

117TH CONGRESS
1ST SESSION

S. 674

To support public health infrastructure.

IN THE SENATE OF THE UNITED STATES

MARCH 10, 2021

Mrs. MURRAY (for herself, Mr. BENNET, Mr. BROWN, Ms. WARREN, Mr. REED, Mr. MERKLEY, Mr. BLUMENTHAL, Mr. MARKEY, Mr. SCHATZ, Ms. BALDWIN, Mr. MENENDEZ, Ms. SMITH, Ms. DUCKWORTH, Mr. CASEY, Mr. VAN HOLLEN, Ms. KLOBUCHAR, Ms. ROSEN, Ms. HIRONO, Mr. DURBIN, and Mrs. GILLIBRAND) 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”.

1 **SEC. 2. CORE PUBLIC HEALTH INFRASTRUCTURE FOR**
2 **STATE, TERRITORIAL, LOCAL, AND TRIBAL**
3 **HEALTH DEPARTMENTS.**

4 (a) PROGRAM.—The Secretary of Health and Human
5 Services (referred to in this Act as the “Secretary”), act-
6 ing through the Director of the Centers for Disease Con-
7 trol and Prevention, shall establish a core public health
8 infrastructure program to strengthen the public health
9 system of the United States, including the Nation’s ability
10 to respond to the COVID–19 pandemic, consisting of
11 awarding grants under subsection (b).

12 (b) GRANTS.—

13 (1) AWARD.—For the purpose of addressing
14 core public health infrastructure needs, the Sec-
15 retary—

16 (A) shall award a grant to each State or
17 territorial health department, and to local
18 health departments that serve 500,000 people
19 or more; and

20 (B) shall award grants on a competitive
21 basis to State, territorial, or local health depart-
22 ments.

23 (2) ALLOCATION.—Of the total amount of
24 funds awarded as grants under this subsection for a
25 fiscal year—

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

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

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

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

17 (1) a formula—

18 (A) based on population size, burden of
19 preventable disease and disability, and poverty
20 rate, with special consideration given to terri-
21 tories; and

22 (B) which, in the event of an award made
23 during the public health emergency declared
24 under section 319 of the Public Health Service
25 Act (42 U.S.C. 247d) in response to COVID—

1 19, shall consider the COVID–19 burden of
2 each jurisdiction; and

3 (2) application requirements established by the
4 Secretary, including a requirement that the health
5 department submit a plan by the end of year 1 of
6 the grant that demonstrates to the satisfaction of
7 the Secretary that the health department will—

8 (A) address its highest priority core public
9 health infrastructure needs;

10 (B) in the case of such a plan submitted
11 during the public health emergency described in
12 paragraph (1)(B), identify the core public
13 health infrastructure needs that are the highest
14 priority for strengthening the response to
15 COVID–19 and similar public health threats
16 and other public health emergencies; and

17 (C) for State health departments, allocate
18 at least 25 percent of the grant funds to local
19 health departments within the State to support
20 the local jurisdiction’s contribution to core pub-
21 lic health infrastructure.

22 (e) COMPETITIVE GRANTS TO STATE, TERRITORIAL,
23 AND LOCAL HEALTH DEPARTMENTS.—In making grants
24 under subsection (b)(1)(B), the Secretary shall give pri-
25 ority to applicants demonstrating core public health infra-

1 structure needs for all public health agencies in the appli-
2 cant’s jurisdiction to be certified by the accreditation proc-
3 ess under subsection (h), or for an entity for which a waiv-
4 er has been received under subparagraph (A) or (B) of
5 subsection (h)(2), that has otherwise demonstrated the ap-
6 plicant has core public health infrastructure needs for all
7 public health agencies.

8 (f) PERMITTED USE.—The Secretary may make
9 available a subset of the funds available for grants under
10 subsection (b)(1) for purposes of awarding planning
11 grants to health departments eligible to receive a grant
12 under subsection (b)(1)(B). Recipients of such a planning
13 grant may use such award to assess core public health
14 infrastructure needs.

15 (g) MAINTENANCE OF EFFORT.—The Secretary may
16 award a grant to an entity under subsection (b) only if
17 the entity demonstrates to the satisfaction of the Sec-
18 retary that—

19 (1) funds received through the grant will be ex-
20 pended only to supplement, and not supplant, non-
21 Federal and Federal funds otherwise available to the
22 entity for the purpose of addressing core public
23 health infrastructure needs; and

24 (2) with respect to activities for which the grant
25 is awarded, the entity will maintain expenditures of

1 non-Federal amounts for such activities at a level
2 not less than the level of such expenditures main-
3 tained by the entity for the fiscal year preceding the
4 fiscal year for which the entity receives the grant.

5 (h) SUPPORT OF A NATIONAL PUBLIC HEALTH AC-
6 CREDITATION PROGRAM.—

7 (1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, shall—

10 (A) support continued development, and
11 periodic review and updating of standards for
12 accreditation of State, territorial, local, or tribal
13 health departments for the purpose of advanc-
14 ing the quality and performance of such depart-
15 ments with an emphasis on core public health
16 infrastructure;

17 (B) implement a program to accredit such
18 health departments in accordance with such
19 standards; and

20 (C) beginning in fiscal year 2025, ensure
21 that any entity receiving a grant under sub-
22 section (b) is accredited as described in sub-
23 paragraph (A) or meets another standard of ac-
24 countability specific to public health infrastruc-
25 ture, subject to paragraph (2).

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

4 (A) any individual entity until fiscal year
5 2027; or

6 (B) after fiscal year 2027, any individual
7 entity that demonstrates that it would be a sig-
8 nificant hardship to comply with such require-
9 ment.

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

13 (i) REPORT.—The Secretary shall submit to the Com-
14 mittee on Health, Education, Labor, and Pensions of the
15 Senate and the Committee on Energy and Commerce of
16 the House of Representatives an annual report on
17 progress being made to accredit entities under subsection
18 (h). Such report shall include—

19 (1) a strategy, including goals and objectives,
20 for accrediting entities under subsection (h) and
21 achieving the purpose described in subsection (h)(1);

22 (2) a list of funding recipients and the amounts
23 received, including directly funded entities under
24 subsection (b)(1), as well as local health depart-

1 trol and Prevention to address unmet and emerging public
 2 health needs and provide technical assistance to grantees
 3 funded under this provision, including the administration
 4 of the grants under section 2(b)(1).

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

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

9 For purposes of this Act, the term “core public health
 10 infrastructure” means all of the following elements, and
 11 the workforce needed to establish and maintain such ele-
 12 ments:

13 (1) ASSESSMENT (INCLUDING SURVEILLANCE,
 14 EPIDEMIOLOGY, AND LABORATORY CAPACITY).—The
 15 ability to track the health of a community through
 16 data, case finding, and laboratory tests with par-
 17 ticular attention to those most at risk.

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

21 (3) POLICY DEVELOPMENT AND SUPPORT.—
 22 The ability to translate public health science into ap-
 23 propriate policy and regulation.

24 (4) COMMUNICATIONS.—The ability to reach
 25 the public effectively with timely, science-based in-

1 formation to mitigate the impact of public health
2 threats, with particular attention to hard-to-reach
3 populations.

4 (5) COMMUNITY PARTNERSHIP DEVELOP-
5 MENT.—The capacity to harness and align commu-
6 nity resources and organizations to advance the
7 health of all members of the community.

8 (6) ORGANIZATIONAL COMPETENCIES (LEADER-
9 SHIP AND GOVERNANCE).—The ability to lead inter-
10 nal and external stakeholders to consensus and ac-
11 tion.

12 (7) ACCOUNTABILITY AND PERFORMANCE MAN-
13 AGEMENT (INCLUDING QUALITY IMPROVEMENT, IN-
14 FORMATION TECHNOLOGY, HUMAN RESOURCES, FI-
15 NANCIAL MANAGEMENT, AND LAW).—The ability to
16 apply business practices, including a standardized
17 approach to financial reporting, that ensure efficient
18 use of resources, achieve desired outcomes, and fos-
19 ter a continuous learning environment.

20 (8) EQUITY.—Utilizing all of the preceding ele-
21 ments, the capacity to address and correct health
22 disparities (including disparities related to race, eth-
23 nicity, national origin, socioeconomic status, primary
24 language, sex (including sexual orientation and gen-
25 der identity), disability status, and other factors),

1 advance health equity in all communities, and imple-
2 ment culturally and linguistically appropriate pro-
3 grams and interventions.

4 **SEC. 5. FUNDING.**

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

9 (1) For fiscal year 2022, \$750,000,000.

10 (2) For fiscal year 2023, \$1,000,000,000.

11 (3) For fiscal year 2024, \$2,000,000,000.

12 (4) For fiscal year 2025, \$3,000,000,000.

13 (5) For fiscal year 2026 and each subsequent
14 fiscal year, \$4,500,000,000.

15 (b) CORE PUBLIC HEALTH INFRASTRUCTURE AND
16 ACTIVITIES.—Of the amounts made available under this
17 section for a fiscal year, not more than \$350,000,000 shall
18 be used to carry out section 3.

19 (c) SUPPLEMENT.—Amounts made available under
20 this section shall be used to supplement, and not supplant,
21 amounts otherwise made available for the purposes de-
22 scribed in this Act.

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