

119TH CONGRESS
1ST SESSION

H. R. 1961

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

MARCH 6, 2025

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

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.

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 “Coordinated Agency
5 Response Enhancement Act” or the “CARE Act”.

1 **SEC. 2. HHS AFTER-ACTION PROGRAM.**

2 Part P of title III of the Public Health Service Act
3 (42 U.S.C. 280g et seq.) is amended by adding at the end
4 the following:

5 **“SEC. 399V-8. DEPARTMENT-WIDE AFTER-ACTION PRO-**
6 **GRAM.**

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

9 “(1) identify and implement solutions for issues
10 found following any response by the Department of
11 Health and Human Services to a determination of a
12 public health emergency under section 319(a); and

13 “(2) encourage collaboration among the agen-
14 cies of the Department, including by integrating any
15 public health emergency after-action programs of
16 such agencies.

17 “(b) DEADLINE.—The Secretary shall establish and
18 begin implementation of the after-action program under
19 subsection (a) not later than 2 years after the date of en-
20 actment of this section.

21 “(c) COORDINATION WITH STAKEHOLDERS.—The
22 after-action program under subsection (a) shall include
23 input from, and coordinate with, relevant external stake-
24 holders involved in each public health emergency response
25 of the Department of Health and Human Services, such
26 as—

1 “(1) other Federal agencies;

2 “(2) other jurisdictions, including the health de-
3 partments of States, Indian Tribes, and territories
4 of the United States and municipalities thereof; and

5 “(3) nongovernmental partners.

6 “(d) OVERSIGHT BY INSPECTOR GENERAL.—The In-
7 spector General of the Department of Health and Human
8 Services shall, whenever the Inspector General determines
9 appropriate, based on assessed risks and emerging
10 needs—

11 “(1) evaluate the efficacy of the after-action
12 program under subsection (a), including by evalu-
13 ating the ability of the program to identify chal-
14 lenges and propose solutions; and

15 “(2) submit to Congress a report summarizing
16 the evaluation under paragraph (1).

17 “(e) COMPREHENSIVE GUIDELINES FOR AFTER-AC-
18 TION PROGRAM REPORTS.—

19 “(1) IN GENERAL.—The Secretary shall, as the
20 Secretary determines appropriate, incorporate in any
21 report of the after-action program under subsection
22 (a) the elements described in subparagraphs (A)
23 through (M) of paragraph (2).

24 “(2) ELEMENTS DESCRIBED.—

1 “(A) EMERGENCY OPERATIONS PLAN, CON-
2 TINUITY OF OPERATIONS PLAN, AND BUSINESS
3 CONTINUITY PLAN REVIEWS.—A description of
4 the process and outcomes of reviewing and up-
5 dating emergency operations plans, continuity
6 of operations plans, and business continuity
7 plans both annually and after significant public
8 health emergencies. Such description may in-
9 clude insights into the relevancy and efficiency
10 of such plans in practice.

11 “(B) INFORMATION SHARING, SITUA-
12 TIONAL AWARENESS.—A description of the es-
13 tablishment and effectiveness of protocols for
14 efficient information sharing (consistent with
15 applicable disclosure laws) and situational
16 awareness among health care facilities and
17 partners, including the development and deploy-
18 ment of an integrated joint information system.

19 “(C) COORDINATION WITH NATIONAL,
20 STATE, AND LOCAL COALITIONS AND COMMU-
21 NITY PARTNERS.—Descriptions of—

22 “(i) strategies for coordination with
23 national, State, and local health care pa-
24 tient and public health coalitions and com-
25 munity partners, focusing on active en-

1 gagement and information sharing (con-
2 sistent with applicable disclosure laws);

3 “(ii) information technology solutions
4 used for coordination during public health
5 emergencies; and

6 “(iii) how medical operations coordi-
7 nation cells were implemented for effective
8 patient load balancing during surges to as-
9 sure regional health care coordination.

10 “(D) INCIDENT MANAGEMENT.—A descrip-
11 tion of incident management structures, includ-
12 ing the maintenance of the incident command
13 system and the establishment of an incident ac-
14 tion planning process.

15 “(E) COMMUNICATIONS, INFORMATION
16 SHARING.—A description of strategies for the
17 development and maintenance of a dynamic
18 communications framework for real-time infor-
19 mation sharing (consistent with applicable dis-
20 closure laws) and situational awareness.

21 “(F) STAFF, SPACE, AND RESIDENT MAN-
22 AGEMENT.—A description of strategies for com-
23 prehensive staff management plans, scalable
24 space management strategies, and policies

1 adopted to maintain patient and resident well-
2 being.

3 “(G) LOGISTICS AND SUPPLY CHAIN MAN-
4 AGEMENT.—A description of strategies for de-
5 veloping comprehensive logistics and supply
6 chain management strategies to ensure a steady
7 and sufficient supply of personal protective
8 equipment, medical equipment, pharma-
9 ceuticals, and other items.

10 “(H) RESOURCE MANAGEMENT.—A de-
11 scription of strategies for implementing crisis
12 standards of care protocols to optimize the allo-
13 cation and use of medical and non-medical as-
14 sets during emergencies, including guidelines
15 for the conservation, reuse, or repurposing of
16 supplies.

17 “(I) INFECTION PREVENTION.—A descrip-
18 tion of strategies for enhancing infection pre-
19 vention measures, including staff training, envi-
20 ronmental cleaning, and patient screening, to
21 mitigate the spread of infectious diseases within
22 health care facilities.

23 “(J) TREATMENT, TRANSPORT, AND DIS-
24 CHARGE PROTOCOLS.—A description of how
25 treatment, transport, and discharge protocols

1 were standardized to ensure consistency and ef-
2 ficiency in patient care and movement, includ-
3 ing the incorporation of telehealth and remote
4 monitoring solutions where feasible, explaining
5 the technologies used and the outcomes of the
6 interventions.

7 “(K) CASE MANAGEMENT PROTOCOLS.—
8 Descriptions of—

9 “(i) how case management protocols
10 were refined to address both clinical and
11 non-clinical needs of patients and resi-
12 dents; and

13 “(ii) the measures taken to ensure co-
14 ordinated care and support throughout the
15 treatment and recovery phases, detailing
16 the challenges faced and the strategies em-
17 ployed to overcome such challenges.

18 “(L) MEDICAL COUNTERMEASURES.—De-
19 scriptions of—

20 “(i) the strategy employed to accel-
21 erate the development, distribution, and
22 administration of medical counter-
23 measures, such as vaccines, therapeutics,
24 diagnostic tests, and treatments; and

1 “(ii) the challenges encountered in
 2 making such medical countermeasures
 3 available for use during the public health
 4 emergency and how such challenges were
 5 addressed.

6 “(M) RECOVERY.—A description of any
 7 implemented recovery strategies focusing on ad-
 8 ministrative, financial, policy, and equity con-
 9 siderations.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 11 is authorized to be appropriated, to remain available until
 12 expended—

13 “(1) \$3,500,000 to carry out subsections (a),
 14 (b), (c), and (e), including the first 4 reports of the
 15 after-action program; and

16 “(2) such sums as may be necessary to carry
 17 out subsection (d).”.

18 **SEC. 3. RISK COMMUNICATION STRATEGY.**

19 Part P of title III of the Public Health Service Act
 20 (42 U.S.C. 280g et seq.), as amended by section 2, is fur-
 21 ther amended by adding at the end the following:

22 **“SEC. 399V-9. RISK COMMUNICATION STRATEGY.**

23 “(a) IN GENERAL.—The Secretary shall establish,
 24 maintain, and implement a comprehensive strategy to en-
 25 sure that communications about infectious diseases and

1 other public health risks by agencies and offices of the
2 Department of Health and Human Services, including the
3 Centers for Disease Control and Prevention, are clear, ac-
4 curate, and prioritize the populations most at risk.

5 “(b) COMPONENTS.—The strategy under subsection
6 (a) shall be designed to—

7 “(1) clearly identify at-risk populations during
8 public health emergencies; and

9 “(2) ensure that communications are targeted,
10 understandable, and accessible.

11 “(c) INITIAL STRATEGY.—The Secretary shall estab-
12 lish and begin implementation of the initial strategy under
13 subsection (a) not later than 1 year after the date of en-
14 actment of this section.”.

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