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117TH CONGRESS
2d Session

SENATE

REPORT
117–276

OFFICES OF COUNTERING WEAPONS OF MASS DESTRUCTION AND HEALTH SECURITY ACT OF 2022

R E P O R T

OF THE

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS UNITED STATES SENATE

TO ACCOMPANY

S. 4465

TO ESTABLISH A COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE AND AN OFFICE OF HEALTH SECURITY IN THE DEPARTMENT OF HOMELAND SECURITY, AND FOR OTHER PURPOSES



DECEMBER 19, 2022.—Ordered to be printed

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OFFICES OF COUNTERING WEAPONS OF MASS DESTRUCTION AND HEALTH SECURITY ACT OF 2022

DECEMBER 19, 2022.—Ordered to be printed

Mr. PETERS, from the Committee on Homeland Security and Governmental Affairs, submitted the following

R E P O R T

[To accompany S. 4465]

[Including cost estimate of the Congressional Budget Office]

The Committee on Homeland Security and Governmental Affairs, to which was referred the bill (S. 4465), to establish a Countering Weapons of Mass Destruction Office and an Office of Health Security in the Department of Homeland Security, and for other purposes, having considered the same, reports favorably thereon with an amendment, in the nature of a substitute, and recommend that the bill, as amended, do pass.

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I. PURPOSE AND SUMMARY

S. 4465, the *Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022*, re-authorizes the Countering Weapons of Mass Destruction (CWMD) office and authorizes the newly created Office of Health Security (OHS) within the Department of Homeland Security (DHS). The bill better defines the CWMD office's responsibilities, including coordination with DHS components and state, local, tribal, and territorial entities. The leg-

islation further details specific chemical and biological, and nuclear and radiological responsibilities that the office should perform. The bill authorizes the newly formed OHS and lays out the responsibilities of the new office. OHS shall be headed by the Chief Medical Officer that will also be a dual appointment as the Assistant Secretary for Health Security. Finally, the bill includes a number of accountability and oversight measures for both the CWMD office and OHS.

II. Background and Need for the Legislation

Chemical, biological, radiological, and nuclear (CBRN) weapons have the potential to cause mass causalities and disruption to society. Technological advances combined with the nefarious intent of various groups have increased the risk of CBRN weapons being used against the homeland of the United States. Furthermore, recent examples of CBRN agent use demonstrate the need for an increased ability to prevent, detect, and respond to these weapons. CWMD is a national security priority that requires engagement at all levels of government from the federal government to state, tribal, territory, and local entities.

Chemical weapons have been used in the past decade in assassination attempts and on civilian populations. For instance, the Assad regime in Syria released the nerve agent sarin on its own people, killing more than 1,400 individuals, many of them children.[1] In 2018, it was determined by the Organization for the Prohibition of Chemical Weapons that Russia was responsible for using a chemical weapon, an advanced nerve agent, in an assassination attempt in the United Kingdom.[2] In addition, the United States determined that the government of North Korea was responsible for the lethal 2017 nerve agent attack on Kim Jong Nam, the half-brother of North Korean leader Kim Jong-un, in Malaysia. These chemical weapon attacks show a growing trend in use by state and non-state actors.

The United States also faces naturally occurring, accidental, and man-made biological threats. Biological weapons are any number of disease-causing agents such as bacteria, viruses, or toxins that can be used as weapons against humans, plants or animals. In Oregon in 1984, the Rajneeshees, a religious cult, used *Salmonella* to poison 751 people immediately before an election to prevent people from voting.[3] Public concern over biological terrorism reached greater heights in 2001, when a week after the 9/11 attacks, weapons grade anthrax was mailed to two Democratic Senators and several news media organizations.[4] These attacks (also referred to as Amerithrax) ended up killing 5 people and injuring an additional

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[1] United States Department of State, *Syria: Either Anniversary of the Ghouta Chemical Weapons Attack*, Syria: Eighth Anniversary of the Ghouta Chemical Weapons Attack—United States Department of State (Aug. 2021).

[2] Organization for the Prohibition of Chemical Weapons, *Statement By H.E. Ambassador Joseph Manso*.

Permanent Representative of the United States of America to the OPCW at The Ninety-Sixth Session Of The Executive Council (Mar. 2021).

[3] TJ Torok, et al., *A Large Community Outbreak of Salmonellosis Caused by Intentional Contamination of Restaurant Salad Bars*, Journal of the American Medical Association 278(5): 389–395 (Aug. 1997).

[4] David A. Rasko, et al, *Bacilllus anthracis comparative genome analysis in support of the Amerithrax investigation*, Proceedings of the National Academy of Science 108(12): 5027–5032 (Mar. 2011).

17 and showed that infectious agents can be misused to intentionally harm individuals.[5] Estimates for costs to decontaminate the facilities infected during Amerithrax range from $320 million to nearly $800 million.[6] The threat of bioterrorism still remains today and there is concern that in addition to terrorist groups developing biological weapons in isolation, they may receive help from states with suspected biological weapons programs.[7]

The current war in Ukraine highlights nuclear and radiological threats. Recent security threats have raised concerns that radioactive materials could be stolen and used in a United States domestic attack and according to Nuclear Regulatory Commission officials, there exists a general credible threat on the malevolent use of radioactive materials in the United States.[8] The International Atomic Energy Agency reported 3,068 unauthorized activities and events worldwide involving nuclear and radioactive material from 1993 to 2016, including incidents of trafficking and malicious use. For example, in April 2019, a technician was arrested after stealing three radioactive devices from his workplace in Arizona. According to a court filing, the technician intended to release the radioactive materials at a shopping mall, but local police and the Federal Bureau of Investigation (FBI) arrested him before he could do so.[9]

The *Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022* better defines the CWMD office responsibilities including coordination with DHS components and state, local, tribal, and territorial entities. The office's updated responsibilities would include providing expert guidance and advice on CBRN and other related emerging threats issues across the department. In addition, the office is responsible for coordinating with DHS components on the development of policies and strategies, providing intelligence and information analysis, assessing risks, and funding research and development activities. Furthermore, the office will lead development and prioritization of the requirements to CWMD as well as conduct testing to ensure that technologies meet the requirements. The office will also support and enhance information sharing with various stakeholders (i.e. law enforcement, state, local, tribal and territorial governments) to ensure they are better informed of information on chemical, biological, radiological, nuclear, and other related emerging threats. The legislation further details specific chemical and biological responsibilities that the office should perform that was seen as a gap in the original authorization.

The bill also expands the oversight of the CWMD office by Congress and independent entities. For instance, the Department is tasked with producing and regularly updating a Departmentwide

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[5] *Id*.

[6] Ketra Chmitt and Nicolas A. Zacchia, *Total Decontamination Cost of the Anthrax Letter Attacks*. Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 10(1) (2012). Nuclear Threat Initiative, *Anthrax Postal Cleanup Cost $800 million, Experts Say* (www.nti.org/gsn/article/anthrax-postal-cleanup-cost-800-million-experts-say/) (accessed Oct. 11, 2019).

[7] Gregory B. Knudson, *Nuclear, Biological, and Chemical Training in the U.S. Army Reserves: Mitigating Psychological Consequences of Weapons of Mass Destruction*, Military Medicine 166 Suppl. 2:63 (2001). Manfred S. Green, et al., *Confronting the threat of bioterrorism: realistic, challenges, and defensive strategies*, The Lancet Infectious Diseases 19(1): e2–e13 (Jan. 2019).

[8] Government Accountability Office, *Combating Nuclear Terrorism: NRC Needs to Take Additional Actions to Ensure the Security of High-Risk Radioactive Material* (GAO–19–468) (Apr. 2019) https://www.gao.gov/assets/gao-22-105498.pdf.

[9] Government Accountability Office, *Securing of Radioactive Materials* (GAO–22–105498) (Apr. 2022) https://www.gao.gov/assets/gao-22-105498.pdf.

strategy to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats that will be reported to Congress. In addition, the bill requires that the CWMD office produce a strategy and implementation plan to continue improving employee morale. The legislation also requires that GAO conduct an assessment of several aspects of the CWMD office. An advisory committee is established to help advise the leadership of the CWMD office.

In response to Congressional concern over the status of aerosolized environmental biological detection performed by DHS there is a requirement for a Department-wide Biodefense review and strategy. Biological detection at DHS includes BioWatch, a program established in 2003 to provide early identification of an aerosolized biological weapons attack. DHS also has an effort called Biological Detection for the 21st Century (BD21) with the goal to create a new early identification system that reduces the overall time of threat identification. The legislation also requires the National Academies of Sciences, Engineering, and Medicine to issue a report focused on how to improve biosurveillance. The intent of the review, strategy, and report by National Academies of Sciences, Engineering, and Medicine is for DHS to focus on the best way the Department can mitigate the risk of a biological attack on the homeland. This could include aerosol biological detection or other means of biosurveillance such as waste water epidemiology, symptom search trends, or other innovative mechanisms to gather information to better determine if there has been a biological attack. The legislation leaves the flexibility for DHS to discontinue the Biowatch program and/or BD21 if it is determined there is a more effective mechanism that DHS could use to help reduce the impact of a biological terrorism attack.

The bill also authorizes the newly formed OHS and lays out the responsibilities of the new office. The new OHS was created on July 18, 2022 through the Homeland Security Act's section 872 authority to reorganize the mission of the Chief Medical Officer from the CWMD office to report to the Secretary of DHS.[10] OHS was established to make improvements to the operating structure with regards to health and safety of Department personnel and addressing medical and public health issues across the DHS enterprise. The new office is headed by the Chief Medical Officer that will also be dual appointment as the Assistant Secretary for Health Security and the legislation details the qualifications for the position. The office shall support medical, public health, and employee safety activities of the Department. In addition, the legislation includes responsibilities related to psychological health counseling and assistance programs of the Department. The bill lays out the authority granted to other Departments with regards to confidentiality of medical records which protects medical records from disclosure in order to enable rapid identification of health issues, identify best practices, and develop new training. The legislation also provides portability of licensure for medical professionals working for DHS so they can practice in different locations without requiring a medical license in each state. This allows DHS to adopt agile telehealth

[10] Section 872 of the Homeland Security Act of 2002 gives the Secretary of the Department of Homeland Security (DHS) the authority to reorganize functions and organizational units within DHS, subject to specified limits.

services and have the capability to increase medical care in remote and isolated areas. To help ensure proper Congressional oversight, the legislation requires that OHS write a Departmentwide strategy and implementation plan to address health threats and provided a briefing to relevant congressional committees on the organizational transformations of OHS.

III. LEGISLATIVE HISTORY

Chairman Gary Peters (D–MI) and Ranking Member Portman (R–OH) introduced S. 4465, the *Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022*, on June 23, 2022. The bill was referred to the Senate Committee on Homeland Security and Governmental Affairs.

The Committee considered S. 4465 at a business meeting on August 3, 2022. During the business meeting, a modified substitute amendment was offered by Chairman Peters and Ranking Member Portman. The modified amendment adds accountability measures into the authorization of OHS including a strategy, implementation plan, and a briefing on the reorganization of the office to ensure they are following best practices. The amendment also includes expanded the responsibilities of the Office of Health Security to include psychological health counseling and assistance programs for the Department. In addition, this amendment includes the requirement for the CWMD office to perform a review of the Departmentwide biodefense activities and develop a strategy and implementation plan. This amendment also ensures consistent use of terminology to describe the different weapons of mass destruction throughout the legislation. The modified substitute amendment was adopted by voice vote *en bloc*.

The bill, as amended by the Peters-Portman modified substitute amendment, was ordered reported favorably by voice vote *en bloc*. Senators present for the vote on the bill were: Peters, Hassan, Sinema, Rosen, Padilla, Ossoff, Lankford, Romney, Scott, and Hawley.

IV. SECTION-BY-SECTION ANALYSIS OF THE BILL, AS REPORTED

Section 1. Short title, table of contents

Subsection (a) designates the name of the bill as the "Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022."

Subsection (b) provides the table of contents for the bill.

TITLE I—COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE

Section 101. Countering weapons of mass destruction office

This section reauthorizes the CWMD office at DHS, and outlines how the bill would amend the Homeland Security Act of 2002. This section adds language to the Homeland Security Act detailing the mission of the CWMD office to coordinate efforts across DHS to counter weapons of mass destruction as well as chemical, biological, radiological, nuclear, and other related emerging threats. The mission of the office also includes enhancing the ability of every level of government to prevent, detect, and protect against attacks using these threats. The legislation also clarifies the CWMD office's

responsibilities to include providing expertise and guidance to Department leadership; identifying, assessing, and prioritizing any gaps that DHS has in regards to weapons of mass destruction; and lead the development and prioritization of Department requirements to CWMD.

The section states how DHS should work with different DHS components. For instance, the CWMD office will work with the Office for Strategy, Policy and Plans to lead the development of policies and strategies to CWMD. In addition, the CWMD office will work with the DHS Office of Intelligence and Analysis to provide intelligence and information analysis on weapons of mass destruction. Furthermore, the CWMD office will work with the Science and Technology Directorate to assess risks from weapons of mass destruction and direct, fund, and coordinate capability development activities including the ability to detect and report these type of threats. The legislation calls for the CWMD office to consult with other federal agencies as well as state, local, tribal, and territorial governments.

The legislation includes an accountability section that requires DHS to produce a Departmentwide strategy for chemical, biological, radiological, nuclear, and other related threats, as well as a Departmentwide review and strategy specifically focused on biodefense. The CWMD office also is required to conduct a review of the employee morale and brief the appropriate congressional committees on the findings. The legislation also includes a study by the National Academies of Sciences, Engineering, and Medicine to perform a consensus study on the role of DHS in preparing, detecting, and responding to biological threats, and recommendations to improve biosurveillance efforts. An advisory council is also authorized to advise on aspects of countering weapons of mass destruction.

Section 102. Rule of construction

This section states that no amendments made in this title shall be construed to affect or diminish the responsibilities of the Under Secretary for Science and Technology.

TITLE II—OFFICE OF HEALTH SECURITY

Section 201. Office of Health Security

This section establishes the OHS within DHS. OHS is to be headed by the Assistant Secretary for Health Security and the Chief Medical Officer of the Department, whose responsibilities and qualifications this section provides. Responsibilities of the office include overseeing medical and public health activities of the Department and advising on the collection, storage and oversight of medical records. The OHS office shall advise the heads of DHS components that deliver direct patient care on the recruitment and appointment of chief medical officers as well as psychological health counseling. OHS is responsible for a strategy and implementation plan to address health threats and a briefing to appropriate congressional committees on the creation of the office.

Section 202. Medical countermeasures program

This section updates the relevant section numbers the Homeland Security Act of 2002.

Section 203. Confidentiality of medical quality assurance records

This section adds new definitions for "health care provider," "medical quality assurance program," and "medical quality assurance record of the Department" to Title XXIII of the Homeland Security Act of 2002, as added by this legislation. It also regulates disclosure and testimony regarding a medical quality assurance program. This legislation to gain confidentiality of medical quality and assurance records is similar to other Federal government agencies that provide medical care. This legislation provides authority safeguards while protecting medical quality information which can be used as a learning system to: (1) Enable rapid identification of health care issues; (2) Identify best practices and implementation of corrective actions; (3) Develop new training curricula; and (4) Assist in the timely detection of emerging threats. Privilege and confidential protections are a health care industry standard for medical quality and assurance records.

Section 204. Portability of licensure

This section re-designates section 16005 of the Coronavirus Aid, Relief, and Economic Security (CARES) CARES Act as section 2306 of the Homeland Security Act of 2002. Portability of licensure is the ability for health-care personnel to legally provide care across state boundaries without requiring multiple state medical licenses, is critical to appropriate oversight and provision of care. DHS's temporary authority for portability of licensure, as outlined in Section 16005 of the CARES Act, will expire when the Secretary of the Department of Health and Human Services (HHS) declares an end to the COVID–19 pandemic. This legislation extends the language in the CARES act for after the COVID–19 pandemic.

Section 205. Technical and conforming amendments

This section contains technical and conforming amendments to the Homeland Security Act of 2002.

V. Evaluation of Regulatory Impact

Pursuant to the requirements of paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee has considered the regulatory impact of this bill and determined that the bill will have no regulatory impact within the meaning of the rules. The Committee agrees with the Congressional Budget Office's statement that the bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

VI. CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, November 9, 2022.

Hon. GARY C. PETERS,
Chairman, Committee on Homeland Security and Governmental Affairs, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 4465, the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Jeremy Crimm.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

At a Glance

S. 4465, Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022

As ordered reported by the Senate Committee on Homeland Security and Governmental Affairs on August 3, 2022

By Fiscal Year, Millions of Dollars	2023	2023-2027	2023-2032
Direct Spending (Outlays)	0	0	0
Revenues	*	*	*
Increase or Decrease (-) in the Deficit	*	*	*
Spending Subject to Appropriation (Outlays)	0	850	not estimated

		Mandate Effects	
Statutory pay-as-you-go procedures apply?	Yes	Contains intergovernmental mandate?	No
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2033?	No	Contains private-sector mandate?	No

* = between -$500,000 and $500,000.

The bill would

- Permanently reauthorize the Department of Homeland Security's (DHS) Countering Weapons of Mass Destruction Office (CWMD)
- Create an Office of Health Security (OHS), responsible for all of DHS's medical and public health activities, within the Office of the Secretary
- Protect any medical record created by DHS from disclosure, with certain exceptions, and create new penalties for violating the confidentiality of such a record
- Require new reports from CWMD and the Government Accountability Office

Estimated budgetary effects would mainly stem from:

- Administrative costs associated with reauthorizing CWMD and complying with new reporting requirements

- Administrative costs for OHS
- Revenues from penalties resulting in the unlawful disclosure of medical records

Bill Summary: S. 4465 would permanently reauthorize the Countering Weapons of Mass Destruction Office (CWMD) within the Department of Homeland Security (DHS). CWMD leads DHS's efforts to prevent the use of chemical, biological, radiological, or nuclear weapons, and promotes readiness against such attacks by coordinating with federal, state, local, tribal, and territorial governments, as well as the private sector. Under current law, CWMD's authorization expires on December 21, 2023.

S. 4465 also would create an Office of Health Security (OHS) within the Office of the Secretary. The office would be responsible for all of DHS's medical and public health activities, including food, agriculture, and veterinary defense, and workforce health and safety, transferring these functions from component units. The bill also would protect any medical record created by DHS from disclosure, with certain exceptions, and create new fines for any individual who willfully discloses such a record.

S. 4465 would create additional reporting requirements, including a study from the National Academies of Sciences, Engineering and Medicine on DHS's role in preparing for biological and health security threats and a Government Accountability Office review of CWMD's efforts and effectiveness.

Estimated Federal cost: The estimated budgetary effect of S. 4465 is shown in Table 1. The costs of the legislation fall within budget function 750 (administration of justice).

TABLE 1.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER S. 4465

	By fiscal year, millions of dollars—					
	2023	2024	2025	2026	2027	2023–2027
Office of Countering Weapons of Mass Destruction:						
Estimated Authorization	2	304	413	440	450	1,609
Estimated Outlays	2	40	137	253	339	771
Office of Health Security:						
Estimated Authorization	0	16	24	25	25	90
Estimated Outlays	0	11	19	23	25	79
Total Changes:						
Estimated Authorization	2	320	437	464	475	1,699
Estimated Outlays	2	52	156	276	364	850

Components may not sum to totals because of rounding.
CBO estimates that enacting S. 4465 would increase revenues by less than $500,000 over the 2023–2032 period.

Basis of estimate: For this estimate, CBO assumes that the bill will be enacted near the end of calendar year 2022 and that the estimated amounts will be provided for each year.

Spending subject to appropriation: CBO estimates that implementing S. 4465 would require appropriations totaling $1.7 billion over the 2023–2027 period. Assuming appropriation of those amounts, CBO estimates that the bill would cost $850 million over the same period.

Office of Countering Weapons of Mass Destruction: The Congress appropriated $386 million for CWMD in 2022. That includes funding for operations and support, procurement and maintenance of chemical, biological and radiological detection equipment, research and development, and assistance to state, local, tribal, and terri-

torial governments. Adjusting that amount for annual inflation, the transfer of funds to OHS, and CWMD's current authorization through December 2023, CBO estimates this provision would authorize the appropriation of $1.6 billion over the 2023–2027 period.

In addition, based on the costs of similar reports, CBO estimates that implementing the reporting requirements in S. 4465 would cost $3 million over 2023–2027 period. In total, CBO estimates that CWMD would incur $771 million in additional costs over the 2023–2027 period. Such spending would be subject to the appropriation of the estimated amounts.

Office of Health Security: Based on information from DHS, CBO assumes that the department already carries out the activities required of OHS under the bill and that S. 4465 would consolidate those efforts into a new office. Using information from CWMD, CBO estimates implementing S. 4465 would require the agency to transfer 35 existing staff and $21 million (the amount allocated for those activities in 2022) to the new Office of Health Security. The new office would include DHS's current work and activities on food and agriculture security, and veterinary defense. CBO estimates that OHS would continue to incur costs for those activities, with an increase each year to account for expected inflation. CBO estimates that OHS would cost $79 million over the 2023–2027 period; such spending would be subject to the availability of appropriated funds.

Revenues: S. 4465 would create a new $3,000 fine for anyone who willfully discloses a DHS medical record. The fine for subsequent offenses would increase to $20,000 per violation. Any penalties would be transferred to the Treasury and could not be spent by DHS without further appropriation. Using information from DHS, CBO expects there to be a small number of violations. As such, CBO estimates that enacting S. 4465 would increase revenues by an insignificant amount each year and in total over the 2023–2032 period.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. CBO estimates that enacting S. 4465 would increase revenues by less than $500,000 over the 2023–2032 period.

Increase in long-term deficits: None.

Mandates: None.

Estimate prepared by: Federal Costs: Jeremy Crimm; Mandates: Fiona Forrester.

Estimate reviewed by: Justin Humphrey, Chief, Finance, Housing, and Education Cost Estimates Unit, Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Leo Lex, Deputy Director of Budget Analysis; Theresa Gullo, Director of Budget Analysis.

VII. Changes in Existing Law Made by the Bill, as Reported

In compliance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, changes in existing law made by the bill, as reported, are shown as follows: (existing law proposed to be omitted is enclosed in brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

HOMELAND SECURITY ACT OF 2002

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Homeland Security Act of 2002".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

* * * * * * *

TITLE V—NATIONAL EMERGENCY MANAGEMENT

* * * * * * *

[Sec. 528. Coordination of Department of Homeland Security efforts related to food, agriculture, and veterinary defense against terrorism.]
[Sec. 529. Transfer of equipment during a public health emergency.]
Sec. 528. Transfer of equipment during a public health emergency.

* * * * * * *

TITLE VII—MANAGEMENT

* * * * * * *

[Sec. 710. Workforce health and medical support.]
[Sec. 711. Employee engagement.]
[Sec. 712. Annual employee award program.]
[Sec. 713. Acquisition professional career program.]
Sec. 710. Employee engagement.
Sec. 711. Annual employee award program.
Sec. 712. Acquisition professional career program.

* * * * * * *

TITLE XIX—COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE

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SUBTITLE B—MISSION OF THE OFFICE

* * * * * * *

Sec. 1928. Securing the Cities program.
Sec. 1929. Accountability.

[SUBTITLE C—CHIEF MEDICAL OFFICER]

[Sec. 1931. Chief Medical Officer.]
[Sec. 1932. Medical countermeasures.]

* * * * * * *

TITLE XXIII—OFFICE OF HEALTH SECURITY

Sec. 2301. Office of Health Security.
Sec. 2302. Workforce health and [medical support] safety.
Sec. 2303. Coordination of Department of Homeland Security efforts related to food, agriculture, and veterinary defense against terrorism.
Sec. 2304. Medical countermeasures program.
Sec. 2305. Confidentiality of medical quality assurance records.
Sec. 2306. Portability of licensure.

TITLE I—DEPARTMENT OF HOMELAND SECURITY

* * * * * * *

SEC. 103. OTHER OFFICERS.

(a) DEPUTY SECRETARY; UNDER SECRETARIES.—

(1)* * *

(2) ASSISTANT SECRETARIES.—If any of the Assistant Secretaries referred to under paragraph (1)(I) is designated to be [the Assistant Secretary for Health Affairs,] the Assistant Secretary for Legislative [Affairs, or] *Affairs or* the Assistant Secretary for Public Affairs, that Assistant Secretary shall be appointed by the President without the advice and consent of the Senate.

(b)* * *

(d) OTHER OFFICERS.—To assist the Secretary in the performance of the Secretary's functions, there are the following officers, appointed by the President:

(1) A Director of the Secret Service.

(2) A Chief Information Officer.

(3) An Officer for Civil Rights and Civil Liberties.

(4) An Assistant Secretary for the Countering Weapons of Mass Destruction Office.

(5) Any Director of a Joint Task Force under section 708.

(6) *A Chief Medical Officer.*

* * * * * * *

TITLE V—NATIONAL EMERGENCY MANAGEMENT

* * * * * * *

[SEC. 528. COORDINATION OF DEPARTMENT OF HOMELAND SECURITY EFFORTS RELATED TO FOOD, AGRICULTURE, AND VETERINARY DEFENSE AGAINST TERRORISM.

[(a) PROGRAM REQUIRED.—The Secretary, acting through the Assistant Secretary for the Countering Weapons of Mass Destruction Office, shall carry out a program to coordinate the Department's efforts related to defending the food, agriculture, and veterinary systems of the United States against terrorism and other high-consequence events that pose a high risk to homeland security.

[(b) PROGRAM ELEMENTS.—The coordination program required by subsection (a) shall include, at a minimum, the following:

[(1) Providing oversight and management of the Department's responsibilities pursuant to Homeland Security Presidential Directive 9—Defense of United States Agriculture and Food.

[(2) Providing oversight and integration of the Department's activities related to veterinary public health, food defense, and agricultural security.

[(3) Leading the Department's policy initiatives relating to food, animal, and agricultural incidents, and the impact of such incidents on animal and public health.

[(4) Leading the Department's policy initiatives relating to overall domestic preparedness for and collective response to agricultural terrorism.

[(5) Coordinating with other Department components, including U.S. Customs and Border Protection, as appropriate, on activities related to food and agriculture security and screening procedures for domestic and imported products.

[(6) Coordinating with appropriate Federal departments and agencies.

[(7) Other activities as determined necessary by the Secretary.

[(c) RULE OF CONSTRUCTION.—Nothing in this section may be construed as altering or superseding the authority of the Secretary of Agriculture or the Secretary of Health and Human Services.

[SEC. 529. TRANSFER OF EQUIPMENT DURING A PUBLIC HEALTH EMERGENCY.

(a) AUTHORIZATION OF TRANSFER OF EQUIPMENT.—During a public health emergency declared by the Secretary of Health and Human Services under section 319(a) of the Public Health Service Act (42 U.S.C. 247d(a)), the Secretary, at the request of the Secretary of Health and Human Services, may transfer to the Department of Health and Human Services, on a reimbursable basis, excess personal protective equipment or medically necessary equipment in the possession of the Department.

[(b) DETERMINATION BY SECRETARIES.—

[(1) IN GENERAL.—In carrying out this section—

[(A) before requesting a transfer under subsection (a), the Secretary of Health and Human Services shall determine whether the personal protective equipment or medically necessary equipment is otherwise available; and

[(B) before initiating a transfer under subsection (a), the Secretary, in consultation with the heads of each component within the Department, shall—

[(i) determine whether the personal protective equipment or medically necessary equipment requested to be transferred under subsection (a) is excess equipment; and

[(ii) certify that the transfer of the personal protective equipment or medically necessary equipment will not adversely impact the health or safety of officers, employees, or contractors of the Department.

[(2) NOTIFICATION.—The Secretary of Health and Human Services and the Secretary shall each submit to Congress a notification explaining the determination made under subparagraphs (A) and (B), respectively, of paragraph (1).

[(3) REQUIRED INVENTORY.—

[(A) IN GENERAL.—The Secretary shall—

[(i) acting through the Chief Medical Officer of the Department, maintain an inventory of all personal protective equipment and medically necessary equipment in the possession of the Department; and

[(ii) make the inventory required under clause (i) available, on a continual basis, to—

[(I) the Secretary of Health and Human Services; and

[(II) the Committee on Appropriations and the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Appropriations and the Committee on Homeland Security of the House of Representatives.

[(B) FORM.—Each inventory required to be made available under subparagraph (A) shall be submitted in unclassified form, but may include a classified annex.]

* * * * * * *

TITLE VII—MANAGEMENT

* * * * * * *

SEC. 704. CHIEF HUMAN CAPITAL OFFICER.

(a) IN GENERAL.—The Chief Human Capital Officer shall report directly to the Under Secretary for Management.

(b)* * *

(e) ANNUAL SUBMISSION.—Not later than 90 days after the date on which the Secretary submits the annual budget justification for the Department, the Secretary shall submit to the congressional homeland security committees a report that includes a table, delineated by component with actual and enacted amounts, including—

(1) information on the progress within the Department of fulfilling the workforce strategies developed under subsection (c);

(2) information on employee development opportunities catalogued pursuant to paragraph (9) of subsection (b) and any available data on participation rates, attrition rates, and impacts on retention and employee satisfaction;

(3) information on the progress of Departmentwide strategic workforce planning efforts as determined under paragraph (2) of subsection (b);

(4) information on the activities of the steering committee established pursuant to [section 711(a)] *section 710(a))*, including the number of meetings, types of materials developed and distributed, and recommendations made to the Secretary;

* * * * * * *

[SEC. 710. WORKFORCE HEALTH AND MEDICAL SUPPORT.

[(a) IN GENERAL.—The Under Secretary for Management shall be responsible for workforce-focused health and medical activities of the Department. The Under Secretary for Management may further delegate responsibility for those activities, as appropriate.

[(b) RESPONSIBILITIES.—The Under Secretary for Management, in coordination with the Chief Medical Officer, shall—

[(1) provide oversight and coordinate the medical and health activities of the Department for the human and animal personnel of the Department;

[(2) establish medical, health, veterinary, and occupational health exposure policy, guidance, strategies, and initiatives for the human and animal personnel of the Department;

[(3) as deemed appropriate by the Under Secretary, provide medical liaisons to the components of the Department, on a reimbursable basis, to provide subject matter expertise on occupational medical and public health issues;

[(4) serve as the primary representative for the Department on agreements regarding the detail of Commissioned Corps officers of the Public Health Service of the Department of Health and Human Services to the Department, except that components of the Department shall retain authority for funding, de-

termination of specific duties, and supervision of such detailed Commissioned Corps officers; and

[(5) perform such other duties relating to the responsibilities described in this subsection as the Secretary may require.]

SEC. [711] *710.* **EMPLOYEE ENGAGEMENT.**

* * * * * * *

SEC. [712] *711.* **ANNUAL EMPLOYEE AWARD PROGRAM.**

* * * * * * *

SEC. [713] *712.* **ACQUISITION PROFESSIONAL CAREER PROGRAM.**

* * * * * * *

[SEC. 1932. MEDICAL COUNTERMEASURES.

[(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall, as appropriate, establish a medical countermeasures program within the components of the Department to—

[(1) facilitate personnel readiness and protection for the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic; and

[(2) support the mission continuity of the Department.

[(b) OVERSIGHT.—The Secretary, acting through the Chief Medical Officer of the Department, shall—

[(1) provide programmatic oversight of the medical countermeasures program established under subsection (a); and

[(2) develop standards for—

[(A) medical countermeasure storage, security, dispensing, and documentation;

[(B) maintaining a stockpile of medical countermeasures, including antibiotics, antivirals, antidotes, therapeutics, and radiological countermeasures, as appropriate;

[(C) ensuring adequate partnerships with manufacturers and executive agencies that enable advance prepositioning by vendors of inventories of appropriate medical countermeasures in strategic locations nationwide, based on risk and employee density, in accordance with applicable Federal statutes and regulations;

[(D) providing oversight and guidance regarding the dispensing of stockpiled medical countermeasures;

[(E) ensuring rapid deployment and dispensing of medical countermeasures in a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic;

[(F) providing training to employees of the Department on medical countermeasures; and

[(G) supporting dispensing exercises.

[(c) MEDICAL COUNTERMEASURES WORKING GROUP.—The Secretary, acting through the Chief Medical Officer of the Department, shall establish a medical countermeasures working group comprised of representatives from appropriate components and offices of the Department to ensure that medical countermeasures standards are maintained and guidance is consistent.

[(d) MEDICAL COUNTERMEASURES MANAGEMENT.—Not later than 120 days after the date on which appropriations are made available to carry out subsection (a), the Chief Medical Officer shall develop and submit to the Secretary an integrated logistics support plan for medical countermeasures, including—

[(1) a methodology for determining the ideal types and quantities of medical countermeasures to stockpile and how frequently such methodology shall be reevaluated;

[(2) a replenishment plan; and

[(3) inventory tracking, reporting, and reconciliation procedures for existing stockpiles and new medical countermeasure purchases.

[(e) TRANSFER.—Not later than 120 days after the date of enactment of this section, the Secretary shall transfer all medical countermeasures-related programmatic and personnel resources from the Under Secretary for Management to the Chief Medical Officer.

[(f) STOCKPILE ELEMENTS.—In determining the types and quantities of medical countermeasures to stockpile under subsection (d), the Secretary, acting through the Chief Medical Officer of the Department—

[(1) shall use a risk-based methodology for evaluating types and quantities of medical countermeasures required; and

[(2) may use, if available—

[(A) chemical, biological, radiological, and nuclear risk assessments of the Department; and

[(B) guidance on medical countermeasures of the Office of the Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention.

[(g) BRIEFING.—Not later than 180 days after the date of enactment of this section, the Secretary shall provide a briefing to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding—

[(1) the plan developed under subsection (d); and

[(2) implementation of the requirements of this section.

[(h) DEFINITION.—In this section, the term "medical countermeasures" means antibiotics, antivirals, antidotes, therapeutics, radiological countermeasures, and other countermeasures that may be deployed to protect the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic.]

* * * * * * *

TITLE XIX—COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE

Subtitle A—Countering Weapons of Mass Destruction Office

SEC. 1901. COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE.

(a) * * *

(b) * * *

(c) RESPONSIBILITIES.—The Assistant Secretary shall serve as the Secretary's principal advisor on—

(1) matters and strategies pertaining to—

(A) weapons of mass destruction; and

(B) chemical, biological, radiological, nuclear, and other related emerging threats; and

(2) coordinating the efforts of the Department to counter—

(A) weapons of mass destruction; and

(B) chemical, biological, radiological, nuclear, and other related emerging threats.

(d) * * *

[(e) TERMINATION.—The Office shall terminate on the date that is 5 years after the date of the enactment of the Countering Weapons of Mass Destruction Act of 2018.**]**

Subtitle B—Mission of the Office

SEC. 1921. MISSION OF THE OFFICE.

The Office shall be responsible for—

(1) coordinating the efforts of the Department to counter—

(A) weapons of mass destruction; and

(B) chemical, biological, radiological, nuclear, and other related emerging threats; and

(2) enhancing the ability of Federal, State, local, Tribal, and territorial partners to prevent, detect, protect against, and mitigate the impacts of attacks using—

(A) *weapons of mass destruction against the United States; and*

(B) chemical, biological, radiological, nuclear, and other related emerging threats against the United States.

SEC. 1922. RELATIONSHIP TO OTHER DEPARTMENT COMPONENTS AND FEDERAL AGENCIES.

(a)* * *

[(b) OFFICE FOR STRATEGY, POLICY, AND PLANS.—Not later than one year after the date of the enactment of the Countering Weapons of Mass Destruction Act of 2018, the Assistant Secretary shall, in coordination with the Under Secretary for Strategy, Policy, and Plans, submit to the appropriate congressional committees a strategy and implementation plan to direct programs within the Office and to integrate those programs with other programs and activities of the Department.**]**

[(c)**]** (*b*) FEDERAL EMERGENCY MANAGEMENT AGENCY.—Nothing in this title or any other provision of law may be construed to affect or reduce the responsibilities of the Federal Emergency Management Agency or the Administrator of the Agency, including the diversion of any asset, function, or mission of the Agency or the Administrator of the Agency.

SEC. 1923. RESPONSIBILITIES.

(a) OFFICE RESPONSIBILITIES.—

(1) IN GENERAL.—For the purposes of coordinating the efforts of the Department to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, the Office shall—

(A) provide expertise and guidance to Department leadership and components on chemical, biological, radiological, and nuclear, and other related emerging threats, subject to the research, development, testing, and evaluation coordination requirement described in subparagraph (G);

(B) in coordination with the Office for Strategy, Policy, and Plans, lead development of policies and strategies to counter weapons of mass destruction and chemical, biological, radiological, nuclear and other related emerging threats on behalf of the Department;

(C) identify, assess, and prioritize capability gaps relating to the strategic and mission objectives of the Department for weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

(D) in coordination with the Office of Intelligence and Analysis, support components of the Department, and Federal, State, local, Tribal, and territorial partners, provide intelligence and information analysis and reports on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

(E) in consultation with the Science and Technology Directorate, assess risk to the United States from weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats;

(F) lead development and prioritization of Department requirements to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, subject to the research, development, testing, and evaluation coordination requirement described in subparagraph (G), which requirements shall be—

(i) developed in coordination with end users; and

(ii) reviewed by the Joint Requirements Council, as directed by the Secretary;

(G) in coordination with the Science and Technology Directorate, direct, fund, and coordinate capability development activities to counter weapons of mass destruction and all chemical, biological, radiological, nuclear, and other related emerging threats research, development, test, and evaluation matters, including research, development, testing, and evaluation expertise, threat characterization, technology maturation, prototyping, and technology transition;

(H) acquire, procure, and deploy counter weapons of mass destruction capabilities, and serve as the lead advisor of the Department on component acquisition, procurement, and deployment of counter-weapons of mass destruction capabilities;

(I) in coordination with the Office of Health Security, support components of the Department, and Federal, State, local, Tribal, and territorial partners on chemical, biological, radiological, nuclear, and other related emerging threats health matters;

(J) provide expertise on weapons of mass destruction and chemical, biological, radiological, nuclear, and other re-

lated emerging threats expertise to Department and Federal partners to support engagements and efforts with international partners subject to the research, development, testing, and evaluation coordination requirement under subparagraph (G); and

(K) carry out any other duties assigned to the Office by the Secretary.

(2) DETECTION AND REPORTING.—For purposes of the chemical, biological, radiological, and nuclear detection and reporting responsibilities of the Office, the Office shall—

(A) in coordination with end users, including State, local, Tribal, and territorial partners, as appropriate—

(i) carry out a program to test and evaluate technology, in consultation with the Science and Technology Directorate, to detect and report on chemical, biological, radiological, nuclear, and other related emerging threats weapons or unauthorized material, in coordination with other Federal agencies, as appropriate, and establish performance metrics to evaluate the effectiveness of individual detectors and detection systems in detecting those weapons or material—

(I) under realistic operational and environmental conditions; and

(II) against realistic adversary tactics and countermeasures;

(B) in coordination with end users, conduct, support, coordinate, and encourage a transformational program of research and development to generate and improve technologies to detect, protect against, and report on the illicit entry, transport, assembly, or potential use within the United States of weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats weapons or unauthorized material, and coordinate with the Under Secretary for Science and Technology on research and development efforts relevant to the mission of the Office and the Under Secretary for Science and Technology;

(C) before carrying out operational testing under subparagraph (A), develop a testing and evaluation plan that articulates the requirements for the user and describes how these capability needs will be tested in developmental test and evaluation and operational test and evaluation;

(D) as appropriate, develop, acquire, and deploy equipment to detect and report on weapons of mass destruction and chemical, biological, radiological, nuclear, and other emerging threats weapons or unauthorized material in support of Federal, State, local, Tribal, and territorial governments;

(E) support and enhance the effective sharing and use of appropriate information on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats and related emerging issues generated by elements of the intelligence community (as defined in section 3 of the National Security Act of 1947 (50 U.S.C. 3003)), law enforcement agencies, other Federal

agencies, State, local, Tribal, and territorial governments, and foreign governments, as well as provide appropriate information to those entities;

(F) consult, as appropriate, with the Federal Emergency Management Agency and other departmental components, on weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats and efforts to mitigate, prepare, and respond to all threats in support of the State, local, and Tribal communities; and

(G) perform other duties as assigned by the Secretary.

[(a)] [MISSION] *(b) RADIOLOGICAL AND NUCLEAR RESPONSIBILITIES.*—The Office shall be responsible for coordinating Federal efforts to detect and protect against the unauthorized importation, possession, storage, transportation, development, or use of a nuclear explosive device, fissile material, or radiological material in the United States, and to protect against attack using such devices or materials against the people, territory, or interests of the United States and, to this end, shall—

(1) serve as the primary entity of the United States Government to further develop, acquire, *deploy*, and support the [deployment] *operations* of an enhanced domestic system to detect and report on attempts to import, possess, store, transport, develop, or use an unauthorized nuclear explosive device, fissile material, or radiological material in the United States, and improve that system over time;

(2) * * *

* * * * * * *

[(6) conduct, support, coordinate, and encourage an aggressive, expedited, evolutionary, and transformational program of research and development to generate and improve technologies to detect and prevent the illicit entry, transport, assembly, or potential use within the United States of a nuclear explosive device or fissile or radiological material, and coordinate with the Under Secretary for Science and Technology on basic and advanced or transformational research and development efforts relevant to the mission of both organizations;

[(7) carry out a program to test and evaluate technology for detecting a nuclear explosive device and fissile or radiological material, in coordination with the Secretary of Defense and the Secretary of Energy, as appropriate, and establish performance metrics for evaluating the effectiveness of individual detectors and detection systems in detecting such devices or material—

[(A) under realistic operational and environmental conditions; and

[(B) against realistic adversary tactics and countermeasures;

[(8) support and enhance the effective sharing and use of appropriate information generated by the intelligence community, law enforcement agencies, counterterrorism community, other government agencies, and foreign governments, as well as provide appropriate information to such entities;

[(9) further enhance and maintain continuous awareness by analyzing information from all Office mission-related detection systems;

[(10) lead the development and implementation of the national strategic five-year plan for improving the nuclear forensic and attribution capabilities of the United States required under section 1036 of the National Defense Authorization Act for Fiscal Year 2010;]

[(11)] *(6)* establish, within the Office, the National Technical Nuclear Forensics Center to provide centralized stewardship, planning, assessment, gap analysis, exercises, improvement, and integration for all Federal nuclear forensics and attribution activities—

(A) * * *

(B) to coordinate and implement the [national strategic five-year plan referred to in paragraph (10)] *United States national technical nuclear forensics strategic planning*;

(7) establish a National Nuclear Forensics Expertise Development Program, which—

(A) * * *

(C) shall—

(i) * * *

* * * * * * *

(v) *except as otherwise provided,* require that—

(I) * * *

(II) a scholarship recipient who, for any reason except [death or disability] *death, disability, or a finding of good cause as determined by the Assistant Secretary (including extreme hardship, extreme need, or the needs of the Office) and for which the Assistant Secretary may grant a waiver of the repayment obligation*, fails to begin or complete the post-doctoral service requirements in a technical nuclear forensics-related specialty at a national laboratory or appropriate Federal agency after completion of academic training shall be liable to the United States for an amount equal to—

(aa) * * *

(bb) the interest on such amounts which would be payable if at the time the scholarship was received such scholarship was a loan bearing interest at the maximum legally prevailing rate; *and*

[(13) * * *]

[(14)] *(8)* perform other duties as assigned by the Secretary.

(c) CHEMICAL AND BIOLOGICAL RESPONSIBILITIES.—The Office—

(1) shall be responsible for coordinating with other Federal efforts to enhance the ability of Federal, State, local, and Tribal governments to prevent, detect, protect against, and mitigate the impacts of chemical and biological threats against the United States; and

(2) shall—

(A) serve as a primary entity of the Federal Government to further develop, acquire, deploy, and support the operations of a national biosurveillance system in support of Federal, State, local, Tribal, and territorial governments, and improve that system over time;

(B) enhance the chemical and biological detection efforts of Federal, State, local, Tribal, and territorial governments and provide guidance, tools, and training to help ensure a managed, coordinated response; and

(C) collaborate with the Biomedical Advanced Research and Development Authority, the Office of Health Security, the Defense Advanced Research Projects Agency, and the National Aeronautics and Space Administration, and other relevant Federal stakeholders, and receive input from industry, academia, and the national laboratories on chemical and biological surveillance efforts.

[(b)] *(d)* DEFINITIONS.—In this section:

(1) * * *

* * * * * * *

(3) [HAWAIIAN NATIVE-SERVING] *NATIVE HAWAIIAN-SERVING INSTITUTION.*—The term ["Hawaiian native-serving"] *"Native Hawaiian-serving* institution" has the meaning given the term in section 317 of the Higher Education Act of 1965 (20 U.S.C. 1059d).

* * * * * * *

SEC. 1924. HIRING AUTHORITY.

In hiring personnel for the Office, the Secretary shall have the hiring and management authorities provided in [section 1101 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 (5 U.S.C. 3104 note)] *section 4092 of title 10, United States Code, except that the authority shall be limited to facilitate the recruitment of experts in the chemical, biological, radiological, or nuclear specialties.* The term of appointments for employees under subsection (c)(1) of such section may not exceed 5 years before granting any extension under subsection (c)(2) of such section.

* * * * * * *

SEC. 1927. JOINT ANNUAL INTERAGENCY REVIEW OF GLOBAL NUCLEAR DETECTION ARCHITECTURE.

(a) ANNUAL REVIEW.—

(1) IN GENERAL.—

(A) * * *

(B) * * *

(C) the Assistant Secretary and each of the relevant departments that are partners in the National Technical Forensics Center—

(i) include, as part of the assessments, evaluations, and reviews required under this paragraph, each office's or department's activities and investments in support of nuclear forensics and attribution activities and specific goals and objectives accomplished during the previous year pursuant to the national strategic five-year plan for improving the nuclear forensic and attribution capabilities of the United States [required under section 1036 of the National Defense Authorization Act for Fiscal Year 2010];

(ii) attaches, as an appendix to the Joint Interagency Annual Review, the most current version of such strategy and plan; [and]

(iii) includes a description of new or amended bilateral and multilateral agreements and efforts in support of nuclear forensics and attribution activities accomplished during the previous year[.]; *and*

(iv) includes any other information regarding national technical nuclear forensics activities carried out under section 1923.

* * * * * * *

SEC. 1928. SECURING THE CITIES PROGRAM.

(a) * * *

(b) * * *

(c) DESIGNATION OF JURISDICTIONS.—

(1) IN GENERAL.—In carrying out the STC program under subsection (a), the Secretary shall designate jurisdictions [from among high-risk urban areas under section 2003] *based on the capability and capacity of the jurisdiction, as well as the relative threat, vulnerability, and consequences from terrorist attacks and other high-consequence events utilizing nuclear or other radiological materials.*

[(d) ACCOUNTABILITY.—

[(1) IMPLEMENTATION PLAN.—

[(A) IN GENERAL.—The Secretary shall develop, in consultation with relevant stakeholders, an implementation plan for carrying out the STC program that includes—

[(i) a discussion of the goals of the STC program and a strategy to achieve those goals;

[(ii) performance metrics and milestones for the STC program;

[(iii) measures for achieving and sustaining capabilities under the STC program; and

[(iv) costs associated with achieving the goals of the STC program.

[(B) Submission to congress.—Not later than one year after the date of the enactment of the Countering Weapons of Mass Destruction Act of 2018, the Secretary shall submit to the appropriate congressional committees and the Comptroller General of the United States the implementation plan required by subparagraph (A).

[(2) Report required.—Not later than one year after the submission of the implementation plan under paragraph (1)(B), the Secretary shall submit to the appropriate congressional committees and the Comptroller General a report that includes—

[(A) an assessment of the effectiveness of the STC program, based on the performance metrics and milestones required by paragraph (1)(A)(ii); and

[(B) proposals for any changes to the STC program, including an explanation of how those changes align with the strategy and goals of the STC program and, as appropriate, address any challenges faced by the STC program.

[(3) Comptroller general review.—Not later than 18 months after the submission of the report required by paragraph (2), the Comptroller General of the United States shall submit to the appropriate congressional committees a report evaluating

the implementation plan required by paragraph (1) and the report required by paragraph (2), including an assessment of progress made with respect to the performance metrics and milestones required by paragraph (1)(A)(ii) and the sustainment of the capabilities of the STC program.

[(4) Briefing and submission requirements.—Before making any changes to the structure or requirements of the STC program, the Assistant Secretary shall—

[(A) consult with the appropriate congressional committees; and

[(B) provide to those committees—

[(i) a briefing on the proposed changes, including a justification for the changes;

[(ii) documentation relating to the changes, including plans, strategies, and resources to implement the changes; and

[(iii) an assessment of the effect of the changes on the capabilities of the STC program, taking into consideration previous resource allocations and stakeholder input.]

(d) REPORT.—Not later than 2 years after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary shall submit to the appropriate congressional committees an update on the STC program.

SEC. 1929. ACCOUNTABILITY.

(a) DEPARTMENTWIDE STRATEGY.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, and every 4 years thereafter, the Secretary shall create a Departmentwide strategy and implementation plan to counter weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats, which should—

(A) have clearly identified authorities, specified roles, objectives, benchmarks, accountability, and timelines;

(B) incorporate the perspectives of non-Federal and private sector partners; and

(C) articulate how the Department will contribute to relevant national-level strategies and work with other Federal agencies.

(2) CONSIDERATION.—The Secretary shall appropriately consider weapons of mass destruction and chemical, biological, radiological, nuclear, and other related emerging threats when creating the strategy and implementation plan required under paragraph (1).

(3) REPORT.—The Office shall submit to the appropriate congressional committees a report on the updated Departmentwide strategy and implementation plan required under paragraph (1).

(b) DEPARTMENTWIDE BIODEFENSE REVIEW AND STRATEGY.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary, in consultation with appropriate stakeholders representing Federal, State, Tribal, territorial, academic, private sector, and non-

governmental entities, shall conduct a Departmentwide review of biodefense activities and strategies.

(2) REVIEW.—The review required under paragraph (1) shall—

(A) identify with specificity the biodefense lines of effort of the Department, including relating to biodefense roles, responsibilities, and capabilities of components and offices of the Department;

(B) assess how such components and offices coordinate internally and with public and private partners in the biodefense enterprise;

(C) identify any policy, resource, capability, or other gaps in the Department's ability to assess, prevent, protect against, and respond to biological threats; and

(D) identify any organizational changes or reforms necessary for the Department to effectively execute its biodefense mission and role, including with respect to public and private partners in the biodefense enterprise.

(3) STRATEGY.—Not later than 1 year after completion of the review required under paragraph (1), the Secretary shall issue a biodefense strategy for the Department that—

(A) is informed by such review and is aligned with section 1086 of the National Defense Authorization Act for Fiscal Year 2017 (6 U.S.C. 104; relating to the development of a national biodefense strategy and associated implementation plan, including a review and assessment of biodefense policies, practices, programs, and initiatives) or any successor strategy; and

(B) shall—

(i) describe the biodefense mission and role of the Department, as well as how such relates to the biodefense lines of effort of the Department;

(ii) clarify, as necessary, biodefense roles, responsibilities, and capabilities of the components and offices of the Department involved in the biodefense lines of effort of the Department;

(iii) establish how biodefense lines of effort of the Department are to be coordinated within the Department;

(iv) establish how the Department engages with public and private partners in the biodefense enterprise, including other Federal agencies, national laboratories and sites, and State, local, Tribal, and territorial entities, with specificity regarding the frequency and nature of such engagement by Department components and offices with State, local, Tribal and territorial entities; and

(v) include information relating to—

(I) milestones and performance metrics that are specific to the biodefense mission and role of the Department described in clause (i); and

(II) implementation of any operational changes necessary to carry out clauses (iii) and (iv).

(4) PERIODIC UPDATE.—Beginning not later than 5 years after the issuance of the strategy and implementation plans required under paragraph (3), and not less often than once every 5 years

thereafter, the Secretary shall review and update, as necessary, such strategy and plans.

(5) CONGRESSIONAL OVERSIGHT.—Not later than 30 days after the issuance of the biodefense strategy and implementation plans for the Department of Homeland Security required under paragraph (3), the Secretary shall brief the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding such strategy and plans.

(c) EMPLOYEE MORALE.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Office shall submit to and brief the appropriate congressional committees on a strategy and plan to continuously improve morale within the Office.

(d) COMPTROLLER GENERAL.—Not later than 1 year after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Comptroller General of the United States shall conduct a review of and brief the appropriate congressional committees on—

(1) the efforts of the Office to prioritize the programs and activities that carry out the mission of the Office, including research and development;

(2) the consistency and effectiveness of stakeholder coordination across the mission of the Department, including operational and support components of the Department and State and local entities; and

(3) the efforts of the Office to manage and coordinate the lifecycle of research and development within the Office and with other components of the Department, including the Science and Technology Directorate.

(e) NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE.—

(1) STUDY.—The Secretary shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct a consensus study and report to the Secretary and the appropriate congressional committees on—

(A) the role of the Department in preparing, detecting, and responding to biological and health security threats to the homeland;

(B) recommendations to improve departmental biosurveillance efforts against biological threats, including any relevant biological detection methods and technologies; and

(C) the feasibility of different technological advances for biodetection compared to the cost, risk reduction, and timeliness of those advances.

(2) BRIEFING.—Not later than 1 year after the date on which the Secretary receives the report required under paragraph (1), the Secretary shall brief the appropriate congressional committees on—

(A) the implementation of the recommendations included in the report; and

(B) the status of biological detection at the Department, and, if applicable, timelines for the transition from Biowatch to updated technology.

(f) ADVISORY COUNCIL.—

(1) ESTABLISHMENT.—Not later than 180 days after the date of enactment of the Offices of Countering Weapons of Mass Destruction and Health Security Act of 2022, the Secretary shall establish an advisory body to advise on the ongoing coordination of the efforts of the Department to counter weapons of mass destruction, to be known as the Advisory Council for Countering Weapons of Mass Destruction (in this subsection referred to as the 'Advisory Council').

(2) MEMBERSHIP.—The members of the Advisory Council shall—

(A) be appointed by the Assistant Secretary; and

(B) to the extent practicable, represent a geographic (including urban and rural) and substantive cross section of officials, from State, local, and Tribal governments, academia, the private sector, national laboratories, and nongovernmental organizations, including, as appropriate—

(i) members selected from the emergency management field and emergency response providers;

(ii) State, local, and Tribal government officials;

(iii) experts in the public and private sectors with expertise in chemical, biological, radiological, and nuclear agents and weapons;

(iv) representatives from the national laboratories; and

(v) such other individuals as the Assistant Secretary determines to be appropriate.

(3) RESPONSIBILITIES.—The Advisory Council shall—

(A) advise the Assistant Secretary on all aspects of countering weapons of mass destruction;

(B) incorporate State, local, and Tribal government, national laboratories, and private sector input in the development of the strategy and implementation plan of the Department for countering weapons of mass destruction; and

(C) establish performance criteria for a national biological detection system and review the testing protocol for biological detection prototypes.

(4) CONSULTATION.—To ensure input from and coordination with State, local, and Tribal governments, the Assistant Secretary shall regularly consult and work with the Advisory Council on the administration of Federal assistance provided by the Department, including with respect to the development of requirements for countering weapons of mass destruction programs, as appropriate.

(5) VOLUNTARY SERVICE.—The members of the Advisory Council shall serve on the Advisory Council on a voluntary basis.

(6) FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Advisory Council.

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[Subtitle C—Chief Medical Officer]

[SEC. 1931. CHIEF MEDICAL OFFICER.

[(a) IN GENERAL.—There is in the Office a Chief Medical Officer, who shall be appointed by the President. The Chief Medical Officer shall report to the Assistant Secretary.

[(b) QUALIFICATIONS.—The individual appointed as Chief Medical Officer shall be a licensed physician possessing a demonstrated ability in and knowledge of medicine and public health.

[(c) RESPONSIBILITIES.—The Chief Medical Officer shall have the responsibility within the Department for medical issues related to natural disasters, acts of terrorism, and other man-made disasters, including—

[(1) serving as the principal advisor on medical and public health issues to the Secretary, the Administrator of the Federal Emergency Management Agency, the Assistant Secretary, and other Department officials;

[(2) providing operational medical support to all components of the Department;

[(3) as appropriate, providing medical liaisons to the components of the Department, on a reimbursable basis, to provide subject matter expertise on operational medical issues;

[(4) coordinating with Federal, State, local, and Tribal governments, the medical community, and others within and outside the Department, including the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services, with respect to medical and public health matters; and

[(5) performing such other duties relating to such responsibilities as the Secretary may require.

[SEC. 1932. MEDICAL COUNTERMEASURES.

[(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall, as appropriate, establish a medical countermeasures program within the components of the Department to—

[(1) facilitate personnel readiness and protection for the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic; and

[(2) support the mission continuity of the Department.

[(b) OVERSIGHT.—The Secretary, acting through the Chief Medical Officer of the Department, shall—

[(1) provide programmatic oversight of the medical countermeasures program established under subsection (a); and

[(2) develop standards for—

[(A) medical countermeasure storage, security, dispensing, and documentation;

[(B) maintaining a stockpile of medical countermeasures, including antibiotics, antivirals, antidotes, therapeutics, and radiological countermeasures, as appropriate;

[(C) ensuring adequate partnerships with manufacturers and executive agencies that enable advance

prepositioning by vendors of inventories of appropriate medical countermeasures in strategic locations nationwide, based on risk and employee density, in accordance with applicable Federal statutes and regulations;

[(D) providing oversight and guidance regarding the dispensing of stockpiled medical countermeasures;

[(E) ensuring rapid deployment and dispensing of medical countermeasures in a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic;

[(F) providing training to employees of the Department on medical countermeasures; and

[(G) supporting dispensing exercises.

[(c) MEDICAL COUNTERMEASURES WORKING GROUP.—The Secretary, acting through the Chief Medical Officer of the Department, shall establish a medical countermeasures working group comprised of representatives from appropriate components and offices of the Department to ensure that medical countermeasures standards are maintained and guidance is consistent.

[(d) MEDICAL COUNTERMEASURES MANAGEMENT.—Not later than 120 days after the date on which appropriations are made available to carry out subsection (a), the Chief Medical Officer shall develop and submit to the Secretary an integrated logistics support plan for medical countermeasures, including—

[(1) a methodology for determining the ideal types and quantities of medical countermeasures to stockpile and how frequently such methodology shall be reevaluated;

[(2) a replenishment plan; and

[(3) inventory tracking, reporting, and reconciliation procedures for existing stockpiles and new medical countermeasure purchases.

[(e) TRANSFER.—Not later than 120 days after the date of enactment of this section, the Secretary shall transfer all medical countermeasures-related programmatic and personnel resources from the Under Secretary for Management to the Chief Medical Officer.

[(f) STOCKPILE ELEMENTS.—In determining the types and quantities of medical countermeasures to stockpile under subsection (d), the Secretary, acting through the Chief Medical Officer of the Department—

[(1) shall use a risk-based methodology for evaluating types and quantities of medical countermeasures required; and

[(2) may use, if available—

[(A) chemical, biological, radiological, and nuclear risk assessments of the Department; and

[(B) guidance on medical countermeasures of the Office of the Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention.

[(g) BRIEFING.—Not later than 180 days after the date of enactment of this section, the Secretary shall provide a briefing to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding—

[(1) the plan developed under subsection (d); and

[(2) implementation of the requirements of this section.

[(h) DEFINITION.—In this section, the term medical countermeasures means antibiotics, antivirals, antidotes, therapeutics, radiological countermeasures, and other countermeasures that may be deployed to protect the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic.]

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TITLE XXIII—OFFICE OF HEALTH SECURITY

[SEC. 1931. CHIEF MEDICAL OFFICER.] ***SEC. 2301. OFFICE OF HEALTH SECURITY.***

[(a) IN GENERAL.—There is in the Office a Chief Medical Officer, who shall be appointed by the President. The Chief Medical Officer shall report to the Assistant Secretary.

[(b) QUALIFICATIONS.—The individual appointed as Chief Medical Officer shall be a licensed physician possessing a demonstrated ability in and knowledge of medicine and public health.]

(a) IN GENERAL.—There is established in the Department an Office of Health Security.

(b) HEAD OF OFFICE OF HEALTH SECURITY.—The Office of Health Security shall be headed by a chief medical officer, who shall—

(1) be the Assistant Secretary for Health Security and the Chief Medical Officer of the Department;

(2) be a licensed physician possessing a demonstrated ability in and knowledge of medicine and public health;

(3) be appointed by the President; and

(4) report directly to the Secretary.

(c) RESPONSIBILITIES.—The Chief Medical Officer shall have the responsibility within the Department for [medical issues related to natural disasters, acts of terrorism, and other man-made disasters] *oversight of all medical, public health, and workforce health and safety matters of the Department including—*

(1) serving as the principal advisor on medical and public health issues to the Secretary, [the Administrator of the Federal Emergency Management Agency, the Assistant Secretary, and other Department officials] *and all other Department officials;*

(2) providing operational medical support to all components of the Department;

(3) as appropriate, providing medical liaisons to the components of the Department, on a reimbursable basis, to provide subject matter expertise on operational medical issues;

(4) coordinating with Federal, State, local, and Tribal governments, the medical community, and others within and outside the Department, including the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services, with respect to medical and public health matters; [and]

(5) overseeing all medical and public health activities of the Department, including the delivery, advisement, and oversight of direct patient care and the organization, management, and staffing of component operations that deliver direct patient care;

(6) advising the head of each component of the Department that delivers direct patient care regarding the recruitment and appointment of a component chief medical officer and deputy chief medical officer or the employee who functions in the capacity of chief medical officer and deputy chief medical officer;

(7) advising the Secretary and the head of each component of the Department that delivers direct patient care regarding knowledge and skill standards for medical personnel and the assessment of that knowledge and skill;

(8) advising the Secretary and the head of each component of the Department that delivers patient care regarding the collection, storage, and oversight of medical records;

(9) with respect to any psychological health counseling or assistance program of the Department, including such a program of a law enforcement, operational, or support component of the Department, advising the head of each such component with such a program regarding—

(A) ensuring such program includes safeguards against adverse action, including automatic referrals for a fitness for duty examination, by such component with respect to any employee solely because such employee self-identifies a need for psychological health counseling or assistance or receives such counseling or assistance;

(B) increasing the availability and number of local psychological health professionals with experience providing psychological support services to personnel;

(C) establishing a behavioral health curriculum for employees at the beginning of their careers to provide resources early regarding the importance of psychological health;

(D) establishing periodic management training on crisis intervention and such component's psychological health counseling or assistance program;

(E) improving any associated existing employee peer support programs, including by making additional training and resources available for peer support personnel in the workplace across such component;

(F) implementing a voluntary alcohol treatment program that includes a safe harbor for employees who seek treatment;

(G) including, when appropriate, collaborating and partnering with key employee stakeholders and, for those components with employees with an exclusive representative, the exclusive representative with respect to such a program;

(10) in consultation with the Chief Information Officer of the Department—

(A) identifying methods and technologies for managing, updating, and overseeing patient records; and

(B) setting standards for technology used by the components of the Department regarding the collection, storage, and oversight of medical records;

(11) advising the Secretary and the head of each component of the Department that delivers direct patient care regarding contracts for the delivery of direct patient care, other medical services, and medical supplies;

(12) coordinating with the Countering Weapons of Mass Destruction Office and other components of the Department as directed by the Secretary to enhance the ability of Federal, State, local, Tribal, and territorial governments to prevent, detect, protect against, and mitigate the health effects of chemical, biological, radiological, and nuclear issues; and

(13) ⟦(5)⟧ performing such other duties relating to such responsibilities as the Secretary may require.

(d) ASSISTANCE AND AGREEMENTS.—The Secretary, acting through the Chief Medical Officer, in support of the medical and public health activities of the Department, may—

(1) provide technical assistance, training, and information and distribute funds through grants and cooperative agreements to State, local, Tribal, and territorial governments and nongovernmental organizations;

(2) enter into other transactions;

(3) enter into agreements with other Federal agencies; and

(4) accept services from personnel of components of the Department and other Federal agencies on a reimbursable or nonreimbursable basis.

(e) OFFICE OF HEALTH SECURITY PRIVACY OFFICER.—There shall be a Privacy Officer in the Office of Health Security with primary responsibility for privacy policy and compliance within the Office, who shall—

(1) report directly to the Chief Medical Officer; and

(2) ensure privacy protections are integrated into all Office of Health Security activities, subject to the review and approval of the Privacy Officer of the Department to the extent consistent with the authority of the Privacy Officer of the Department under section 222.

(f) ACCOUNTABILITY.—

(1) STRATEGY AND IMPLEMENTATION PLAN.—Not later than 180 days after the date of enactment of this section, and every 4 years thereafter, the Secretary shall create a Departmentwide strategy and implementation plan to address health threats.

(2) BRIEFING.—Not later than 90 days after the date of enactment of this section, the Secretary shall brief the appropriate congressional committees on the organizational transformations of the Office of Health Security, including how best practices were used in the creation of the Office of Health Security.

⟦SEC. 710⟧ *SEC. 2302.* WORKFORCE HEALTH AND ⟦MEDICAL SUPPORT⟧ *SAFETY*.

(a) IN GENERAL.—The ⟦Under Secretary for Management⟧ *Chief Medical Officer* shall be responsible for workforce-focused health and medical activities of the Department. The ⟦Under Secretary for Management⟧ *Chief Medical Officer* may further delegate responsibility for those activities, as appropriate.

(b) RESPONSIBILITIES.—The [Under Secretary for Management, in coordination with the Chief Medical Officer,] *Chief Medical Officer* shall—

(1) provide oversight and coordinate the medical and health activities of the Department for the human and animal personnel of the Department;

(2) establish medical, health, veterinary, and occupational health exposure policy, guidance, strategies, and initiatives for the human and animal personnel of the Department;

(3) [as deemed appropriate by the Under Secretary,] provide medical liaisons to the components of the Department, on a reimbursable basis, to provide subject matter expertise on occupational medical and public health issues;

(4) serve as the primary representative for the Department on agreements regarding the detail of Commissioned Corps officers of the Public Health Service of the Department of Health and Human Services to the Department, except that components of the Department shall retain authority for funding, determination of specific duties, and supervision of such detailed Commissioned Corps officers; and

(5) perform such other duties relating to the responsibilities described in this subsection as the Secretary may require.

[SEC. 528] *SEC. 2303.* COORDINATION OF DEPARTMENT OF HOMELAND SECURITY EFFORTS RELATED TO FOOD, AGRICULTURE, AND VETERINARY DEFENSE AGAINST TERRORISM.

(a) PROGRAM REQUIRED.—The Secretary, acting through the [Assistant Secretary for the Countering Weapons of Mass Destruction Office] *Chief Medical Officer*, shall carry out a program to coordinate the Department's efforts related to defending the food, agriculture, and veterinary systems of the United States against terrorism and other high-consequence events that pose a high risk to homeland security.

(b) * * *

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[SEC. 1932] *SEC. 2304.* MEDICAL COUNTERMEASURES.

(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall, as appropriate, establish a medical countermeasures program within the components of the Department to—

(1) facilitate personnel readiness and protection for the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic; and

(2) support the mission continuity of the Department.

(b) OVERSIGHT.—The Secretary, acting through the Chief Medical Officer of the Department, shall—

(1) provide programmatic oversight of the medical countermeasures program established under subsection (a); and

(2) develop standards for—

(A) medical countermeasure storage, security, dispensing, and documentation;

(B) maintaining a stockpile of medical countermeasures, including antibiotics, antivirals, antidotes, therapeutics, and radiological countermeasures, as appropriate;

(C) ensuring adequate partnerships with manufacturers and executive agencies that enable advance prepositioning by vendors of inventories of appropriate medical countermeasures in strategic locations nationwide, based on risk and employee density, in accordance with applicable Federal statutes and regulations;

(D) providing oversight and guidance regarding the dispensing of stockpiled medical countermeasures;

(E) ensuring rapid deployment and dispensing of medical countermeasures in a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic;

(F) providing training to employees of the Department on medical countermeasures; and

(G) supporting dispensing exercises.

(c) MEDICAL COUNTERMEASURES WORKING GROUP.—The Secretary, acting through the Chief Medical Officer of the Department, shall establish a medical countermeasures working group comprised of representatives from appropriate components and offices of the Department to ensure that medical countermeasures standards are maintained and guidance is consistent.

(d) MEDICAL COUNTERMEASURES MANAGEMENT.—Not later than 120 days after the date on which appropriations are made available to carry out subsection (a), the Chief Medical Officer shall develop and submit to the Secretary an integrated logistics support plan for medical countermeasures, including—

(1) a methodology for determining the ideal types and quantities of medical countermeasures to stockpile and how frequently such methodology shall be reevaluated;

(2) a replenishment plan; and

(3) inventory tracking, reporting, and reconciliation procedures for existing stockpiles and new medical countermeasure purchases.

(e) TRANSFER.—Not later than 120 days after the date of enactment of this section, the Secretary shall transfer all medical countermeasures-related programmatic and personnel resources from the Under Secretary for Management to the Chief Medical Officer.

(f) STOCKPILE ELEMENTS.—In determining the types and quantities of medical countermeasures to stockpile under subsection (d), the Secretary, acting through the Chief Medical Officer of the Department—

(1) shall use a risk-based methodology for evaluating types and quantities of medical countermeasures required; and

(2) may use, if available—

(A) chemical, biological, radiological, and nuclear risk assessments of the Department; and

(B) guidance on medical countermeasures of the Office of the Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention.

(g) BRIEFING.—Not later than 180 days after the date of enactment of this section, the Secretary shall provide a briefing to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding—

(1) the plan developed under subsection (d); and

(2) implementation of the requirements of this section.

(h) DEFINITION.—In this section, the term "medical countermeasures" means antibiotics, antivirals, antidotes, therapeutics, radiological countermeasures, and other countermeasures that may be deployed to protect the employees and working animals of the Department in the event of a chemical, biological, radiological, nuclear, or explosives attack, naturally occurring disease outbreak, other event impacting health, or pandemic.

SEC. 2305. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS.

(a) DEFINITIONS.—In this section:

(1) HEALTH CARE PROVIDER.—The term "health care provider" means an individual who—

(A) is—

(i) an employee of the Department;

(ii) a detailee to the Department from another Federal agency;

(iii) a personal services contractor of the Department; or

(iv) hired under a contract for services;

(B) performs health care services as part of duties of the individual in that capacity; and

(C) has a current, valid, and unrestricted license or certification—

(i) that is issued by a State, the District of Columbia, or a commonwealth, territory, or possession of the United States; and

(ii) that is for the practice of medicine, osteopathic medicine, dentistry, nursing, emergency medical services, or another health profession.

(2) MEDICAL QUALITY ASSSURANCE PROGRAM.—The term "medical quality assurance program" means any activity carried out by the Department to assess the quality of medical care, including activities conducted by individuals, committees, or other review bodies responsible for quality assurance, credentials, infection control, incident reporting, the delivery, advisement, and oversight of direct patient care and assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review, and identification and prevention of medical, mental health, or dental incidents and risks.

(3) MEDICAL QUALITY ASSURANCE RECORD OF THE DEPARTMENT.—The term "medical quality assurance record of the Department" means all information, including the proceedings, records (including patient records that the Department creates and maintains as part of a system of records), minutes, and reports that—

(A) emanate from quality assurance program activities described in paragraph (2); and

(B) are produced or compiled by the Department as part of a medical quality assurance program.

(b) CONFIDENTIALITY OF RECORDS.—A medical quality assurance record of the Department that is created as part of a medical quality assurance program—

(1) is confidential and privileged; and

(2) except as provided in subsection (d), may not be disclosed to any person or entity.

(c) PROHIBITION ON DISCLOSURE AND TESTIMONY.—Except as otherwise provided in this section—

(1) no part of any medical quality assurance record of the Department may be subject to discovery or admitted into evidence in any judicial or administrative proceeding; and

(2) an individual who reviews or creates a medical quality assurance record of the Department or who participates in any proceeding that reviews or creates a medical quality assurance record of the Department may not be permitted or required to testify in any judicial or administrative proceeding with respect to the record or with respect to any finding, recommendation, evaluation, opinion, or action taken by that individual in connection with the record.

(d) AUTHORIZED DISCLOSURE AND TESTIMONY.—

(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record of the Department may be disclosed, and a person described in subsection (c)(2) may give testimony in connection with the record, only as follows:

(A) To a Federal agency or private organization, if the medical quality assurance record of the Department or testimony is needed by the Federal agency or private organization to—

(i) perform licensing or accreditation functions related to Department health care facilities, a facility affiliated with the Department, or any other location authorized by the Secretary for the performance of health care services; or

(ii) perform monitoring, required by law, of Department health care facilities, a facility affiliated with the Department, or any other location authorized by the Secretary for the performance of health care services.

(B) To an administrative or judicial proceeding concerning an adverse action related to the credentialing of or health care provided by a present or former health care provider by the Department.

(C) To a governmental board or agency or to a professional health care society or organization, if the medical quality assurance record of the Department or testimony is needed by the board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was a health care provider for the Department.

(D) To a hospital, medical center, or other institution that provides health care services, if the medical quality assurance record of the Department or testimony is needed by the institution to assess the professional qualifications of any health care provider who is or was a health care provider for the Department and who has applied for or been granted authority or employment to provide health care services in or on behalf of the institution.

(E) To an employee, a detailee, or a contractor of the Department who has a need for the medical quality assurance

record of the Department or testimony to perform official duties or duties within the scope of their contract.

(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of the agency or instrumentality makes a written request that the medical quality assurance record of the Department or testimony be provided for a purpose authorized by law.

(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality described in subparagraph (F), but only with respect to the subject of the proceeding.

(2) PERSONALLY IDENTIFIABLE INFORMATION.—

(A) IN GENERAL.—With the exception of the subject of a quality assurance action, personally identifiable information of any person receiving health care services from the Department or of any other person associated with the Department for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record of the Department shall be deleted from that record before any disclosure of the record is made outside the Department.

(B) APPLICATION.—The requirement under subparagraph (A) shall not apply to the release of information that is permissible under section 552a of title 5, United States Code (commonly known as the 'Privacy Act of 1974').

(e) DISCLOSURE FOR CERTAIN PURPOSES.—Nothing in this section shall be construed—

(1) to authorize or require the withholding from any person or entity aggregate statistical information regarding the results of medical quality assurance programs; or

(2) to authorize the withholding of any medical quality assurance record of the Department from a committee of either House of Congress, any joint committee of Congress, or the Comptroller General of the United States if the record pertains to any matter within their respective jurisdictions.

(f) PROHIBITION ON DISCLOSURE OF INFORMATION, RECORD, OR TESTIMONY.—A person or entity having possession of or access to a medical quality assurance record of the Department or testimony described in this section may not disclose the contents of the record or testimony in any manner or for any purpose except as provided in this section.

(g) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—A medical quality assurance record of the Department shall be exempt from disclosure under section 552(b)(3) of title 5, United States Code (commonly known as the 'Freedom of Information Act').

(h) LIMITATION ON CIVIL LIABILITY.—A person who participates in the review or creation of, or provides information to a person or body that reviews or creates, a medical quality assurance record of the Department shall not be civilly liable for that participation or for providing that information if the participation or provision of information was provided in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

(i) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including the medical record of a patient, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

(j) PENALTY.—Any person who willfully discloses a medical quality assurance record of the Department other than as provided in this section, knowing that the record is a medical quality assurance record of the Department shall be fined not more than $3,000 in the case of a first offense and not more than $20,000 in the case of a subsequent offense.

(k) RELATIONSHIP TO COAST GUARD.—The requirements of this section shall not apply to any medical quality assurance record of the Department that is created by or for the Coast Guard as part of a medical quality assurance program.

SEC. 2306. PORTABILITY OF LICENSURE.

[(a) Notwithstanding**]** *(a) IN GENERAL.—Notwithstanding* any other provision of law regarding the licensure of health-care providers, a health-care professional described in subsection (b) may practice the health profession or professions of the health-care professional at any location in any State, the District of Columbia, or Commonwealth, territory, or possession of the United States, or any location designated by the Secretary, regardless of where such health-care professional or the patient is located, so long as the practice is within the scope of the authorized Federal duties of such health-care professional.

(b) DEFINITION. As used in this section, the term "health-care professional" means an individual (other than a member of the Coast Guard, a civilian employee of the Coast Guard, member of the Public Health Service who is assigned to the Coast Guard, or an individual with whom the Secretary, pursuant to 10 U.S.C. 1091, has entered into a personal services contract to carry out health care responsibilities of the Secretary at a medical treatment facility of the Coast Guard) who—

(1) is—

(A) an employee of the Department of Homeland Security,

(B) a detailee to the Department from another Federal agency,

(C) or personal services contractor of the Department, or

(D) hired under a Contract for Services;

(2) performs health care services as part of duties of the individual in that capacity;

(3) has a current, valid, and unrestricted equivalent license certification that is—

(A) issued by a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States; and

(B) for the practice of medicine, osteopathic medicine, dentistry, nursing, emergency medical services, or another health profession; and

(4) is not affirmatively excluded from practice in the licensing or certifying jurisdiction or in any other jurisdiction.

[(c) Subsection (a) shall apply during the incident period of the emergency declared by the President on March 13, 2020, pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121(b)), and to any subsequent major declaration under section 401 of such Act that supersedes such emergency declaration.]

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COUNTERING WEAPONS OF MASS DESTRUCTION ACT OF 2018

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SEC. 2. COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE.

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(b) REFERENCES AND CONSTRUCTION.—

(1) * * *

(2) CONSTRUCTION.—Sections 1923 through [1927] 1926 of the Homeland Security Act of 2002, as redesignated by subsection (a), shall be construed to cover the chemical and biological responsibilities of the Assistant Secretary for the Countering Weapons of Mass Destruction Office.

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(g) DEPARTMENT OF HOMELAND SECURITY CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR ACTIVITIES.—Not later than [one year after the date of the enactment of this Act and annual thereafter,] *June 30 of each year,* the Secretary of Homeland Security shall provide a briefing and report to the appropriate congressional committees (as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101)) on—

(1) * * *

(2) a comprehensive inventory of chemical, biological, radiological, and nuclear activities, including research and development activities, of the Department of Homeland Security, highlighting areas of collaboration between components, coordination with other agencies, and the effectiveness and accomplishments of consolidated chemical, biological, radiological, and nuclear activities of the Department of Homeland [Security, including research and development activities] *Security;*

(3) * * *

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SECURITY AND ACCOUNTABILITY FOR EVERY PORT ACT OF 2006

SEC. 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Security and Accountability For Every Port Act of 2006" or the "SAFE Port Act".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

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TITLE V—DOMESTIC NUCLEAR DETENTION OFFICE

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Sec. 501. Establishment of Domestic Nuclear Detection Office.
[Sec. 502. Technology research and development investment strategy for nuclear and radiological detection.]

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CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT

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TITLE VI—DEPARTMENT OF HOMELAND SECURITY

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[SEC. 16005. (a) Nonwithstanding any other provision of law regarding the licensure of health-care providers, a health-care professional described in subsection (b) may practice the health profession or professions of the health-care professional at any location in any State, the District of Columbia, or Commonwealth, territory, or possession of the United States, or any location designated by the Secretary, regardless of where such health-care professional or the patient is located, so long as the practice is within the scope of the authorized Federal duties of such health-care professional.

[(b) DEFINITION. As used in this section, the term health-care professional means an individual (other than a member of the Coast Guard, a civilian employee of the Coast Guard, member of the Public Health Service who is assigned to the Coast Guard, or an individual with whom the Secretary, pursuant to 10 U.S.C. 1091, has entered into a personal services contract to carry out health care responsibilities of the Secretary at a medical treatment facility of the Coast Guard) who—

[(1) is—

[(A) an employee of the Department of Homeland Security,

[(B) a detailee to the Department from another Federal agency,

[(C) or personal services contractor of the Department, or

[(D) hired under a Contract for Services;

[(2) performs health care services as part of duties of the individual in that capacity;

[(3) has a current, valid, and unrestricted equivalent license certification that is—

[(A) issued by a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States; and

[(B) for the practice of medicine, osteopathic medicine, dentistry, nursing, emergency medical services, or another health profession; and

[(4) is not affirmatively excluded from practice in the licensing or certifying jurisdiction or in any other jurisdiction.

[(c) Subsection (a) shall apply during the incident period of the emergency declared by the President on March 13, 2020, pursuant

to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121(b)), and to any subsequent major declaration under section 401 of such Act that supersedes such emergency declaration.]

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