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To support public health infrastructure.

IN THE SENATE OF THE UNITED STATES

JUNE 14, 2023

Mrs. MURRAY (for herself, Mr. MERKLEY, Mr. SCHATZ, Mr. CASEY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Ms. SMITH, Ms. BALDWIN, Ms. WARREN, Mr. REED, Mr. MENENDEZ, Mr. VAN HOLLEN, Ms. DUCKWORTH, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To support public health infrastructure.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Public Health Infra-
5 structure Saves Lives Act”.

6 **SEC. 2. CORE PUBLIC HEALTH INFRASTRUCTURE FOR**
7 **STATE, TERRITORIAL, LOCAL, AND TRIBAL**
8 **HEALTH DEPARTMENTS.**

9 (a) PROGRAM.—The Secretary of Health and Human
10 Services (referred to in this Act as the “Secretary”), act-

1 ing through the Director of the Centers for Disease Con-
2 trol and Prevention, shall establish a core public health
3 infrastructure program to strengthen the public health
4 system of the United States, consisting of awarding grants
5 under subsection (b).

6 (b) GRANTS.—

7 (1) AWARD.—For the purpose of addressing
8 core public health infrastructure needs, the Sec-
9 retary—

10 (A) shall award a grant to each State or
11 territorial health department, and to local
12 health departments that serve 500,000 people
13 or more; and

14 (B) shall award grants on a competitive
15 basis to State, territorial, or local health depart-
16 ments.

17 (2) ALLOCATION.—Of the total amount of
18 funds awarded as grants under this subsection for a
19 fiscal year—

20 (A) not less than 50 percent shall be for
21 grants to health departments under paragraph
22 (1)(A); and

23 (B) not less than 30 percent shall be for
24 grants to State, territorial, or local health de-
25 partments under paragraph (1)(B).

1 (c) USE OF FUNDS.—The Secretary may award a
2 grant to an entity under subsection (b)(1) only if the enti-
3 ty agrees to use the full amount of the grant to address
4 core public health infrastructure needs, including those
5 identified in the accreditation process under subsection
6 (h).

7 (d) FORMULA GRANTS TO HEALTH DEPART-
8 MENTS.—In making grants under subsection (b)(1)(A),
9 the Secretary shall award funds to each health department
10 in accordance with—

11 (1) a formula based on population size, burden
12 of preventable disease and disability, and poverty
13 rate, with special consideration given to territories;
14 and

15 (2) application requirements established by the
16 Secretary, including a requirement that the health
17 department submit a plan by the end of year 1 of
18 the grant that demonstrates to the satisfaction of
19 the Secretary that the health department will—

20 (A) address its highest priority core public
21 health infrastructure needs; and

22 (B) for State health departments, allocate
23 at least 25 percent of the grant funds to local
24 health departments within the State to support

1 the local jurisdiction’s contribution to core pub-
2 lic health infrastructure.

3 (e) COMPETITIVE GRANTS TO STATE, TERRITORIAL,
4 AND LOCAL HEALTH DEPARTMENTS.—In making grants
5 under subsection (b)(1)(B), the Secretary shall give pri-
6 ority to applicants demonstrating core public health infra-
7 structure needs for all public health agencies in the appli-
8 cant’s jurisdiction to be certified by the accreditation proc-
9 ess under subsection (h), or for an entity for which a waiv-
10 er has been received under subparagraph (A) or (B) of
11 subsection (h)(2), that has otherwise demonstrated the ap-
12 plicant has core public health infrastructure needs for all
13 public health agencies.

14 (f) PERMITTED USE.—The Secretary may make
15 available a subset of the funds available for grants under
16 subsection (b)(1) for purposes of awarding planning
17 grants to health departments eligible to receive a grant
18 under subsection (b)(1)(B). Recipients of such a planning
19 grant may use such award to assess core public health
20 infrastructure needs.

21 (g) MAINTENANCE OF EFFORT.—The Secretary may
22 award a grant to an entity under subsection (b) only if
23 the entity demonstrates to the satisfaction of the Sec-
24 retary that—

1 (1) funds received through the grant will be ex-
2 pended only to supplement, and not supplant, non-
3 Federal and Federal funds otherwise available to the
4 entity for the purpose of addressing core public
5 health infrastructure needs; and

6 (2) with respect to activities for which the grant
7 is awarded, the entity will maintain expenditures of
8 non-Federal amounts for such activities at a level
9 not less than the level of such expenditures main-
10 tained by the entity for the fiscal year preceding the
11 fiscal year for which the entity receives the grant.

12 (h) SUPPORT OF A NATIONAL PUBLIC HEALTH AC-
13 CREDITATION PROGRAM.—

14 (1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention, shall—

17 (A) support continued development, and
18 periodic review and updating of standards for
19 accreditation of State, territorial, local, or Trib-
20 al health departments for the purpose of ad-
21 vancing the quality and performance of such de-
22 partments with an emphasis on core public
23 health infrastructure;

1 (B) implement a program to accredit such
2 health departments in accordance with such
3 standards; and

4 (C) beginning in fiscal year 2027, ensure
5 that any entity receiving a grant under sub-
6 section (b) is accredited as described in sub-
7 paragraph (A) or meets another standard of ac-
8 countability specific to public health infrastruc-
9 ture, subject to paragraph (2).

10 (2) WAIVERS.—The Secretary may waive the
11 requirement under paragraph (1)(C) with respect
12 to—

13 (A) any individual entity until fiscal year
14 2029; or

15 (B) after fiscal year 2029, any individual
16 entity that demonstrates that it would be a sig-
17 nificant hardship to comply with such require-
18 ment.

19 (3) COOPERATIVE AGREEMENT.—The Secretary
20 may enter into a cooperative agreement with a pri-
21 vate nonprofit entity to carry out this subsection.

22 (i) REPORT.—The Secretary shall submit to the Com-
23 mittee on Health, Education, Labor, and Pensions of the
24 Senate and the Committee on Energy and Commerce of
25 the House of Representatives an annual report on

1 progress being made to accredit entities under subsection
2 (h). Such report shall include—

3 (1) a strategy, including goals and objectives,
4 for accrediting entities under subsection (h) and
5 achieving the purpose described in subsection (h)(1);

6 (2) a list of funding recipients and the amounts
7 received, including directly funded entities under
8 subsection (b)(1), as well as local health depart-
9 ments that receive funding in accordance with sub-
10 section (d)(2)(B);

11 (3) data reported by grantees funded under this
12 section pursuant to a minimum data set required by
13 the Secretary, which shall include each grantee's ac-
14 tivities, standardized financial reporting, and re-
15 source allocation data; and

16 (4) identification of gaps in research related to
17 core public health infrastructure and recommenda-
18 tions of priority areas for such research.

19 (j) TRIBAL SET-ASIDE.—Of the amount appropriated
20 under subsection (a) for a fiscal year, the Secretary shall
21 reserve 3 percent for purposes of, acting through the Di-
22 rector of the Centers for Disease Control and Prevention
23 and in consultation with the Director of the Indian Health
24 Service, awarding grants under this section to Tribal
25 health departments and to epidemiology centers estab-

1 lished under section 214 of the Indian Health Care Im-
2 provement Act (25 U.S.C. 1621m).

3 **SEC. 3. CORE PUBLIC HEALTH INFRASTRUCTURE AND AC-**
4 **TIVITIES FOR CDC.**

5 (a) IN GENERAL.—The Secretary, acting through the
6 Director of the Centers for Disease Control and Preven-
7 tion, shall expand and improve the core public health in-
8 frastructure and activities of the Centers for Disease Con-
9 trol and Prevention to address unmet and emerging public
10 health needs and provide technical assistance to grantees
11 funded under this provision, including the administration
12 of the grants under section 2(b)(1).

13 (b) REPORT.—The Secretary shall submit to Con-
14 gress an annual report on the activities funded through
15 this section.

16 **SEC. 4. CORE PUBLIC HEALTH INFRASTRUCTURE DEFINED.**

17 For purposes of this Act, the term “core public health
18 infrastructure” means all of the following elements, and
19 the workforce needed to establish and maintain such ele-
20 ments:

21 (1) ASSESSMENT (INCLUDING SURVEILLANCE,
22 EPIDEMIOLOGY, AND LABORATORY CAPACITY).—The
23 ability to track the health of a community through
24 data, case finding, and laboratory tests with par-
25 ticular attention to those most at risk.

1 (2) ALL HAZARDS PREPAREDNESS AND RE-
2 SPONSE.—The capacity to respond to emergencies of
3 all kinds.

4 (3) POLICY DEVELOPMENT AND SUPPORT.—
5 The ability to translate public health science into ap-
6 propriate policy and regulation.

7 (4) COMMUNICATIONS.—The ability to reach
8 the public effectively with timely, science-based in-
9 formation to mitigate the impact of public health
10 threats, with particular attention to hard-to-reach
11 populations.

12 (5) COMMUNITY PARTNERSHIP DEVELOP-
13 MENT.—The capacity to harness and align commu-
14 nity resources and organizations to advance the
15 health of all members of the community.

16 (6) ORGANIZATIONAL COMPETENCIES (LEADER-
17 SHIP AND GOVERNANCE).—The ability to lead inter-
18 nal and external stakeholders to consensus and ac-
19 tion.

20 (7) ACCOUNTABILITY AND PERFORMANCE MAN-
21 AGEMENT (INCLUDING QUALITY IMPROVEMENT, IN-
22 FORMATION TECHNOLOGY, HUMAN RESOURCES, FI-
23 NANCIAL MANAGEMENT, AND LAW).—The ability to
24 apply business practices, including a standardized
25 approach to financial reporting, that ensure efficient

1 use of resources, achieve desired outcomes, and fos-
2 ter a continuous learning environment.

3 (8) EQUITY.—Utilizing all of the preceding ele-
4 ments, the capacity to address and correct health
5 disparities (including disparities related to race, eth-
6 nicity, national origin, socioeconomic status, primary
7 language, sex (including sexual orientation and gen-
8 der identity), disability status, and other factors),
9 advance health equity in all communities, and imple-
10 ment culturally and linguistically appropriate pro-
11 grams and interventions.

12 **SEC. 5. FUNDING.**

13 (a) IN GENERAL.—To carry out this Act, there are
14 hereby appropriated, out of amounts in the Treasury not
15 otherwise appropriated, the following to be made available
16 until expended:

17 (1) For fiscal year 2024, \$750,000,000.

18 (2) For fiscal year 2025, \$1,000,000,000.

19 (3) For fiscal year 2026, \$2,000,000,000.

20 (4) For fiscal year 2027, \$3,000,000,000.

21 (5) For fiscal year 2028 and each subsequent
22 fiscal year, \$4,500,000,000.

23 (b) CORE PUBLIC HEALTH INFRASTRUCTURE AND
24 ACTIVITIES.—Of the amounts made available under this

1 section for a fiscal year, not more than \$350,000,000 shall
2 be used to carry out section 3.

3 (c) SUPPLEMENT.—Amounts made available under
4 this section shall be used to supplement, and not supplant,
5 amounts otherwise made available for the purposes de-
6 scribed in this Act.

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