REPORT.—

5 “(i) IN GENERAL.—The Committee
6 shall submit to the President and Con-
7 gress, and make available to the public, a
8 report that includes the Interagency Pre-
9 paredness Plan.

10 “(ii) UPDATED REPORT.—The Com-
11 mittee shall submit to the President and
12 Congress, and make available to the public,
13 on a biannual basis, an update of the re-
14 port that includes a description of—

15 “(I) progress made toward plan
16 implementation, as described under
17 clause (i); and

18 “(II) progress of the domestic
19 preparedness programs under section
20 2144 and of the international assist-
21 ance programs under section 2145.

22 “(C) CONSULTATION WITH INTER-
23 NATIONAL ENTITIES.—In developing the pre-
24 paredness plans described under subparagraph
25 (A) and the report under subparagraph (B), the

1 Committee may consult with representatives
2 from the World Health Organization, the World
3 Organization for Animal Health, and other
4 international bodies, as appropriate.

5 **“SEC. 2144. DOMESTIC PANDEMIC INFLUENZA PREPARED-**
6 **NESS ACTIVITIES.**

7 “(a) PANDEMIC PREPAREDNESS ACTIVITIES.—The
8 Secretary shall strengthen, expand, and coordinate domes-
9 tic pandemic influenza preparedness activities.

10 “(b) STATE PREPAREDNESS PLAN.—

11 “(1) IN GENERAL.—As a condition of receiving
12 funds from the Centers for Disease Control and Pre-
13 vention or the Health Resources and Services Ad-
14 ministration related to bioterrorism, a State shall—

15 “(A) designate an official or office as re-
16 sponsible for pandemic influenza preparedness;

17 “(B) submit to the Director of the Centers
18 for Disease Control and Prevention a Pandemic
19 Influenza Preparedness Plan described under
20 paragraph (2); and

21 “(C) have such Preparedness Plan ap-
22 proved in accordance with this subsection.

23 “(2) PREPAREDNESS PLAN.—

1 “(A) IN GENERAL.—The Pandemic Influenza Preparedness Plan required under paragraph (1) shall address—

2 “(i) human and animal surveillance
3 activities, including capacity for epidemiological analysis, isolation and subtyping of
4 influenza viruses year-round, including for
5 avian influenza among domestic poultry,
6 and reporting of information across human
7 and veterinary sectors;

8 “(ii) methods to ensure surge capacity
9 in hospitals, laboratories, outpatient
10 healthcare provider offices, medical suppliers, and communication networks;

11 “(iii) assisting the recruitment and
12 coordination of national and State volunteer banks of healthcare professionals;

13 “(iv) distribution of vaccines,
14 antivirals, and other treatments to priority
15 groups, and monitor effectiveness and adverse events;

16 “(v) networks that provide alerts and
17 other information for healthcare providers
18 and organizations at the National, State,
19 and regional level;

1 “(vi) communication with the public
2 with respect to prevention and obtaining
3 care during pandemic influenza;

4 “(vii) maintenance of core public
5 functions, including public utilities, refuse
6 disposal, mortuary services, transportation,
7 police and firefighter services, and other
8 critical services;

9 “(viii) provision of security for—

10 “(I) first responders and other
11 medical personnel and volunteers;

12 “(II) hospitals, treatment cen-
13 ters, and isolation and quarantine
14 areas;

15 “(III) transport and delivery of
16 resources, including vaccines, medica-
17 tions and other supplies; and

18 “(IV) other persons or functions
19 as determined appropriate by the Sec-
20 retary;

21 “(ix) the acquisition of necessary legal
22 authority for pandemic activities;

23 “(x) integration with existing na-
24 tional, State, and regional bioterrorism
25 preparedness activities or infrastructure;

1 “(xi) coordination among public and
2 private health sectors with respect to
3 healthcare delivery, including mass vac-
4 cination and treatment systems, during
5 pandemic influenza; and

6 “(xii) coordination with Federal pan-
7 demic influenza preparedness activities.

8 “(B) UNDERSERVED POPULATIONS.—The
9 Pandemic Influenza Preparedness Plan required
10 under paragraph (1) shall include a specific
11 focus on surveillance, prevention, and medical
12 care for traditionally underserved populations,
13 including low-income, racial and ethnic minor-
14 ity, immigrant, and uninsured populations.

15 “(3) APPROVAL OF STATE PLAN.—

16 “(A) IN GENERAL.—The Director of the
17 Centers for Disease Control and Prevention, in
18 collaboration with the Secretary of Agriculture
19 and the Administrator of the Health Resources
20 and Services Administration, shall develop cri-
21 teria to rate State Pandemic Influenza Pre-
22 paredness Plans required under paragraph (1)
23 and determine the minimum rating needed for
24 approval.

1 “(B) TIMING OF APPROVAL.—Not later
2 than 180 days after a State submits a State
3 Pandemic Influenza Preparedness Plan as re-
4 quired under paragraph (1), the Director of the
5 Centers for Disease Control and Prevention
6 shall make a determination regarding approval
7 of such Plan.

8 “(4) REPORTING OF STATE PLAN.—All Pan-
9 demic Influenza Preparedness Plans submitted and
10 approved under this section shall be made available
11 to the public.

12 “(5) ASSISTANCE TO STATES.—The Centers for
13 Disease Control and Prevention and the Health Re-
14 sources and Services Administration may provide as-
15 sistance to States in carrying out this subsection, or
16 implementing an approved State Pandemic Influenza
17 Preparedness Plan, which may include the detail of
18 an officer to approved domestic pandemic sites or
19 the purchase of equipment and supplies.

20 “(6) WAIVER.—The Secretary may grant a
21 temporary waiver of 1 or more of the requirements
22 under this subsection.

23 “(c) DOMESTIC SURVEILLANCE.—

24 “(1) IN GENERAL.—The Secretary, in coordina-
25 tion with the Secretary of Agriculture, shall establish

1 minimum thresholds for States with respect to ade-
2 quate surveillance for pandemic influenza, including
3 possible pandemic avian influenza.

4 “(2) ASSISTANCE TO STATES.—

5 “(A) IN GENERAL.—The Secretary, in co-
6 ordination with the Secretary of Agriculture,
7 shall provide assistance to States and regions to
8 meet the minimum thresholds established under
9 paragraph (1).

10 “(B) TYPES OF ASSISTANCE.—Assistance
11 provided to States under subparagraph (A) may
12 include—

13 “(i) the establishment or expansion of
14 State surveillance and alert systems, in-
15 cluding the Sentinel Physician Surveillance
16 System and 122 Cities Mortalities Report
17 System;

18 “(ii) the provision of equipment and
19 supplies;

20 “(iii) support for epidemiological anal-
21 ysis and investigation of novel strains;

22 “(iv) the sharing of biological speci-
23 mens and epidemiological and clinical data
24 within and across States; and

1 “(v) other activities determined appro-
2 priate by the Secretary.

3 “(3) DETAIL OF OFFICERS.—The Secretary
4 may detail officers to States for technical assistance
5 as needed to carry out this subsection.

6 “(d) PRIVATE SECTOR INVOLVEMENT.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention and the Administrator of the
10 Health Resources and Services Administration, and
11 in coordination with private sector entities, shall in-
12 tegrate and coordinate public and private influenza
13 surveillance activities, as appropriate.

14 “(2) GRANT PROGRAM.—

15 “(A) IN GENERAL.—In carrying out the
16 activities under paragraph (1), the Secretary
17 may establish a grant program to provide
18 grants to eligible entities to coordinate pan-
19 demic preparedness surveillance activities be-
20 tween States and private health sector entities,
21 including health plans and other health sys-
22 tems.

23 “(B) ELIGIBILITY.—To be eligible to re-
24 ceive a grant under subparagraph (A), an entity
25 shall—

1 “(i) submit an application at such
2 time, in such manner, and containing such
3 information as the Secretary may require;
4 and

5 “(ii) be a State with a collaborative
6 relationship with a private health system
7 organization or institution.

8 “(C) USE OF FUNDS.—Funds under a
9 grant under subparagraph (A) may be used
10 to—

11 “(i) develop and implement surveil-
12 lance protocols for patients in outpatient
13 and hospital settings;

14 “(ii) establish a communication alert
15 plan for patients for reportable signs and
16 symptoms that may suggest influenza;

17 “(iii) purchase necessary equipment
18 and supplies;

19 “(iv) increase laboratory testing and
20 networking capacity;

21 “(v) conduct epidemiological and
22 other analyses; or

23 “(vi) report and disseminate data.

1 “(D) DETAIL OF OFFICERS.—The Sec-
2 retary may detail officers to grantees under
3 subparagraph (A) for technical assistance.

4 “(E) REQUIREMENT.—As a condition of
5 receiving a grant under subparagraph (A), a
6 State shall have a plan to meet minimum
7 thresholds for State influenza surveillance es-
8 tablished by the Director of the Centers for
9 Disease Control and Prevention in coordination
10 with the Secretary of Agriculture under sub-
11 section (b).

12 “(e) TEMPORARY FACILITY.—The Secretary may es-
13 tablish a temporary Federal facility or body to coordinate
14 Federal support and assistance to States and localities,
15 activities across Federal agencies or departments, or di-
16 rect implementation of Federal authorities and respon-
17 sibilities when appropriate under Federal law or when
18 State and local actions to address the pandemic or threat
19 of pandemic are deemed insufficient by the Secretary or
20 Director of the Centers for Disease Control and Preven-
21 tion.

22 “(f) PROCUREMENT OF ANTIVIRALS FOR THE STRA-
23 TEGIC NATIONAL STOCKPILE.—The Secretary shall deter-
24 mine the minimum number of doses of antivirals needed
25 to prevent infection or treat infection during pandemic in-

1 fluenza, including possible pandemic avian influenza, for
2 health professionals (including doctors, nurses, mental
3 health professionals, pharmacists, veterinarians, labora-
4 tory personnel, epidemiologists, virologists and public
5 health practitioners), core public utility employees, and
6 those persons expected to be at high risk for serious mor-
7 bidity and mortality from pandemic influenza, and take
8 immediate steps to procure this minimum number of doses
9 for the Strategic National Stockpile described under sec-
10 tion 319F-2.

11 “(g) PROCUREMENT OF VACCINES FOR THE STRA-
12 TEGIC NATIONAL STOCKPILE.—Subject to development
13 and testing of potential vaccines for pandemic influenza,
14 including possible pandemic avian influenza, the Secretary
15 shall determine the minimum number of doses of vaccines
16 needed to prevent infection during at least the first wave
17 of pandemic influenza for health professionals (including
18 doctors, nurses, mental health professionals, pharmacists,
19 veterinarians, laboratory personnel, epidemiologists, virol-
20 ogists, and public health practitioners), core public utility
21 employees, and those persons expected to be at high risk
22 for serious morbidity and mortality from pandemic influ-
23 enza, and take immediate steps to procure this minimum
24 number of doses for the Strategic National Stockpile de-
25 scribed under section 319F-2.

1 **“SEC. 2145. INTERNATIONAL PANDEMIC INFLUENZA AS-**
2 **SISTANCE.**

3 “(a) IN GENERAL.—The Secretary shall assist other
4 countries in preparation for, and response to, pandemic
5 influenza, including possible pandemic avian influenza.

6 “(b) INTERNATIONAL SURVEILLANCE.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, and in collaboration with
10 the Secretary of Agriculture, in consultation with the
11 World Health Organization and the World Organiza-
12 tion for Animal Health, shall establish minimum
13 standards for surveillance capacity for all countries
14 with respect to pandemic influenza, including pos-
15 sible pandemic avian influenza.

16 “(2) ASSISTANCE.—The Secretary and the Sec-
17 retary of Agriculture shall assist other countries to
18 meet the standards established in paragraph (1)
19 through—

20 “(A) the detail of officers to foreign coun-
21 tries for the provision of technical assistance or
22 training;

23 “(B) laboratory testing, including testing
24 of specimens for viral isolation or subtype anal-
25 ysis;

1 “(C) epidemiological analysis and inves-
2 tigation of novel strains;

3 “(D) provision of equipment or supplies;

4 “(E) coordination of surveillance activities
5 within and among countries;

6 “(F) the establishment and maintenance of
7 an Internet database that is accessible to health
8 officials domestically and internationally, for
9 the purpose of reporting new cases or clusters
10 of influenza and under information that may
11 help avert the pandemic spread of influenza;
12 and

13 “(G) other activities as determined nec-
14 essary by the Secretary.

15 “(c) INCREASED INTERNATIONAL MEDICAL CAPAC-
16 ITY DURING PANDEMIC INFLUENZA.—The Secretary, in
17 consultation with the Secretary of State, may provide vac-
18 cines, antiviral medications, and supplies to foreign coun-
19 tries from the Strategic National Stockpile described
20 under section 319F-2.

21 “(d) ASSISTANCE TO FOREIGN COUNTRIES.—The
22 Centers for Disease Control and Prevention and the
23 Health Resources and Services Administration may pro-
24 vide assistance to foreign countries in carrying out this
25 section, which may include the detail of an officer to ap-

1 proved international pandemic sites or the purchase of
2 equipment and supplies.

3 **“SEC. 2146. PUBLIC EDUCATION AND AWARENESS CAM-**
4 **PAIGN.**

5 “(a) IN GENERAL.—The Director of the Centers for
6 Disease Control and Prevention, in consultation with the
7 United States Agency for International Development, the
8 World Health Organization, the World Organization for
9 Animal Health, and foreign countries, shall develop an
10 outreach campaign with respect to public education and
11 awareness of influenza and influenza preparedness.

12 “(b) DETAILS OF CAMPAIGN.—The campaign estab-
13 lished under subsection (a) shall—

14 “(1) be culturally and linguistically appropriate
15 for domestic populations;

16 “(2) be adaptable for use in foreign countries;

17 “(3) target high-risk populations (those most
18 likely to contract, transmit, and die from influenza);

19 “(4) promote personal influenza precautionary
20 measures and knowledge, and the need for general
21 vaccination, as appropriate; and

22 “(5) describe precautions at the State and local
23 level that could be implemented during pandemic in-
24 fluenza, including quarantine and other measures.

1 **“SEC. 2147. HEALTH PROFESSIONAL TRAINING.**

2 “The Secretary, directly or through contract, and in
3 consultation with professional health and medical soci-
4 eties, shall develop and disseminate pandemic influenza
5 training curricula—

6 “(1) to educate and train health professionals,
7 including physicians, nurses, public health practi-
8 tioners, virologists and epidemiologists, veterinar-
9 ians, mental health providers, allied health profes-
10 sionals, and paramedics and other first responders;

11 “(2) to educate and train volunteer, non-med-
12 ical personnel whose assistance may be required dur-
13 ing a pandemic influenza outbreak; and

14 “(3) that address prevention, including use of
15 quarantine and other isolation precautions, pan-
16 demic influenza diagnosis, medical guidelines for use
17 of antivirals and vaccines, and professional require-
18 ments and responsibilities, as appropriate.

19 **“SEC. 2148. RESEARCH AT THE NATIONAL INSTITUTES OF**
20 **HEALTH.**

21 “The Director of the National Institutes of Health
22 (referred to in this section as the ‘Director of NIH’), in
23 collaboration with the Director of the Centers for Disease
24 Control and Prevention, and other relevant agencies, shall
25 expand and intensify—

1 “(1) human and animal research, with respect
2 to influenza, on—

3 “(A) vaccine development and manufac-
4 ture, including strategies to increase
5 immunological response;

6 “(B) effectiveness of inducing
7 heterosubtypic immunity;

8 “(C) antivirals, including minimal dose or
9 course of treatment and timing to achieve pro-
10 phylactic or therapeutic effect;

11 “(D) side effects and drug safety of vac-
12 cines and antivirals in subpopulations;

13 “(E) alternative routes of delivery;

14 “(F) more efficient methods for testing
15 and determining virus subtype;

16 “(G) protective measures; and

17 “(H) other areas determined appropriate
18 by the Director of NIH; and

19 “(2) historical research on prior pandemics to
20 better understand pandemic epidemiology, trans-
21 mission, protective measures, high-risk groups, and
22 other lessons that may be applicable to future
23 pandemics.

1 **“SEC. 2149. RESEARCH AT THE CENTERS FOR DISEASE CON-**
2 **TROL AND PREVENTION.**

3 “The Director of the Centers for Disease Control and
4 Prevention, in collaboration with other relevant agencies,
5 shall expand and intensify research, with respect to influ-
6 enza, on—

7 “(1) communication strategies for the public
8 during pandemic influenza, taking into consideration
9 age, racial and ethnic background, health literacy,
10 and risk status;

11 “(2) changing and influencing human behavior
12 as it relates to vaccination; and

13 “(3) development and implementation of a pub-
14 lic, non-commercial and non-competitive broadcast
15 system and person-to-person networks.

16 **“SEC. 2150. INSTITUTE OF MEDICINE STUDY ON THE LEGAL,**
17 **ETHICAL, AND SOCIAL IMPLICATIONS OF**
18 **PANDEMIC INFLUENZA.**

19 “(a) IN GENERAL.—The Secretary shall contract
20 with the Institute of Medicine to—

21 “(1) study the legal, ethical, and social implica-
22 tions of, with respect to pandemic influenza—

23 “(A) animal/human interchange;

24 “(B) global surveillance;

25 “(C) case contact investigations;

26 “(D) vaccination and medical treatment;

1 “(1) IN GENERAL.—The members of the Com-
2 mittee shall be appointed by the Comptroller General
3 of the United States and shall include domestic and
4 international experts on pandemic influenza, public
5 health, veterinary science, commerce, economics, fi-
6 nance, and international diplomacy.

7 “(2) CHAIR.—The Comptroller General of the
8 United States shall select a Chair from among the
9 members of the Committee.

10 “(c) DUTIES.—The Committee shall study and make
11 recommendations to Congress and the Secretary on the
12 financial and economic impact of pandemic influenza and
13 possible financial structures for domestic and inter-
14 national pandemic response, relating to—

15 “(1) the development, storage and distribution
16 of vaccines;

17 “(2) the storage and distribution of antiviral
18 and other medications and supplies;

19 “(3) increased surveillance activities;

20 “(4) provision of preventive and medical care
21 during pandemic;

22 “(5) reimbursement for health providers and
23 other core public function employees;

1 “(6) reasonable compensation for farmers and
2 other workers that bear direct or disproportionate
3 loss of revenue; and

4 “(7) other issues determined appropriate by the
5 Chair.

6 “(d) COMPENSATION.—

7 “(1) IN GENERAL.—Each member of the Com-
8 mittee who is not an officer or employee of the Fed-
9 eral Government shall be compensated at a rate
10 equal to the daily equivalent of the annual rate of
11 basic pay prescribed for level IV of the Executive
12 Schedule under section 5315 of title 5, United
13 States Code, for each day (including travel time)
14 during which such member is engaged in the per-
15 formance of the duties of the Committee. All mem-
16 bers who are officers or employees of the United
17 States shall serve without compensation in addition
18 to that received for their services as officers or em-
19 ployees of the United States.

20 “(2) TRAVEL EXPENSES.—A member of the
21 Committee shall be allowed travel expenses, includ-
22 ing per diem in lieu of subsistence, at rates author-
23 ized for an employee of an agency under subchapter
24 I of chapter 57 of title 5, United States Code, while
25 away from the home or regular place of business of

1 the member in the performance of the duties of the
2 Committee.

3 “(e) STAFF.—

4 “(1) IN GENERAL.—The Chair of the Com-
5 mittee shall provide the Committee with such profes-
6 sional and clerical staff, such information, and the
7 services of such consultants as may be necessary to
8 assist the Committee in carrying out the functions
9 under this section.

10 “(2) DETAIL OF FEDERAL GOVERNMENT EM-
11 PLOYEES.—

12 “(A) IN GENERAL.—An employee of the
13 Federal Government may be detailed to the
14 Committee without reimbursement.

15 “(B) CIVIL SERVICE STATUS.—The detail
16 of the employee shall be without interruption or
17 loss of civil service status or privilege.

18 “(3) PROCUREMENT OF TEMPORARY AND
19 INTERMITTENT SERVICES.—The Chair of the Com-
20 mittee may procure temporary and intermittent serv-
21 ices in accordance with section 3109(b) of title 5,
22 United States Code, at rates for individuals that do
23 not exceed the daily equivalent of the annual rate of
24 basic pay prescribed for level V of the Executive
25 Schedule under section 5316 of that title.”.

1 **SEC. 4. PANDEMIC INFLUENZA AND ANIMAL HEALTH.**

2 (a) IN GENERAL.—The Secretary of Agriculture shall
3 expand and intensify efforts to prevent pandemic influ-
4 enza, including possible pandemic avian influenza.

5 (b) REPORT.—Not later than 180 days after the date
6 of enactment this Act, the Secretary of Agriculture shall
7 submit to Congress a report that describes the anticipated
8 impact of pandemic influenza on the United States.

9 (c) ASSISTANCE.—The Secretary of Agriculture, in
10 consultation with the Secretary of Health and Human
11 Services, the World Health Organization, and the World
12 Organization for Animal Health, shall provide domestic
13 and international assistance with respect to pandemic in-
14 fluenza preparedness to—

15 (1) support the eradication of infectious animal
16 diseases and zoonosis;

17 (2) increase transparency in animal disease
18 states;

19 (3) collect, analyze, and disseminate veterinary
20 data;

21 (4) strengthen international coordination and
22 cooperation in the control of animal diseases; and

23 (5) promote the safety of world trade in ani-
24 mals and animal products.

1 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

2 There are authorized to be appropriated such sums
3 as may be necessary to carry out this Act (and the amend-
4 ments made by this Act) for each of the fiscal years 2009
5 through 2012.

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