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118TH CONGRESS
2D SESSION

H. R. 8080

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish and implement a department-wide after-action program and a risk communication strategy, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2024

Mr. TORRES of New York introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish and implement a department-wide after-action program and a risk communication strategy, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Coordinated Agency Response Enhancement Act'' or the ''CARE Act''.

SEC. 2. HHS AFTER-ACTION PROGRAM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V–8. DEPARTMENT-WIDE AFTER-ACTION PROGRAM.

''(a) IN GENERAL.—The Secretary shall establish, maintain, and implement an after-action program to—

''(1) identify and implement solutions for issues found following any public health emergency response of the Department of Health and Human Services; and

''(2) encourage collaboration among the agencies of the Department, including by integrating any public health emergency after-action programs of such agencies.

''(b) DEADLINE.—The Secretary shall establish and begin implementation of the after-action program under subsection (a) not later than 1 year after the date of enactment of this section.

''(c) COORDINATION WITH STAKEHOLDERS.—The after-action program under subsection (a) shall include input from, and coordinate with, relevant external stakeholders involved in each public health emergency response of the Department of Health and Human Services, such

as other Federal agencies, jurisdictions, and nongovernmental partners.

''(d) OVERSIGHT BY INSPECTOR GENERAL.—The Inspector General of the Department of Health and Human Services shall, on an annual basis—

''(1) evaluate the efficacy and compliance of the after-action program under subsection (a), including by evaluating the ability of the program to identify challenges, propose solutions, and prevent issues from reoccurring; and

''(2) submit to Congress a report summarizing the evaluation under paragraph (1).

''(e) COMPREHENSIVE GUIDELINES FOR AFTER-ACTION PROGRAM REPORTS.—

''(1) IN GENERAL.—The Secretary may, as the Secretary determines appropriate, incorporate in any report of the after-action program under subsection (a) the elements described in subparagraphs (A) through (M) of paragraph (2).

''(2) ELEMENTS DESCRIBED.—

''(A) EMERGENCY OPERATIONS PLAN, CONTINUITY OF OPERATIONS PLAN, AND BUSINESS CONTINUITY PLAN REVIEWS.—A description of the process and outcomes of reviewing and updating emergency operations plans, continuity

of operations plans, and business continuity plans both annually and after significant public health emergencies. Such description may include insights into the relevancy and efficiency of such plans in practice.

''(B) INFORMATION SHARING, SITUATIONAL AWARENESS.—A description of the establishment and effectiveness of protocols for efficient information sharing and situational awareness among health care facilities and partners, including the development and deployment of an integrated public joint information system.

''(C) COORDINATION WITH STATE, LOCAL, HEALTH CARE COALITION, AND COMMUNITY PARTNERS.—Descriptions of—

''(i) strategies for coordination with State, local, health care coalition, and community partners, focusing on active engagement and information sharing;

''(ii) information technology solutions used for coordination during public health emergencies; and

''(iii) how medical operations coordination cells were implemented for effective

patient load balancing during surges to assure regional health care coordination.

''(D) INCIDENT MANAGEMENT.—A description of incident management structures, including the maintenance of the incident command system and the establishment of an incident action planning process.

''(E) COMMUNICATIONS, INFORMATION SHARING.—A description of strategies for the development and maintenance of a dynamic communications framework for real-time information sharing and situational awareness.

''(F) STAFF, SPACE, AND RESIDENT MANAGEMENT.—A description of strategies for comprehensive staff management plans, scalable space management strategies, and policies adopted to maintain patient and resident well-being.

''(G) LOGISTICS AND SUPPLY CHAIN MANAGEMENT.—A description of strategies for developing comprehensive logistics and supply chain management strategies to ensure a steady and sufficient supply of personal protective equipment, medical equipment, pharmaceuticals, and other items.

''(H) RESOURCE MANAGEMENT.—A description of strategies for implementing crisis standards of care protocols to optimize the allocation and use of medical and non-medical assets during emergencies, including guidelines for the conservation, reuse, or repurposing of supplies.

''(I) INFECTION PREVENTION.—A description of strategies for enhancing infection prevention measures, including staff training, environmental cleaning, and patient screening, to mitigate the spread of infectious diseases within health care facilities.

''(J) TREATMENT, TRANSPORT, AND DISCHARGE PROTOCOLS.—A description of how treatment, transport, and discharge protocols were standardized to ensure consistency and efficiency in patient care and movement, including the incorporation of telehealth and remote monitoring solutions where feasible, explaining the choices made, the technologies used, and the outcomes of the interventions.

''(K) CASE MANAGEMENT PROTOCOLS.—Descriptions of—

''(i) how case management protocols were refined to address both clinical and non-clinical needs of patients and residents; and

''(ii) the measures taken to ensure coordinated care and support throughout the treatment and recovery phases, detailing the challenges faced and the strategies employed to overcome such challenges.

''(L) MEDICAL COUNTERMEASURES.—Descriptions of—

''(i) the strategy employed to accelerate the development, distribution, and administration of medical countermeasures, such as vaccines, therapeutics, diagnostic tests, and treatments; and

''(ii) strategies to streamline the emergency use authorization process for such countermeasures, including any challenges encountered and how such challenges were addressed.

''(M) RECOVERY.—A description of any implemented recovery strategies focusing on administrative, financial, policy, and equity considerations.''.

SEC. 3. RISK COMMUNICATION STRATEGY.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.), as amended by section 2, is further amended by adding at the end the following:

"SEC. 399V–9. RISK COMMUNICATION STRATEGY.

''(a) IN GENERAL.—The Secretary shall establish, maintain, and implement a comprehensive strategy to ensure that communications about infectious diseases and other public health risks by agencies and offices of the Department of Health and Human Services, including the Centers for Disease Control and Prevention, are clear, accurate, inclusive, and culturally sensitive.

''(b) COMPONENTS.—The strategy under subsection (a) shall be designed to—

''(1) clearly identify at-risk populations during public health emergencies;

''(2) ensure that communications are targeted, understandable, and accessible; and

''(3) ensure the translation of public health communications into multiple languages, including most commonly spoken languages within each demographic in each area targeted by the communications, which languages might include Spanish, Mandarin, Cantonese, Tagalog, Vietnamese, Arabic, French (including Cajun), Korean, Portuguese, Rus-

sian, Haitian, Hindi, or any other language that the Secretary determines to be appropriate.

''(c) INITIAL STRATEGY.—The Secretary shall establish and begin implementation of the initial strategy under subsection (a) not later than 1 year after the date of enactment of this section.''.

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