

117TH CONGRESS
2D SESSION

S. 5354

To assess, prevent, prepare for, respond to, recover, and mitigate biological threats by establishing the One Health Security Council.

IN THE SENATE OF THE UNITED STATES

DECEMBER 22 (legislative day, DECEMBER 21), 2022

Mrs. GILLIBRAND introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To assess, prevent, prepare for, respond to, recover, and mitigate biological threats by establishing the One Health Security Council.

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 “One Health Security
5 Act”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Health threats at the human-animal-plant-
9 environment interface pose risks to public health,

1 animal health, environmental health, plant health,
2 and global health security.

3 (2) Population growth—

4 (A) strains food supplies, threatens food
5 sustainability and nutrition, and exacerbates
6 the consequences of intensified food production
7 in the plant and animal sectors;

8 (B) contributes to natural habitat loss, bio-
9 diversity loss, and exploitation of wildlife, which
10 has led to the closer proximity of wild animals
11 to domesticated animals and people;

12 (C) increases urbanization and population
13 density in certain regions; and

14 (D) leads to the increased movement of
15 humans, animals, plants, and products made
16 from plants and animals that increases risk of
17 disease transmission.

18 (3) Diseases that are shared between animals
19 and humans are responsible for—

20 (A) approximately 60 percent of all human
21 infections, including all pandemic outbreaks
22 since the 1970s;

23 (B) up to 75 percent of new or emerging
24 infectious diseases affecting humans; and

1 (C) more than 80 percent of the biological
2 agents that could be intentionally released as
3 biological weapons.

4 (4) Plant diseases are responsible for—

5 (A) estimated worldwide yield losses on
6 food crops of between 10 and 20 percent, in-
7 cluding up to a 40 percent loss on maize, po-
8 tato, rice, soybean, and wheat crops; and

9 (B) disrupting trade by contaminating
10 commodities with plant pathogens and insect
11 pests.

12 (5) Changes in the environment have increased
13 the risk of food insecurity and zoonotic and plant
14 diseases emerging in new geographic areas and dif-
15 ferent times of year by creating—

16 (A) hospitable conditions for—

17 (i) many zoonotic disease vectors,
18 such as mosquitoes and ticks;

19 (ii) plant diseases, vectors, viruses,
20 and pests, such as mildews, aphids, and
21 nematodes; and

22 (iii) the territorial expansion of such
23 diseases, vectors, and pests into places in-
24 habited by humans and wildlife; and

1 (B) an increase in extreme weather events,
2 such as wildfires, hurricanes, floods, and
3 droughts, leading to—

4 (i) the displacement of animals that
5 are seeking refuge in new areas;

6 (ii) mass gatherings of people and do-
7 mestic animals seeking shelter, resources,
8 and medical attention;

9 (iii) the destruction of fields of plant
10 crops and livestock farms; and

11 (iv) the displacement of wildlife that
12 often feed on surviving agriculture.

13 (6) Human conflict creates major risk for dis-
14 ease outbreaks and food insecurity due to—

15 (A) the movement of displaced people and
16 animals; and

17 (B) the destruction and neglect of agricul-
18 tural products resulting in reduced crop yields
19 and the inability to transport food.

20 (7) Antimicrobial resistant bacteria, viruses,
21 fungi, parasites, and other microbes impact the abil-
22 ity of health professionals, including physicians, vet-
23 erinarians, and plant disease specialists, to manage
24 infectious diseases of humans, animals, and plants.

1 (8) Antimicrobial resistant infections kill an es-
2 timated 35,000 Americans annually and more than
3 700,000 people annually worldwide, resulting in a
4 long-term global pandemic of resistant infections.

5 (9) Addressing complex health-related issues
6 that span human, animal, plant, and environmental
7 health requires coordinated efforts, interagency col-
8 laboration, and funding mechanisms that are not
9 constrained to the narrow missions of individual
10 Federal agencies.

11 (10) While One Health efforts to mitigate the
12 emergence and impact of pandemics requires a glob-
13 al perspective, there is a critical need for investment
14 in United States national networks and disease sur-
15 veillance in order to effectively predict and mitigate
16 local emergence of threats that may be missed by
17 global surveillance.

18 (11) The National Biodefense Strategy and Im-
19 plementation Plan for Countering Biological
20 Threats, Enhancing Pandemic Preparedness, and
21 Achieving Global Health Security states, “Biological
22 threats can affect humans, animals, plants, and the
23 environment, resulting in significant health, eco-
24 nomic, social, and national security impacts. It is
25 therefore important to address biological threats

1 using a One Health approach that recognizes the
2 interconnections among people, animals (domestic
3 and wildlife), plants, and the environment.”.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that—

6 (1) supporting global health security requires
7 mobilizing an interagency council to operationalize
8 the “One Health” concept and approach, which links
9 human, animal, plant, and environmental health;
10 and

11 (2) the United States Government needs to cre-
12 ate, support, and allocate funds to interagency
13 projects with effective outcomes, including—

14 (A) coordinated and well-funded surveil-
15 lance and investigation programs designed to
16 identify emerging One Health challenges, in-
17 cluding emerging infectious diseases and patho-
18 gen resistance to current treatments;

19 (B) comprehensive One Health monitoring,
20 prevention, mitigation, and outreach programs;

21 (C) innovative research and education ef-
22 forts focused on addressing current and future
23 One Health challenges;

24 (D) organized and funded crisis resilience
25 exercises to verify crisis management, response,

1 and recovery capabilities at the Federal, State,
2 and local levels;

3 (E) statutory authority for Federal agen-
4 cies to participate in multiagency One Health
5 projects that are critical to national security;

6 (F) prioritized project execution through a
7 One Health Security Council; and

8 (G) comprehensive, equitable, all-species
9 inclusive, and safe care in response to biological
10 threats.

11 **SEC. 3. DEFINITIONS.**

12 In this Act:

13 (1) **ANIMAL.**—The term “animal” includes com-
14 panion, domestic, aquacultural and agricultural live-
15 stock, captive and free-ranging wild animals, includ-
16 ing invertebrates, such as pollinators.

17 (2) **ANTIMICROBIAL RESISTANCE.**—The term
18 “antimicrobial resistance” means the process by
19 which microbes, including bacteria, viruses, fungi,
20 parasites, and other microbes, evolve resistance to
21 the effects of a drug used to treat the illnesses they
22 cause.

23 (3) **COMMERCIAL TRADE.**—The term “commer-
24 cial trade” means trade in animals, plants, other

1 sources of food, and associated products, including
 2 production, if—

3 (A) the purpose of such trade is to obtain
 4 an economic benefit, whether in cash or other-
 5 wise; and

6 (B) such trade is directed toward the sale,
 7 resale, or exchange of wildlife, or any other
 8 form of economic use or benefit.

9 (4) COUNCIL.—The term “Council” means the
 10 One Health Security Council established under sec-
 11 tion 4.

12 (5) DUAL USE BIOMEDICAL RESEARCH.—The
 13 term “dual use biomedical research” means bio-
 14 medical research intended for legitimate purposes,
 15 but having the potential for both benevolent and ma-
 16 levolent applications.

17 (6) NETWORK.—The term “Network” means
 18 the One Health Security and Pandemic Prepared-
 19 ness Network.

20 (7) ONE HEALTH.—The term “One Health”—

21 (A) recognizes the interconnection between
 22 people, animals (including domestic and wild-
 23 life), plants, and their shared environments (in-
 24 cluding ecosystems);

(B) refers to a collaborative, multisectoral, and transdisciplinary approach, working at the local, regional, national, and global levels, with the goal of achieving optimal health outcomes for the linked systems described in subparagraph (A); and

(C) includes matters related to—

(i) zoonotic and vector-borne diseases;

(ii) the evolution of antimicrobial resistance and stewardship of antimicrobials against organisms, including viruses, bacteria, fungi, and parasites (both pathogenic and non-pathogenic);

(iii) risks to animals, plants, other sources of food, and the health of the natural environment, including soil, air, and water;

(iv) the use of animals, plants, and the environment as sentinels for human and ecosystem health risks;

(v) non-zoonotic infectious diseases associated with global trade;

(vi) crises adversely affecting domestic and global commerce in animal populations, plant crops, imported food prod-

ucts, and other sources of safe and nutritious food;

(vii) the risks to biodiversity and the well-being of all life on Earth; and

(viii) other contexts related to the interconnectedness and shared biological and social systems from comparative medicine and translational research across different species of animals and humans to noncommunicable diseases from exposure to environmental toxins and contaminants inevitably affecting all life forms.

(8) ONE HEALTH SECURITY.—The term “One Health Security”—

(A) means the operational and functional security of the Nation’s One Health systems against naturally occurring, accidental, and deliberate biological threats, including identified threats, criminal acts, terrorist acts, supply chain failure and system failure, cyberattacks, or other relevant threats affecting One Health and national security; and

(B) requires the integration of professionals with expertise in security, law enforcement, and intelligence to join the veterinary,

1 agricultural, environmental, ecological, and
2 human health experts who are essential to One
3 Health and national security.

4 (9) OTHER SOURCES OF FOOD.—The term
5 “other sources of food” means any food that is not
6 from a plant or animal source, such as fungi and
7 algae.

8 (10) PLANT.—The term “plant” includes—

9 (A) commercial, local, public, and private
10 plants used in agriculture, forestry, and nurs-
11 eries; and

12 (B) native, imported, and endangered
13 plants, including weeds.

14 (11) SPILLOVER.—The term “spillover” means
15 a single event during which a pathogen in 1 species
16 moves into another species.

17 (12) WILDLIFE.—The term “wildlife” means
18 mammals, birds, fish, reptiles, and amphibians of
19 wild origin, whether removed directly from the wild
20 or born or bred in captivity.

21 (13) WILDLIFE MARKET.—The term “wildlife
22 market”—

23 (A) means a commercial market that sells,
24 processes, or slaughters wildlife or their prod-
25 ucts for human consumption; and

1 (B) does not include markets in areas
2 where no other practical alternative sources of
3 protein or meat exists, such as markets in rural
4 areas that may trade in wildlife and on which
5 indigenous people rely to feed themselves and
6 their families.

7 (14) ZOONOTIC DISEASE.—The term “zoonotic
8 disease” means any disease that is transmissible be-
9 tween animals and humans.

10 **SEC. 4. ONE HEALTH SECURITY COUNCIL.**

11 (a) ESTABLISHMENT.—There is hereby established,
12 in the Executive Office of the President, an interagency
13 policy council, which shall be known as the “One Health
14 Security Council”.

15 (b) FUNCTIONS.—The Council shall—

16 (1) advise the President with respect to the in-
17 tegration of domestic, foreign, and military policies
18 relating to One Health Security and to enable Fed-
19 eral agencies to cooperate more effectively in matters
20 involving One Health Security;

21 (2) assess and appraise—

22 (A) the objectives and commitments of the
23 United States to protecting One Health Secu-
24 rity;

1 (B) the actual and potential capacity of
2 the United States to protect One Health Secu-
3 rity;

4 (C) the objectives and goals of the Na-
5 tional Biodefense Strategy and Implementation
6 Plan on Countering Biological Threats, En-
7 hancing Pandemic Preparedness, and Achieving
8 Global Health Security; and

9 (D) the risks of not fulfilling related objec-
10 tives and commitments;

11 (3) make recommendations to the President
12 concerning—

13 (A) the matters described in paragraph
14 (2); and

15 (B) policies to effectively coordinate on
16 matters of common interest to Federal agencies
17 involved with One Health Security; and

18 (4) coordinate the United States Government
19 response to One Health Security threats, including
20 by—

21 (A) reducing the threat of zoonotic disease
22 impacts on public health and national security;

23 (B) reducing the occurrence of infectious
24 diseases of humans, animals, and plants and
25 their antimicrobial resistance to treatments;

(C) addressing other cross-cutting, multi-sectoral needs, including pandemic prevention and noninfectious health threats, such as ecosystem health, chemicals, toxins, and natural disasters;

(D) fostering collaborative and innovative efforts among academic, private, and government entities to improve—

(i) One Health surveillance, detection, prevention, response, mitigation, and recovery efforts and capabilities; and

(ii) antimicrobial stewardship;

(E) coordinating the acquisition, analysis, and dissemination of information relevant to novel and emerging health threats, such as medical intelligence and biosurveillance, including—

(i) the role and impact of misinformation and disinformation on relevant information to One Health;

(ii) the role of risk communication;

(iii) adaptive strategies to improve communication and dissemination of scientific and evidence-based public health information to the public, to improve such

1 communication between Federal, State,
2 local, and Tribal health officials, and, as
3 appropriate, to address misinformation and
4 disinformation;

5 (iv) the most effective methods for the
6 dissemination of information, including be-
7 tween Federal agencies and members of
8 the Council; and

9 (v) the best practices for commu-
10 nicating information to populations that
11 may be impacted by such misinformation
12 and disinformation;

13 (F) fostering a sustainable network of
14 health care institutions that is able to provide
15 comprehensive care to patients infected with
16 zoonotic diseases, while keeping the health care
17 workforce safe; and

18 (G) promoting a regulated and transparent
19 research network that can study emerging dis-
20 eases, with a focus on routes of transmission
21 and medical countermeasures.

22 (c) OBJECTIVES.—The Council shall ensure that
23 Federal, State, Tribal, and local governments are taking
24 a whole-of-country approach to One Health Security poli-
25 cies and programs for the United States that—

1 (1) supports interdisciplinary, cross-sectoral col-
2 laboration designed to address the complex systems
3 underlying health threats in humans, animals,
4 plants, and the environment, especially zoonosis and
5 antimicrobial resistance, food security, and natural
6 disasters;

7 (2) ensures alignment and structural balance
8 among agencies, academia and the private sector in
9 addressing One Health Security challenges and op-
10 portunities;

11 (3) promotes integrated action for early detec-
12 tion, prevention, mitigation, and response to health
13 threats, especially zoonotic disease spillover and out-
14 breaks around the world;

15 (4) addresses the cooperative and timely dis-
16 semination of data among agencies and institutions
17 and with the public, and the handling of communica-
18 tions; and

19 (5) ensures that all deliberations, discussions,
20 and meetings involving Federal agencies are subject
21 to the recording provisions of chapter 5 of title 5,
22 United States Code (commonly known as the “Ad-
23 ministrative Procedures Act”).

24 (d) LEADERSHIP.—

1 (1) CHAIR.—The National Security Advisor
2 shall serve as Chair of the Council.

3 (2) VICE CHAIR.—There shall be up to 3 Vice
4 Chairs of the Council, who shall be selected among
5 the representatives of the Federal agencies referred
6 to in subparagraphs (A), (B), (C), (D), (H), and
7 (M) of subsection (e)(1). Vice Chairs shall serve
8 terms of 3 years, rotating in alphabetical order by
9 name of department or agency. If the Chair is ab-
10 sent from a meeting of the Council, a Vice Chair,
11 who shall be designated by the Chair, shall assume
12 the responsibilities of the Chair during such absence.

13 (e) COMPOSITION.—

14 (1) IN GENERAL.—The Council shall be com-
15 posed of the heads of—

16 (A) the Department of State;

17 (B) the Department of Health and Human
18 Services;

19 (C) the Environmental Protection Agency;

20 (D) the Department of Agriculture;

21 (E) the Department of Commerce;

22 (F) the Department of Defense;

23 (G) the Department of the Treasury;

24 (H) the Department of Homeland Secu-
25 rity;

1 (I) the Office of the Director of National
 2 Intelligence;
 3 (J) the National Science Foundation;
 4 (K) the Department of Energy;
 5 (L) the Department of Justice;
 6 (M) the Department of the Interior; and
 7 (N) such other offices of the United States
 8 Government as the President may designate.

9 (2) APPOINTMENTS.—The head of each agency
 10 or organization listed under paragraph (1)—

11 (A) shall—

12 (i) represent such agency on the
 13 Council; or

14 (ii) appoint a senior-level staff mem-
 15 ber to represent such agency on the Coun-
 16 cil; and

17 (B) may modify an appointment under
 18 subparagraph (A)(ii) at any time other than
 19 during a Council meeting.

20 (3) INVOLVEMENT OF OTHER FEDERAL AGEN-
 21 CIES.—Council members shall actively invite the
 22 Federal agencies and subagencies that have One
 23 Health Security responsibilities—

1 (A) to participate, in a nonvoting capacity,
2 in Council meetings and activities, as appro-
3 priate; and

4 (B) to remain actively engaged with the
5 Council on an ongoing basis, including by shar-
6 ing and discussing One Health Security-related
7 research, programming, policy, and funding.

8 (4) STAFF.—

9 (A) IN GENERAL.—The Council may hire
10 staff members to assist in carrying out its re-
11 sponsibilities under this section.

12 (B) EXPERTISE.—Council members shall
13 strive to hire staff who have—

14 (i) varied, cross-cutting expertise in a
15 variety of global One Health topics, includ-
16 ing human, animal, plant, and environ-
17 mental health, conservation, epidemiology,
18 biodiversity, food security, ecology, eco-
19 nomics, sociology, data analysis, and med-
20 ical sciences;

21 (ii) expertise specific to the ecological
22 determinants and prevention of zoonotic
23 and vector-borne disease spillover, amplifi-
24 cation, and spread;

- 1 (iii) expertise specific to health com-
2 munication;
- 3 (iv) One Health education; and
- 4 (v) national security and intelligence.

5 (f) MEETINGS.—

6 (1) IN GENERAL.—The Council shall meet not
7 less frequently than quarterly to review progress,
8 share new information and knowledge, and attend to
9 other business.

10 (2) AGENDA.—The Chair of the Council, in
11 consultation with the Vice Chairs, is authorized to
12 convene Council meetings and set the agenda for
13 such meetings. Meeting agendas shall be made avail-
14 able to the public.

15 (3) REMOTE ATTENDANCE AUTHORIZED.—
16 Council members may participate in Council meet-
17 ings from remote locations.

18 (4) PARTICIPATION WITH STAKEHOLDERS.—In
19 order to facilitate the coordination of One Health
20 Security efforts, representatives of key stakeholders
21 shall be invited to attend not fewer than 2 Council
22 meetings per year in a nonvoting role. Such stake-
23 holders may include—

24 (A) the Food and Agriculture Organization
25 of the United Nations;

1 (B) the United Nations Environment Pro-
2 gramme;

3 (C) the World Organisation for Animal
4 Health;

5 (D) the World Health Organization;

6 (E) the International Monetary Fund;

7 (F) the World Bank;

8 (G) nongovernmental organizations;

9 (H) academic institutions;

10 (I) professional organizations representing
11 veterinarians, physical and mental health pro-
12 fessionals, plant pathologists, environmental sci-
13 entists, people with disabilities, and other rel-
14 evant experts;

15 (J) national laboratories, foundations, or
16 other private sector groups; and

17 (K) State, territories, Tribes, and local
18 governments.

19 (g) MAJOR ACTIVITIES.—The Council shall—

20 (1) develop a comprehensive One Health Secu-
21 rity Strategy;

22 (2) beginning 1 year after the date of the en-
23 actment of this Act, provide annual recommenda-
24 tions to Congress regarding the optimal distribution
25 of One Health Security funding, including the dis-

1 bursement of appropriated funds through inter-
2 agency agreements, to support—

3 (A) One Health educational activities and
4 programs—

5 (i) for primary and secondary edu-
6 cation students through the Department of
7 Education; and

8 (ii) primary, secondary, and tertiary
9 education students through the National
10 Science Foundation;

11 (B) the National Plant Diagnostics Net-
12 work;

13 (C) the National Animal Health Labora-
14 tory Network;

15 (D) One Health educational programs for
16 the public, including sponsored annual con-
17 ferences and readiness exercises, which shall be
18 conducted not more frequently than semiannu-
19 ally by the National Park Service, the Army
20 Educational Outreach Service, and the Fish
21 and Wildlife Service to achieve the global One
22 Health goals and the United Nations Sustain-
23 able Development Goals; and

24 (E) intramural and extramural programs
25 intended to achieve the purposes set forth in

1 the One Health Security Strategy that are led
2 by international organizations, such as the
3 stakeholders listed in subparagraphs (A)
4 through (K) of subsection (f)(4) and the Con-
5 vention on International Trade in Endangered
6 Species of Wild Fauna and Flora Secretariat;
7 (3) provide continuous updates on internation-
8 ally reportable high-risk incidents adversely affecting
9 the security and stability of One Health Security
10 programs and efforts;
11 (4) analyze the scope and context of all One
12 Health Security-related activities receiving Federal
13 funding, including activities partially funded with
14 non-Federal funds, to identify opportunities, gaps,
15 duplications, existing relationships, organizational
16 strengths, and the degree to which such activities
17 align with the goals identified by the Council and
18 the One Health Security Strategy;
19 (5) make recommendations to Congress and rel-
20 evant executive branch agencies regarding the scope
21 and context of One Health Security-related activities
22 receiving Federal funding, including the role and im-
23 pact of misinformation and disinformation related to
24 One Health Security-related activities;

1 (6) facilitate public-private partnerships, includ-
2 ing zoological and aquatic parks, and government-
3 university partnerships to accelerate impact, increase
4 cost-effectiveness, and better address the root driv-
5 ers of spillover and spread;

6 (7) regularly consult with foreign governments,
7 nongovernmental organizations, foundations, and
8 international organizations, including the World
9 Bank, the International Monetary Fund, the World
10 Health Organization, the World Organisation for
11 Animal Health, the Food and Agriculture Organiza-
12 tion, and the United Nations Environmental Pro-
13 gramme that carry out One Health Security-related
14 activities;

15 (8) provide guidance to the Office of Manage-
16 ment and Budget regarding the types of activities
17 that should be classified as related to One Health
18 Security and global One Health;

19 (9) identify research gaps and opportunities,
20 particularly those that can be addressed by research-
21 ers and research organizations in the United States;
22 and

23 (10) identify specific crisis response and inci-
24 dent response capabilities of each State for spillover
25 events and other health threats and submit semi-

1 annual reports to Congress describing each State's
2 One Health crisis readiness.

3 (h) DECISION MAKING.—

4 (1) ONE HEALTH SECURITY STRATEGY.—

5 (A) COMMENT PERIOD.—The Council
6 shall—

7 (i) provide a 60-day public comment
8 period before finalizing the One Health Se-
9 curity Strategy; and

10 (ii) incorporate the input received
11 from the public during such period, as ap-
12 propriate.

13 (B) VOTING AND RESOLVING DISAGREE-
14 MENTS.—If the Council requires a vote or can-
15 not reach consensus regarding any element in
16 the One Health Security Strategy, including
17 strategic goals, programming priorities, and
18 funding priorities, the Council members shall
19 vote on the competing options, with the pre-
20 siding Chair casting the deciding vote, if nec-
21 essary. The option supported by a simple ma-
22 jority of Council members shall be included in
23 the One Health Security Strategy. When cast-
24 ing votes, Council members shall consult with
25 their relevant subagencies, as needed. Each de-

1 partment or agency will be allowed only 1 vote
 2 regardless of the amount of representation or
 3 stakeholders present at the meeting.

4 (2) QUORUM.—If 1 or more Council members
 5 impede the ability of the Council to perform its du-
 6 ties by repeatedly failing to attend Council meetings
 7 or refusing to vote on Council matters, a majority of
 8 Council members who are present and voting shall
 9 constitute a quorum and may approve previously no-
 10 ticed decision items through a simple majority.
 11 Council meetings may not commence without the
 12 participation of a quorum of at least 8 voting mem-
 13 bers.

14 (3) OMB OBSERVER.—The Director of the Of-
 15 fice of Management and Budget may send an ob-
 16 server to any Council meeting at which the Council
 17 is expected to make a decision regarding the dis-
 18 tribution of Federal funding to a project. Such ob-
 19 server may not vote on Council matters.

20 **SEC. 5. ONE HEALTH SECURITY STRATEGY.**

21 (a) IN GENERAL.—The One Health Security Strat-
 22 egy required under section 4(g)(1) shall build from, link
 23 with, and contribute to existing domestic and international
 24 One Health Security-related efforts, including—

1 (1) efforts outlined by the Global Health Secu-
2 rity Agenda, the interagency Task Force for Com-
3 bating Antibiotic-Resistant Bacteria, the Presi-
4 dential Advisory Council on Combating Antibiotic-
5 Resistant Bacteria, and the Presidential Task Force
6 to Combat Wildlife Trafficking;

7 (2) existing strategies, such as the National Se-
8 curity Strategy, the Global Health Security Strat-
9 egy, the National Health Security Strategy, the Na-
10 tional Strategy for Combating Wildlife Trafficking,
11 and the National Biodefense Strategy and Imple-
12 mentation Plan for Countering Biological Threats,
13 Enhancing Pandemic Preparedness, and Achieving
14 Global Health Security;

15 (3) Federal investments related to such efforts
16 and strategies, such as the Biomedical and Advanced
17 Research and Development Authority, the Adminis-
18 tration for Strategic Preparedness and Response,
19 the World Health Organization, the World
20 Organisation for Animal Health, the Food and Agri-
21 culture Organization, and the United Nations Envi-
22 ronmental Programme; and

23 (4) the programs and activities described in the
24 inventory and capabilities assessment carried out
25 pursuant to section 7(b).

1 (b) ELEMENTS.—The One Health Security Strategy
2 shall include—

3 (1) a definition of the scope of One Health Se-
4 curity that—

5 (A) aligns with existing practices by the
6 member agencies of the One Health Security
7 Council to the extent possible and considers
8 governmental and nongovernmental definitions
9 for One Health, such as definitions offered by
10 the World Health Organization’s One Health
11 High-Level Expert Panel, the Quadripartite or-
12 ganization’s One Health Joint Plan of Action,
13 and the National Biodefense Strategy and Im-
14 plementation Plan for Countering Biological
15 Threats, Enhancing Pandemic Preparedness,
16 and Achieving Global Health Security, pub-
17 lished in October 2022; and

18 (B) includes—

19 (i) zoonotic disease and vector-borne
20 disease prevention, detection, and response
21 and all aspects of prevention of resistance
22 to pathogen treatments;

23 (ii) issues related to the matters de-
24 scribed in clause (i), such as—

- 1 (I) legal and illegal wildlife traf-
 2 ficking and commercial trade, includ-
 3 ing wildlife markets, animal hus-
 4 bandry, habitat destruction, and deg-
 5 radation;
- 6 (II) biodiversity loss; and
- 7 (III) climate change;
- 8 (iii) plant disease prevention, detec-
 9 tion, response, and surveillance;
- 10 (iv) risk of intentional misuse of ad-
 11 vances in biotechnology;
- 12 (v) accidental release of biological
 13 agents; and
- 14 (vi) threats posed by terrorist groups
 15 or adversaries seeking to use biological
 16 weapons;
- 17 (2) short-term (1 year) objectives, intermediate-
 18 term (2 to 3 years) objectives, and long-term (4
 19 years or more) objectives;
- 20 (3) prioritized areas for further study and tar-
 21 geted technological investments, such as—
- 22 (A) targeted vaccines, the development of
 23 novel vaccine pipelines, and judicious anti-
 24 microbial usage for people, plants, and animals
 25 to reduce antimicrobial resistance;

1 (B) new diagnostic test pipelines to rapidly
2 detect and monitor pathogens in animals,
3 plants, and humans;

4 (C) advanced technologies for animal,
5 human, and plant disease surveillance, con-
6 servation and other related surveillance, and ac-
7 tionable data, including wastewater surveillance
8 and use of predictive analytics, user behavior
9 analytics, or certain other advanced data ana-
10 lytics methods that extract value from large and
11 multiple data sets to improve and target sur-
12 veillance;

13 (D) data sharing best practices among
14 Federal agencies and partners that can utilize
15 data in disease surveillance;

16 (E) research networks, such as the Na-
17 tional Emerging Special Pathogens Training
18 and Education Center's Special Pathogens Re-
19 search Network, to study novel counter-
20 measures for emerging zoonotic pathogens;

21 (F) the manufacturing and timely distribu-
22 tion of vaccines, therapeutics, and remedies to
23 biological threats; and

24 (G) other research priorities identified by
25 the Council;

1 (4) prioritized activities to prevent and address
2 One Health Security threats, including zoonotic, vec-
3 tor-borne, and plant disease amplification and
4 spread, including—

5 (A) pathogen and risk identification and
6 mitigation in advance of spillover;

7 (B) surveillance and containment activities,
8 including efforts to incentivize and encourage
9 early reporting of risk alerts, spillover events,
10 localized outbreaks, and routine surveillance;

11 (C) global efforts to coordinate anti-
12 microbial resistance response in humans and
13 animals;

14 (D) efforts to eliminate wildlife trafficking;

15 (E) efforts to stop habitat destruction or
16 degradation, deforestation, and biodiversity loss;

17 (F) efforts to promote food security and
18 safety through animal, plant, and other sources
19 of food disease and health surveillance, includ-
20 ing in populations dependent on wildlife for pro-
21 tein;

22 (G) efforts to reduce consumer demand for
23 wildlife, wildlife products, and restricted and
24 endangered plants, including protected wood
25 and other tree products, identified in Appendix

1 I of the Convention on International Trade in
2 Endangered Species of Wild Fauna and Flora,
3 done at Washington March 3, 1973 (27 UST
4 1087; TIAS 8429);

5 (H) efforts to support integrated emer-
6 gency response to identified spillover crises and
7 related threats;

8 (I) protocol development to improve holis-
9 tic response to and recovery from disease out-
10 breaks in animals, plants, and humans;

11 (J) One Health workforce development to
12 prevent and respond to disease outbreaks and
13 other health threats affecting animals, plants,
14 humans, and the environment;

15 (K) efforts to identify and mitigate dis-
16 semination of misinformation and
17 disinformation related to One Health;

18 (L) other efforts to protect the collective
19 health of animals, humans, plants, and the en-
20 vironment, especially those conducted through
21 global collaborations and partnerships;

22 (M) enhanced partnerships with academia
23 to teach plant health and disease surveillance in
24 universities to address workforce gaps; and

1 (N) preparing and equipping health care
2 institutions for managing patients with emerg-
3 ing zoonotic diseases in a safe and equitable
4 manner;

5 (5) a description of proposed incentives to en-
6 courage national and subnational engagement in
7 One Health Security efforts, particularly community
8 education and mobilization activities and participa-
9 tion in data collection and reporting activities in
10 support of the One Health Security Strategy;

11 (6) anticipated measures of success, including
12 benchmarks to monitor progress of short-, medium-
13 , and long-term objectives;

14 (7) a description of how the strategy reflects
15 and builds from existing Federal organizational ac-
16 tivities, relationships, and capabilities;

17 (8) a description of how the strategy addresses
18 gaps, especially those identified in the inventory and
19 capabilities assessment carried out pursuant to sec-
20 tion 7(b);

21 (9) direction, oversight, and coordination of the
22 One Health Security and Pandemic Preparedness
23 Network; and

24 (10) semiannual readiness exercises to test,
25 validate, and improve the emergency response oper-

1 ations of the One Health Security and Pandemic
2 Preparedness Network.

3 **SEC. 6. ADVISORY COMMITTEES.**

4 (a) TECHNICAL ADVISORY COMMITTEE.—

5 (1) IN GENERAL.—The Council shall establish
6 and semiannually convene a Technical Advisory
7 Committee, which shall be composed of United
8 States Government One Health Security experts who
9 represent a variety of sectors, including experts in
10 human, animal, plant and environmental health, con-
11 servation, emerging pathogens, and ecology.

12 (2) MEMBER SELECTION PRIORITIES.—The
13 Council shall prioritize the selection of committee
14 members with existing expertise that will help ad-
15 vance the objectives of the One Health Security
16 Strategy, including experts from academia, non-
17 governmental organizations, industry, and State,
18 local, territorial, and Tribal governments.

19 (3) GUIDANCE.—The Technical Advisory Com-
20 mittee shall provide technical and programmatic
21 guidance to the Council relating to the implementa-
22 tion of One Health Security programs, which shall
23 be included in annual reports that are available to
24 the public.

1 (4) ADDITIONAL RECOMMENDATIONS.—In addi-
2 tion to the guidance described in paragraph (3), the
3 Technical Advisory Committee may provide addi-
4 tional recommendations to Congress, Federal agen-
5 cies, or international organizations that are outside
6 the scope of the Council’s responsibilities under this
7 Act.

8 (b) SCIENTIFIC ADVISORY COMMITTEE.—

9 (1) IN GENERAL.—The Council shall establish a
10 standing Scientific Advisory Committee, which shall
11 be composed of global One Health academics based
12 at institutions of higher learning, including—

13 (A) individuals with expertise in human,
14 animal, plant, and environmental health, con-
15 servation, and ecology; and

16 (B) experts from foreign countries, as ap-
17 propriate.

18 (2) MEMBER SELECTION PRIORITIES.—The
19 Council shall prioritize the selection of committee
20 members with existing expertise that will help ad-
21 vance the objectives of the One Health Security
22 Strategy, including experts from academia, non-
23 governmental organizations, industry, and State,
24 local, territorial, and tribal governments.

1 (3) GUIDANCE.—The Scientific Advisory Com-
2 mittee shall—

3 (A) provide regular updates to the Council
4 regarding recent scientific advances and oppor-
5 tunities;

6 (B) provide scientific guidance to the
7 Council to inform strategic direction;

8 (C) provide scientific guidance to the Task
9 Force for Combating Antibiotic-Resistant Bac-
10 teria regarding the operation of the One Health
11 Security and Pandemic Preparedness Network;
12 and

13 (D) not later than the last day of each fis-
14 cal year, submit an annual Spillover Threat Re-
15 port outlining remedial and corrective actions
16 relevant to the effective operation of the One
17 Health Security System to the Task Force for
18 Combating Antibiotic-Resistant Bacteria.

19 **SEC. 7. REPORTS.**

20 (a) INITIAL WORK PLAN.—Not later than 6 months
21 after the date of the enactment of this Act, the Council
22 shall submit the initial 12-month work plan to—

23 (1) the Committee on Foreign Relations of the
24 Senate;

1 (2) the Committee on Health, Education,
2 Labor, and Pensions of the Senate;

3 (3) the Committee on Environment and Public
4 Works of the Senate;

5 (4) the Committee on Agriculture, Nutrition,
6 and Forestry of the Senate;

7 (5) the Committee on Homeland Security and
8 Governmental Affairs of the Senate;

9 (6) the Committee on Armed Services of the
10 Senate;

11 (7) the Committee on Foreign Affairs of the
12 House of Representatives;

13 (8) the Committee on Energy and Commerce of
14 the House of Representatives;

15 (9) the Committee on Science, Space, and
16 Technology of the House of Representatives;

17 (10) the Committee on Agriculture of the
18 House of Representatives;

19 (11) the Committee on Homeland Security of
20 the House of Representatives; and

21 (12) the Committee on Armed Services of the
22 House of Representatives.

23 (b) INVENTORY AND CAPABILITIES ASSESSMENT.—

1 (1) IN GENERAL.—The Council shall carry out
2 a synthesized inventory and capabilities assessment
3 that includes—

4 (A) an inventory of current One Health
5 Security-related activities by each Federal agen-
6 cy;

7 (B) a description of each Federal agency’s
8 existing capabilities and authorizations;

9 (C) a description of the interagency col-
10 laboration within each participating Federal
11 agency to achieve One Health Security goals;
12 and

13 (D) a collective gap analysis of Federal
14 agency crisis response readiness issues.

15 (2) REPORT.—Not later than 1 year after the
16 date of the enactment of this Act, the Council shall
17 submit a report to the congressional committees list-
18 ed in subsection (a) that contains the information
19 described in paragraph (1).

20 (c) ONE HEALTH SECURITY STRATEGY.—Not later
21 than 1 year after the date of the enactment of this Act,
22 the Council shall submit the One Health Security Strategy
23 to the congressional committees referred to in subsection
24 (a).

1 (d) ANNUAL REPORTS.—Not later than 1 year after
2 the date of the enactment of this Act, and annually there-
3 after, the Council shall submit a report to the congres-
4 sional committees listed in subsection (a) that includes—

5 (1) an updated One Health Security Strategy,
6 as appropriate;

7 (2) an implementation plan for the upcoming
8 12-month period;

9 (3) a financial report that includes an account-
10 ing of funds appropriated to carry out this Act;

11 (4) the latest version of the Council’s moni-
12 toring and evaluation plan;

13 (5) a monitoring and evaluation report for the
14 reporting period;

15 (6) summaries of the minutes from Council
16 meetings held during the reporting period;

17 (7) the status of One Health Security-related
18 activities receiving Federal funding;

19 (8) prevailing strategic guidance and priorities;

20 (9) an executive summary of the challenges and
21 achievements of the Council during the reporting pe-
22 riod;

23 (10) a summary of the progress made toward
24 building the One Health Security and Pandemic

1 Preparedness Network in accordance with section 8,
2 including—

3 (A) the total funds appropriated, obligated,
4 and expended to build the One Health Security
5 and Pandemic Preparedness Network;

6 (B) an assessment of the efficacy of One
7 Health Security and Pandemic Preparedness
8 Network programs receiving Federal funding;
9 and

10 (C) other activities undertaken by the One
11 Health Security and Pandemic Preparedness
12 Network;

13 (11) a summary of additional personnel hired
14 with funding appropriated pursuant to section 8,
15 disaggregated by Federal agency;

16 (12) a description of the partnerships developed
17 with other institutions of higher learning and non-
18 governmental organizations to carry out the One
19 Health Security Strategy; and

20 (13) a copy of the annual Spillover Threat Re-
21 port prepared by the Scientific Advisory Committee
22 pursuant to section 6(b)(3)(D).

23 (e) MONITORING AND INVESTIGATIONS.—If the
24 Council determines that a foreign country or syndicate is
25 engaged in illegal deforestation or illegal trade or traf-

1 ficking of wildlife, or that increasing or decreasing existing
 2 or potential sanctions or law enforcement actions with re-
 3 spect to such country would expedite the achievement of
 4 Council goals, the Council shall submit a report to the
 5 President and Congress that describes the evidence sup-
 6 porting such determination, which may include rec-
 7 ommended sanctions or law enforcement actions against
 8 such country.

9 (f) DUAL-USE RESEARCH.—Oversight of federally
 10 conducted or federally supported dual use biomedical re-
 11 search, such as the review of policies or frameworks used
 12 to assess and appropriately manage safety and security
 13 risks associated with such research, taking into consider-
 14 ation national security concerns, the potential benefits of
 15 such research, considerations related to the research com-
 16 munity, transparency, and public availability of informa-
 17 tion, and international research collaboration.

18 (g) PUBLIC AVAILABILITY.—All of the reports re-
 19 quired under this section shall be made available to the
 20 public and may include a classified annex, as necessary.

21 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

22 (a) STARTUP FUNDING.—There is authorized to be
 23 appropriated \$55,000,000 to the Office of Management
 24 and Budget (referred to in this subsection as “OMB”) for
 25 fiscal year 2023, of which—

1 (1) \$45,000,000 shall be allocated by the Coun-
2 cil among the appropriate Federal agencies—

3 (A) to collect key information;

4 (B) to conduct key research; and

5 (C) to initiate other key activities, as de-
6 termined by the One Health Security Council;
7 and

8 (2) \$10,000,000 may be used to carry out the
9 internal operations of the Council, including staffing,
10 travel, and other administrative expenses.

11 (b) SECOND-YEAR FUNDING.—

12 (1) IN GENERAL.—There is authorized to be
13 appropriated \$500,000,000 to the OMB for fiscal
14 year 2024. The Council is authorized to allocate
15 such funding among the appropriate Federal agen-
16 cies to carry the functions of the Council. Of such
17 amounts—

18 (A) 75 percent may be spent for new or
19 expanded One Health Security activities; and

20 (B) 25 percent may be spent to flexibly re-
21 spond to developing events and fill gaps left by
22 congressional and agency decisions.

23 (2) RECOMMENDATIONS.—Not later than Sep-
24 tember 30, 2023, the Council shall submit a report
25 to the congressional committees listed in section

1 7(a), the Committee on Appropriations of the Sen-
2 ate, and the Committee on Appropriations of the
3 House of Representatives that contains rec-
4 ommendations that—

5 (A) describe the optimal allocation of
6 amounts appropriated pursuant to paragraph
7 (1);

8 (B) reflect the Federal agency com-
9 petencies identified in the inventory and capa-
10 bilities assessment carried out pursuant to sec-
11 tion 7(b), including the utilization of existing
12 bilateral and multilateral mechanisms, as ap-
13 propriate; and

14 (C) are made in accordance with the deci-
15 sion-making parameters described in section
16 4(h).

17 (c) ONGOING FUNDING.—

18 (1) IN GENERAL.—There is authorized to be
19 appropriated \$900,000,000 to the OMB for fiscal
20 year 2025, and for each fiscal year thereafter. The
21 Council is authorized to allocate such funding among
22 the appropriate Federal agencies to carry out the
23 functions of the Council. Of such amounts—

1 (A) \$675,000,000 may be expended each
 2 fiscal year for new or expanded Global One
 3 Health activities; and

4 (B) \$225,000,000 may be expended each
 5 fiscal year to flexibly respond to developing
 6 events and fill gaps left by congressional and
 7 agency decisions.

8 (2) RECOMMENDATIONS.—Not later than Sep-
 9 tember 30, 2024, and not later than the last day of
 10 each subsequent fiscal year, the Council shall submit
 11 a report to the congressional committees listed in
 12 section 7(a), the Committee on Appropriations of the
 13 Senate, and the Committee on Appropriations of the
 14 House of Representatives that contains rec-
 15 ommendations describing the optimal allocation of
 16 amounts appropriated pursuant to paragraph (1) for
 17 the following fiscal year.

18 (d) DISBURSEMENT.—Amounts appropriated pursu-
 19 ant to this section—

20 (1) may be disbursed through the appropriate
 21 Federal agencies to nongovernmental organizations
 22 and international organizations for approved One
 23 Health Security activities; or

24 (2) may be expended for programs conducted
 25 by Federal agencies in accordance with appropria-

1 tions Acts and the approved One Health Security
2 Strategy.

3 (e) SUPPLEMENT AND NOT SUPPLANT.—Amounts
4 appropriated pursuant to this section shall supplement,
5 and may not supplant, any existing funding for global One
6 Health Security-related activities.

7 (f) CROSS-CUTTING BUDGET CODE.—The Director
8 of the OMB, in accordance with the guidance received
9 from the Council pursuant to section 4(g)(10), shall estab-
10 lish a cross-cutting budget code to identify existing and
11 new One Health Security-related activities and funding
12 levels by Federal agency.

13 (g) COMPLIANCE WITH RECOMMENDATIONS.—Any
14 Federal agency engaged in One Health Security-related
15 activities shall—

16 (1) comply with Council recommendations when
17 making funding decisions for such activities; and

18 (2) use Council recommendations to guide fund-
19 ing decisions pertaining to One Health Security-re-
20 lated activities funded outside of the jurisdiction of
21 the Council.

○