

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To support public health infrastructure.

\_\_\_\_\_  
IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_  
\_\_\_\_\_ introduced the following bill; which was read twice  
and referred to the Committee on \_\_\_\_\_  
\_\_\_\_\_

**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-  
11 ing through the Director of the Centers for Disease Con-  
12 trol and Prevention, shall establish a core public health

1 infrastructure program to strengthen the public health  
2 system of the United States, consisting of awarding grants  
3 under subsection (b).

4 (b) GRANTS.—

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

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

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

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

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

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

24 (c) USE OF FUNDS.—The Secretary may award a  
25 grant to an entity under subsection (b)(1) only if the enti-

1 ty agrees to use the full amount of the grant to address  
2 core public health infrastructure needs, including those  
3 identified in the accreditation process under subsection  
4 (h).

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

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

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

18 (A) address its highest priority core public  
19 health infrastructure needs; and

20 (B) for State health departments, allocate  
21 at least 25 percent of the grant funds to local  
22 health departments within the State to support  
23 the local jurisdiction's contribution to core pub-  
24 lic health infrastructure.

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

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

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

23                   (1) funds received through the grant will be ex-  
24 pended only to supplement, and not supplant, non-  
25 Federal and Federal funds otherwise available to the

1       entity for the purpose of addressing core public  
2       health infrastructure needs; and

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

9       (h) SUPPORT OF A NATIONAL PUBLIC HEALTH AC-  
10      CREDITATION PROGRAM.—

11               (1) IN GENERAL.—The Secretary, acting  
12      through the Director of the Centers for Disease  
13      Control and Prevention, shall—

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

21                       (B) implement a program to accredit such  
22                       health departments in accordance with such  
23                       standards; and

24                       (C) beginning in fiscal year 2027, ensure  
25                       that any entity receiving a grant under sub-

1 section (b) is accredited as described in sub-  
2 paragraph (A) or meets another standard of ac-  
3 countability specific to public health infrastruc-  
4 ture, subject to paragraph (2).

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

8 (A) any individual entity until fiscal year  
9 2029; or

10 (B) after fiscal year 2029, any individual  
11 entity that demonstrates that it would be a sig-  
12 nificant hardship to comply with such require-  
13 ment.

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

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

23 (1) a strategy, including goals and objectives,  
24 for accrediting entities under subsection (h) and  
25 achieving the purpose described in subsection (h)(1);

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

6           (3) data reported by grantees funded under this  
7           section pursuant to a minimum data set required by  
8           the Secretary, which shall include each grantee's ac-  
9           tivities, standardized financial reporting, and re-  
10          source allocation data; and

11          (4) identification of gaps in research related to  
12          core public health infrastructure and recommenda-  
13          tions of priority areas for such research.

14          (j) TRIBAL SET-ASIDE.—Of the amount appropriated  
15          under subsection (a) for a fiscal year, the Secretary shall  
16          reserve 3 percent for purposes of, acting through the Di-  
17          rector of the Centers for Disease Control and Prevention  
18          and in consultation with the Director of the Indian Health  
19          Service, awarding grants under this section to Tribal  
20          health departments and to epidemiology centers estab-  
21          lished under section 214 of the Indian Health Care Im-  
22          provement Act (25 U.S.C. 1621m).

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

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

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

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

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

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

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



1           (3) POLICY DEVELOPMENT AND SUPPORT.—

2           The ability to translate public health science into ap-  
3           propriate policy and regulation.

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

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

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

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

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

10 **SEC. 5. FUNDING.**

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

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

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

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

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

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

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

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