

1 Title: To prevent and respond to global pandemic threats by establishing the One Health Security
2 Council.

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4
5 Be it enacted by the Senate and House of Representatives of the United States of America in
6 Congress assembled,

7 SECTION 1. SHORT TITLE.

8 This Act may be cited as the “One Health Security Act”.

9 SEC. 2. FINDINGS; SENSE OF CONGRESS.

10 (a) Findings.—Congress finds the following:

11 (1) Health threats at the human-animal-plant-environment interface pose risks to public
12 health, animal health, environmental health, and global health security.

13 (2) Supporting global health security requires mobilizing an interagency council to
14 operationalize the “One Health” concept, which links human, animal, plant, and
15 environmental health.

16 (3) Population growth has—

17 (A) strained food supplies;

18 (B) contributed to natural habitat loss, biodiversity loss, and exploitation of wildlife,
19 which has led to the movement of wild animals in closer unnatural proximity to
20 domesticated animals and people;

21 (C) increased urbanization and population density in certain regions; and

22 (D) led to the increased movement of humans, animals, plants, and products made
23 from plants and animals that could increase disease transmission.

24 (4) Diseases that are shared between animals and humans are responsible for—

25 (A) approximately 60 percent of all human infections, including all pandemic
26 outbreaks since the 1970s;

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

28 (C) more than 80 percent of the biological agents that could be intentionally released
29 as biological weapons.

30 (5) Climate change has increased the risk of food accessibility and zoonotic diseases
31 emerging in new geographic areas and different times of year by creating—

32 (A) hospitable conditions for—

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

34 (ii) plant diseases, vectors, and pests, such as mildews, aphids, and nematodes;
35 and.

36 (iii) the territorial expansion of such diseases, vectors, and pests into places

1 inhabited by humans and wildlife; and

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

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

5 (ii) mass gatherings of people and domestic animals seeking shelter, resources,
6 and medical attention;

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

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

9 (6) Antimicrobial resistant bacteria impact the ability of health professionals, including
10 physicians, veterinarians, and plant disease specialists, to manage infectious diseases of
11 humans, animals, plants, and the environment.

12 (7) Antimicrobial resistant infections kill an estimated 35,000 Americans annually and
13 more than 700,000 people worldwide, resulting in a long-term global pandemic of resistant
14 infections.

15 (8) Addressing complex health-related issues that span human, animal, plant, and
16 environmental health requires coordinated efforts, interagency collaboration, and funding
17 mechanisms that are not constrained to the narrow missions of individual Federal agencies.

18 (9) While One Health efforts to mitigate the emergence and impact of pandemics requires
19 a global perspective, there is a critical need for investment in United States national
20 networks and disease surveillance in order to effectively predict and mitigate local
21 emergence of threats that may be missed by global surveillance.

22 (10) The National Biodefense Strategy outlines an approach to One Health, but does not
23 address issues that hinder operationalization of the One Health efforts across Federal
24 agencies.

25 (b) Sense of Congress.—It is the sense of Congress that the United States Government needs
26 to create, support, and allocate funds to interagency projects with effective outcomes,
27 including—

28 (1) coordinated and well-funded surveillance and investigation programs designed to
29 identify emerging One Health challenges, including emerging infectious diseases and
30 pathogen resistance to current treatments;

31 (2) comprehensive One Health monitoring, prevention, mitigation, and outreach
32 programs;

33 (3) innovative research and education efforts focused on addressing current and future
34 One Health challenges;

35 (4) organized and funded biannual crisis resilience exercises to verify crisis management,
36 response, and recovery capabilities that include—

37 (A) the development of biosecurity resilience score cards;

38 (B) tests of the national veterinary emergency lab network;

39 (C) national plant health capabilities;

1 (D) environmental contamination detection and ecosystem health capabilities; and

2 (E) interagency communication and coordination protocols.

3 (5) statutory authority for Federal agencies to participate in multiagency One Health
4 projects that are critical to national security; and

5 (6) prioritized project execution through a One Health Security Council.

6 SEC. 3. DEFINITIONS.

7 In this Act:

8 (1) ANIMAL.—The term “animal” includes companion, domestic, aquacultural and
9 agricultural livestock, captive and free-ranging wild animals, including invertebrates, such
10 as pollinators.

11 (2) ANTIMICROBIAL RESISTANCE.—The term “antimicrobial resistance” describes the
12 process in which microbes, including bacteria, viruses, fungi, parasites and other microbes
13 become resistant to the effects of a drug used to treat the illnesses they cause..

14 (3) COMMERCIAL TRADE.—The term “commercial trade” means trade in animals, plants,
15 other sources of food, and associated products, including production, if—

16 (A) the purpose of such trade is to obtain an economic benefit, whether in cash or
17 otherwise; and

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

20 (4) COUNCIL.—The term “Council” means the One Health Security Council established
21 under section 4.

22 (5) NETWORK.—The term “Network” means the One Health Security and Pandemic
23 Preparedness Network.

24 (6) ONE HEALTH.—The term “One Health”—

25 (A) means the interconnection between people, animals, plants, and their shared
26 environment;

27 (B) refers to a collaborative, multisectoral, and transdisciplinary approach, working
28 at the local, regional, national, and global levels, with the goal of achieving optimal
29 health outcomes; and

30 (C) includes research in—

31 (i) zoonotic and vector-borne diseases; including organisms that have become
32 resistant to treatment

33
34 (ii) risks to animals, plants, other sources of food, and the health of the natural
35 environment, including soil, air, and water;

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

- 1 (iv) non-zoonotic infectious diseases associated with global trade;
- 2 (v) crises adversely affecting domestic and global commerce in animal
- 3 populations, plant crops, imported food products, and other sources of food;
- 4 (vi) the risks to biodiversity and the well-being of all life on Earth; and
- 5 (vii) other contexts related to the interconnectedness and shared biological and
- 6 social systems of from comparative medicine and translational research across
- 7 different species of animals and humans to noncommunicable diseases from
- 8 exposure to environmental toxins and contaminants inevitably affecting all life
- 9 forms.

10 (7) ONE HEALTH SECURITY.—The term “One Health security” means the operational and
11 functional security of the nation’s One Health system against identified threats, criminal
12 acts, terrorist acts, system failure or other relevant crises affecting public health.

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

15 (9) PLANT.—The term “plant” includes—

16 (A) commercial, local, public, and private plants used in agriculture, forestry, and
17 nurseries; and

18 (B) native, imported, and endangered plants.

19 (10) SPILLOVER.—The term “spillover” means a single event during which a pathogen in
20 one species moves into another species.

21 (11) SYSTEM.—The term “System”—

22 (A) means the Zoonotic and Vector-Borne Disease Prevention, Early Detection, and
23 Warning System referred to in section 8(a)(1); and

24 (B) includes—

25 (i) zoonotic disease and vector-borne disease prevention, detection, and
26 response; and

27 (ii) all aspects of management, monitoring, treatment, and prevention of
28 resistance to pathogen treatments.

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

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

33 (A) means a commercial market that sells, processes, or slaughters wildlife or their
34 products for human consumption; and

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

38 (14) ZOOBOTIC DISEASE.—The term “zoonotic disease” means any disease that is

1 transmissible between animals and humans.

2 SEC. 4. ONE HEALTH SECURITY COUNCIL.

3 (a) Establishment.—There is hereby established, in the Executive Office of the President, an
4 interagency policy council, which shall be known as the “One Health Security Council.”

5 (b) Functions.—The Council shall—

6 (1) advise the President with respect to the integration of domestic, foreign, and military
7 policies relating to One Health security to enable Federal agencies to cooperate more
8 effectively in matters involving One Health security;

9 (2) assess and appraise the objectives and commitments of the United States to protecting
10 One Health Security, the actual and potential capacity of the United States to protect One
11 Health security, and the risks of not fulfilling related objectives and commitments;

12 (3) make recommendations to the President concerning—

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

14 (B) policies on matters of common interest to Federal agencies involved with One
15 Health security; and

16 (4) coordinate, without assuming operational authority, the United States Government
17 response to One Health security threats, including by—

18 (A) reducing the global threat of zoonotic disease spillover, amplification, and
19 spread;

20 (B) reducing the incidence and prevalence of infectious diseases of humans,
21 animals, and plants and their resistance to pathogen treatments;

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

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

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

29 (ii) antimicrobial stewardship; and

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

32 (c) Objectives.—The Council shall ensure that Federal, State, Tribal, and local governments
33 are taking a whole-of-country approach to One Health security policies and programs for the
34 United States that—

35 (1) supports interdisciplinary, cross-sectoral collaboration designed to address the
36 complex systems underlying health threats in humans, animals, plants, and the environment,
37 especially zoonosis and resistance to pathogen treatments, food security, and natural
38 disasters;

1 (2) ensures alignment and structural balance among agencies, academia and the private
2 sector in addressing One Health security challenges and opportunities;

3 (3) promotes integrated action for early detection, prevention, mitigation, and response to
4 health threats, especially zoonotic disease spillover and outbreaks around the world;

5 (4) addresses the cooperative and timely dissemination of data among agencies and
6 institutions and with the public, and the handling of communications;

7 (5) ensures that all deliberations, discussions, and meetings involving Federal agencies
8 are subject to the recording provisions of chapter 5 of title 5, United States Code
9 (commonly known as the “Administrative Procedures Act”); and

10 (6) receives funding in successive 5-year increments that is consistent with the amounts
11 authorized to be appropriated in the National Defense Authorization Acts for the applicable
12 fiscal years.

13 (d) Leadership.—

14 (1) CHAIR.—The Deputy National Security Advisor of One Health shall serve as Chair of
15 the Council.

16 (2) VICE CHAIR.—There shall be up to 3 Vice Chairs of the Council, who shall be
17 selected among the representatives of the Federal agencies referred to in subparagraphs (A),
18 (B), (C), (D), (H), and (M) of subsection (e)(1). If the Chair is absent from a meeting of the
19 Council, a Vice Chair shall assume the responsibilities of the Chair during such absence.

20 (e) Composition.—

21 (1) IN GENERAL.—The Council shall be composed of the heads of—

22 (A) the Department of State;

23 (B) the Department of Health and Human Services ;

24 (C) the Environmental Protection Agency;

25 (D) the Department of Agriculture;

26 (E) the Department of Commerce;

27 (F) the Department of Defense;

28 (G) the Department of the Treasury;

29 (H) the Department of Homeland Security;

30 (I) the Office of the Director of National Intelligence;

31 (J) the National Science Foundation;

32 (K) the Department of Energy;

33 (L) the Federal Bureau of Investigation;

34 (M) the Department of the Interior; and

35 (N) such other offices of the United States Government as the President may
36 designate.

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

3 (A) shall—

4 (i) represent such agency on the Council; or

5 (ii) appoint a senior-level staff member to represent such agency on the
6 Council; and

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

9 (3) INVOLVEMENT OF OTHER FEDERAL AGENCIES.—Council members shall actively invite
10 the Federal agencies and subagencies that have One Health security responsibilities—

11 (A) to participate, in a nonvoting capacity, in Council meetings and activities, as
12 appropriate; and

13 (B) to remain actively engaged with the Council on an ongoing basis, including by
14 sharing and discussing One Health security-related research, programming, policy, and
15 funding.

16 (4) STAFF.—

17 (A) IN GENERAL.—The Council may hire staff members to assist in carrying out its
18 responsibilities under this section.

19 (B) EXPERTISE.—Council members shall strive to hire staff that have—

20 (i) varied, cross-cutting expertise in a variety of global One Health topics,
21 including human, animal, plant, and environmental health, conservation,
22 epidemiology, biodiversity, food security, ecology, economics, sociology, data
23 analysis and medical sciences;

24 (ii) expertise specific to the ecological determinants and prevention of zoonotic
25 and vector-borne disease spillover, amplification, and spread; and

26 (iii) expertise specific to health communication and One Health education.

27 (f) Meetings.—

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

30 (2) AGENDA.—The Chair of the Council, in consultation with the Vice Chairs, is
31 authorized to convene Council meetings and set the agenda for such meetings. Meeting
32 agendas shall be made available to the public.

33 (3) QUORUM.—Council meetings may not commence without the participation of a
34 quorum of at least 8 voting members. The Director of the Office of Management and
35 Budget may send an observer to any Council meeting at which the Council is expected to
36 make a decision regarding the distribution of Federal funding to a project. Such
37 representative is not authorized to vote on Council matters.

38 (4) REMOTE ATTENDANCE AUTHORIZED.—Council members may participate in Council
39 meetings from remote locations.

1 (5) PARTICIPATION WITH STAKEHOLDERS.—In order to facilitate the coordination of One
2 Health security efforts, not fewer than 2 Council meetings per year shall include
3 representatives invited from key stakeholders, such as—

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

5 (B) the United Nations Environment Programme;

6 (C) the World Organisation for Animal Health;

7 (D) the World Health Organization;

8 (E) the World Bank;

9 (F) nongovernmental organizations;

10 (G) academic institutions;

11 (H) professional organizations representing veterinarians, medical professionals,
12 plant pathologists, and environmental scientists; and

13 (I) national laboratories, foundations, or other private sector groups.

14 (g) Major Activities.—The Council shall—

15 (1) develop a comprehensive One Health Security Strategy;

16 (2) beginning 1 year after the date of the enactment of this Act, provide annual
17 recommendations to Congress regarding the optimal distribution of One Health security
18 funding, including the disbursement of appropriated funds through interagency agreements,
19 to support—

20 (A) One Health activities and One Health programs, including—

21 (i) One Health educational activities and programs for primary and secondary
22 educational levels by the Department of Education; and

23 (ii) One Health educational research activities and programs for primary,
24 secondary and tertiary education levels through the National Science Foundation;

25 (B) One Health educational programs for the public, including sponsored annual
26 conferences and readiness exercises, which shall be conducted not more frequently
27 than semiannually by the National Park Service, the Army Educational Outreach
28 Service, and the Fish and Wildlife Service to achieve the Global One Health goals and
29 the United Nations Sustainable Development Goals;

30 (C) intramural and extramural programs intended to achieve the purposes set forth in
31 the One Health Strategy that are led by international organizations, such as the
32 stakeholders listed in subparagraphs (A) through (D) of subsection (e)(5) and the
33 Convention on International Trade in Endangered Species of Wild Fauna and Flora
34 Secretariat;

35 (3) sponsor and coordinate the One Health Security and Pandemic Preparedness Network
36 and provide continuous updates on internationally reportable high risk incidents adversely
37 affecting the security and stability of One Health programs and efforts;

38 (4) analyze the scope and context of all One Health-related activities receiving Federal

1 funding, including activities partially funded with non-Federal funds, to identify
2 opportunities, gaps, duplications, existing relationships, organizational strengths, and the
3 degree to which such activities align with the goals identified by the Council;

4 (5) make recommendations to Congress and relevant executive branch agencies regarding
5 the scope and context of One Health security-related activities receiving Federal funding;

6 (6) facilitate public-private partnerships and government-university partnerships to
7 accelerate impact, increase cost-effectiveness, and better address the root drivers of
8 spillover and spread;

9 (7) regularly consult with foreign governments, nongovernmental organizations,
10 foundations, and international organizations, including the World Bank, that carry out One
11 Health security-related activities;

12 (8) provide guidance to the Office of Management and Budget regarding the types of
13 activities that should be classified as Global One Health;

14 (9) identify research gaps and opportunities, particularly those that can be addressed by
15 researchers and research organizations in the United States; and

16 (10) identify specific crisis response and incident response capabilities of each State for
17 spillover events and other health threats and submit semi-annual report to Congress
18 describing each State's One Health crisis readiness.

19 (h) Decision-making.—

20 (1) ONE HEALTH SECURITY STRATEGY.—

21 (A) COMMENT PERIOD.—The Council shall—

22 (i) provide a 60-day public comment period before finalizing the One Health
23 Security Strategy; and

24 (ii) incorporate the input received from the public during such period, as
25 appropriate.

26 (B) RESOLVING DISAGREEMENTS.—If the Council cannot reach consensus regarding
27 any element in the One Health Security Strategy, including strategic goals,
28 programming priorities, and funding priorities, the voting members shall vote on the
29 competing options, with the Chair casting the deciding vote, if necessary, or, in the
30 absence of the Chair, the Vice Chair casting the deciding vote, if necessary. The option
31 supported by a simple majority of Council members shall be included in the One
32 Health Security Strategy. When casting votes, Council members shall consult with
33 their relevant subagencies, as needed.

34 (2) QUORUM.—If 1 or more Council members impede the ability of the Council to
35 perform its duties by repeatedly failing to attend Council meetings or refusing to vote on
36 Council matters, a majority of Council members who are present and voting shall constitute
37 a quorum and may approve previously noticed decision items through a simple majority.

38 SEC. 5. ONE HEALTH SECURITY STRATEGY.

39 (a) In General.—The One Health Security Strategy required under section 4(g)(1) shall build

1 from, link with, and contribute to existing domestic and international One Health security-related
2 efforts, including—

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

7 (2) existing strategies, such as the National Security Strategy, Global Health Security
8 Strategy, the National Health Security Strategy, the National Strategy for Combating
9 Wildlife Trafficking, and the National Biodefense Strategy;

10 (3) Federal investments related to such efforts and strategies, such as the Biomedical and
11 Advanced Research and Development Authority; and

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

14 (b) Elements.—The One Health Security Strategy shall include—

15 (1) a definition of the scope of One Health security that—

16 (A) aligns with existing practices by the Centers for Disease Control and Prevention
17 and the Department of Agriculture, to the extent possible; and

18 (B) includes—

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

21 (ii) issues related to the matters described in clause (i), such as—

22 (I) legal and illegal wildlife trafficking and commercial trade, including
23 wildlife markets, animal husbandry, habitat destruction and degradation;

24 (II) biodiversity loss; and

25 (III) climate change; and

26 (iii) plant disease prevention, detection, response, and surveillance;

27 (2) short-term (1 year) objectives, intermediate-term (2 to 3 years) objectives, and long-
28 term (4 years or more) objectives;

29 (3) prioritized areas for further study and targeted technological investments, such as—

30 (A) targeted vaccines, development of novel vaccine pipelines, and appropriate
31 antibiotic usage for people, plants, animals, and wildlife to reduce antibiotic and
32 antiviral overuse;

33 (B) new diagnostic test pipelines to rapidly detect and monitor pathogens in animals,
34 plants, and humans;

35 (C) advanced technologies for animal and human disease surveillance, conservation
36 and other related surveillance, and actionable data, including wastewater surveillance
37 and big data usage to improve and target surveillance;

38 (D) promote data sharing among Federal agencies and partners that can utilize data

- 1 in disease surveillance; and
- 2 (E) other research priorities identified by the Council;
- 3 (4) prioritized activities to prevent and address global health threats, including zoonotic,
4 vector-borne, and plant disease amplification and spread, including—
- 5 (A) pathogen and risk identification and mitigation in advance of spillover;
- 6 (B) surveillance and containment activities, including efforts to incentivize and
7 encourage early reporting of risk alerts, spillover events, and localized outbreaks;
- 8 (C) global efforts to coordinate antimicrobial resistance response in humans and
9 animals;
- 10 (D) efforts to eliminate wildlife trafficking;
- 11 (E) efforts to stop habitat destruction or degradation, deforestation, and biodiversity
12 loss;
- 13 (F) efforts to promote food security and safety through animal, plant, and other
14 sources of food disease and health surveillance, including in populations dependent on
15 wildlife for protein;
- 16 (G) efforts to reduce consumer demand for wildlife, wildlife products, and restricted
17 and endangered plants, including protected wood and other tree products identified in
18 the Convention on International Trade in Endangered Species of Wild Fauna and
19 Flora, done at Washington March 3, 1973 (27 UST 1087; TIAS 8429);
- 20 (H) efforts to support integrated emergency response to identified spillover crises
21 and related threats;
- 22 (I) protocol development to improve holistic response to and recovery from disease
23 outbreaks in animals, plants and humans;
- 24 (J) One Health workforce development to prevent and respond to disease outbreaks
25 and other health threats affecting animals, plants, humans, and the environment; and
- 26 (K) other efforts to protect the collective health of animals, humans, plants, and the
27 environment, especially those conducted through global collaborations and
28 partnerships;
- 29 (5) a description of proposed incentives to encourage national and subnational
30 engagement in One Health security efforts, particularly community education and
31 mobilization activities and participation in data collection and reporting activities in support
32 of the One Health Security Strategy;
- 33 (6) anticipated measures of success, including benchmarks to monitor progress;
- 34 (7) a description of how the strategy reflects and builds from existing Federal
35 organizational activities, relationships, and capabilities;
- 36 (8) a description of how the strategy addresses gaps, especially those identified in the
37 inventory and capabilities assessment carried out pursuant to section 7(b);
- 38 (9) direction, oversight and coordination of the One Health Security and Pandemic
39 Preparedness Network; and

1 (10) semiannual readiness exercises to test, validate, and improve the emergency
2 response operations of the One Health Security and Pandemic Preparedness Network.

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

4 (a) Technical Advisory Committee.—

5 (1) IN GENERAL.—The Council shall establish and semiannually convene a Technical
6 Advisory Committee, which shall be composed of United States Government Global One
7 Health experts who represent a variety of sectors, including experts in human, animal, plant
8 and environmental health, conservation, and ecology. Experts from foreign countries may
9 be included in the Technical Advisory Committee, as appropriate.

10 (2) GUIDANCE.—The Technical Advisory Committee shall provide technical and
11 programmatic guidance to the Council relating to the implementation of One Health
12 security programs, which shall be included in annual reports that are available to the public.

13 (3) ADDITIONAL RECOMMENDATIONS.—In addition to the guidance described in
14 paragraph (2), the Technical Advisory Committee may provide additional recommendations
15 to Congress, Federal agencies, or international organizations that are outside the scope of
16 the Council’s responsibilities under this Act.

17 (b) Scientific Advisory Committee.—

18 (1) IN GENERAL.—The Council shall establish a standing Scientific Advisory Committee,
19 which shall be composed of Global One Health academics based at institutions of higher
20 learning, including individuals with expertise in human, animal, plant and environmental
21 health, conservation, and ecology. Experts from foreign countries may be included in the
22 Scientific Advisory Committee, as appropriate.

23 (2) GUIDANCE.—The Scientific Advisory Committee shall—

24 (A) provide regular updates to the Council regarding recent scientific advances and
25 opportunities;

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

27 (C) provide scientific guidance to the Task Force for Combating Antibiotic-
28 Resistant Bacteria regarding the operation of the One Health Security and Pandemic
29 Preparedness Network; and

30 (D) prepare an annual Spillover Threat Report for the Task Force for Combating
31 Antibiotic-Resistant Bacteria at the end of each fiscal year that outlines remedial and
32 corrective actions relevant to the effective operation of the One Health Security
33 System.

34 **SEC. 7. REPORTS.**

35 (a) Initial Work Plan.—Not later than 6 months after the date of the enactment of this Act, the
36 Council shall submit the initial 12-month work plan to—

37 (1) the Committee on Foreign Relations of the Senate;

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

- 1 (3) the Committee on Environment and Public Works of the Senate;
- 2 (4) the Committee on Agriculture, Nutrition, and Forestry of the Senate;
- 3 (5) the Committee on Homeland Security and Governmental Affairs of the Senate;
- 4 (6) the Committee on Armed Services of the Senate
- 5 (7) the Committee on Foreign Affairs of the House of Representatives;
- 6 (8) the Committee on Energy and Commerce of the House of Representatives;
- 7 (9) the Committee on Science, Space, and Technology of the House of Representatives;
- 8 (10) the Committee on Agriculture of the House of Representatives;
- 9 (11) the Committee on Homeland Security of the House of Representatives and
- 10 (12) the Committee on Armed Services of the House of Representatives.

11 (b) Inventory and Capabilities Assessment.—

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

14 (A) an inventory of current One Health security-related activities by each Federal
15 agency;

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

17 (C) a description of the interagency collaboration within each participating Federal
18 agency to achieve One Health security goals; and

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

20 (2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the
21 Council shall submit a report to the congressional committees listed in subsection (a) that
22 contains the information described in paragraph (1).

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

26 (d) Annual Reports.—Not later than 1 year after the date of the enactment of this Act, and
27 annually thereafter, the Council shall submit a report to the congressional committees listed in
28 subsection (a) that includes—

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

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

31 (3) a financial report that includes an accounting of funds appropriated to carry out this
32 Act;

33 (4) the latest version of the Council’s monitoring and evaluation plan;

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

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

36 (7) the status of One Health security-related activities receiving Federal funding;

1 (8) prevailing strategic guidance and priorities;

2 (9) an executive summary of the challenges and achievements of the Council during the
3 reporting period;

4 (10) a summary of the progress made toward building the One Health Security and
5 Pandemic Preparedness Network in accordance with section 8, including—

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

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

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

12 (11) a summary of additional personnel hired with funding appropriated pursuant to
13 section 9, disaggregated by Federal agency; and

14 (12) a description of the partnerships developed with other institutions of higher learning
15 and nongovernmental organizations to carry out the One Health Security Strategy.

16 (e) Monitoring and Investigations.—If the Council determines that a foreign country or
17 syndicate is engaged in illegal deforestation or wildlife trafficking or trade, or that increasing or
18 decreasing existing or potential sanctions or law enforcement actions with respect to such
19 country would expedite the achievement of Council goals, the Council shall submit a report to
20 the President and Congress that describes the evidence supporting such determination, which
21 may include recommended sanctions or law enforcement actions against such country.

22 (f) Public Availability.—All of the reports required under this section shall be made available
23 to the public.

24 **SEC. 8. ONE HEALTH SECURITY AND PANDEMIC** 25 **PREPAREDNESS NETWORK.**

26 (a) In General.—The One Health Security Council shall establish and oversee a One Health
27 Security and Pandemic Preparedness Network that—

28 (1) supports global efforts to develop and implement a Zoonotic and Vector-Borne
29 Disease Prevention, Early Detection, and Warning System to help prevent global
30 pandemics; and

31 (2) is managed by the Centers for Disease Control and Prevention’s One Health Office, in
32 collaboration with the Secretary of Agriculture, the Secretary of Homeland Security, and the
33 Secretary of the Interior.

34 (b) Composition.—

35 (1) PARTICIPATING AGENCIES.—The Network shall be composed of representatives from
36 key Federal agencies, including—

37 (A) the Centers for Disease Control and Prevention;

38 (B) the United States Agency for International Development;

- 1 (C) the Department of Agriculture;
- 2 (D) the National Institutes of Health;
- 3 (E) the Department of Defense;
- 4 (F) the Department of State;
- 5 (G) the United States Geological Survey;
- 6 (H) the National Aeronautics and Space Administration;
- 7 (I) the United States Fish and Wildlife Service;
- 8 (J) the National Oceanic and Atmospheric Administration; and
- 9 (K) the Federal Bureau of Investigation.

10 (2) CONSULTATION.—The Network shall regularly consult with—

- 11 (A) the Technical Advisory Committee established pursuant to section 6(a); and
- 12 (B) the Scientific Advisory Committee established pursuant to section 6(b).

13 (c) Objectives.—The Network shall—

14 (1) build and strengthen data collection tools and interoperable systems—

- 15 (A) to assess spillover risk and predict spillover hot spots;
- 16 (B) to predict spillover where novel emerging and reemerging pathogens may
- 17 appear;
- 18 (C) to identify zoonotic and vector-borne disease reservoirs and evolutionary hosts;
- 19 (D) to identify human behaviors that put us at risk of disease exposure and suggest
- 20 mitigation measures to reduce risk;
- 21 (E) to quickly identify zoonotic spillover events and monitor spread;
- 22 (F) to widely share findings with stakeholders to inform quick quick response and
- 23 redirection of public health resources
- 24 (G) to quickly connect expert first responder organizations, programs, and
- 25 individuals with communities in need; and
- 26 (H) to identify—
 - 27 (i) human and animal behaviors and environmental factors that increase the
 - 28 incidence and prevalence of pathogen resistance to treatments; and
 - 29 (ii) ways to decrease the occurrence and spread of such pathogens;

30 (2) strengthen domestic and international capacity, including surveillance data analysis,

31 use and communication skills, particularly in low- and middle-income countries; and

32 (3) incentivize and encourage domestic and international partners' reporting of spillover

33 threats, risk alerts, spillover events, and outbreaks in animal and human populations.

34 (d) Zoonotic and Vector-Borne Disease Prevention, Early Detection, and Warning System

35 Strategy.—

1 (1) IN GENERAL.—In addition to existing or emerging global public and private efforts,
2 the Network shall develop a 5-year strategy for contributing to the building and
3 implementation of the System, which shall include recommendations for allocating
4 available Federal funding for such purpose.

5 (2) COMPONENTS.—The strategy developed pursuant to paragraph (1) shall identify—

6 (A) the knowledge and information needs that the System will meet;

7 (B) key indicators that span human, animal, environmental, and ecological
8 determinants of spillover;

9 (C) existing domestic and international data sources, including innovative data
10 sources, such as monitoring wastewater, recreational salt and fresh water fishing areas,
11 and international animal trade data;

12 (D) knowledge, capability, and data gaps and resources surrounding zoonotic and
13 vector-borne disease prevention, early detection, and mitigation measures;

14 (E) plans for building, harnessing and strengthening new and existing domestic and
15 international data sources, and data sharing;

16 (F) plans for building and strengthening new domestic and international data
17 sources;

18 (G) plans for triangulating data;

19 (H) plans for making tiered access to the System’s data and analyses products by
20 policy and decision makers, stakeholders, researchers, and the general public;

21 (I) plans for strengthening the capacity of individuals and institutions to collect,
22 analyze, and use relevant data and the overall System, especially in low-income and
23 middle-income countries;

24 (J) plans for harnessing and contributing to global private and public activities and
25 partnerships addressing zoonotic and vector-borne diseases;

26 (K) plans for communicating findings, especially when a spillover event is imminent
27 or detected;

28 (L) plans for maintaining a tracking and reporting system for collecting data on
29 reportable national and global spillover events; and

30 (M) other efforts to enhance the bioforensic analysis capability of the One Health
31 Security and Pandemic Preparedness Network.

32 SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

33 (a) One Health Security Council.—

34 (1) START UP FUNDING.—There is authorized to be appropriated to the Office of
35 Management and Budget (referred to in this subsection as “OMB”) for fiscal year 2023
36 \$55,000,000. The Council is authorized to allocate such funding among the appropriate
37 Federal agencies to carry the functions of the Council. Of such amounts—

1 (A) \$45,000,000 shall be used—

2 (i) to collect key information;

3 (ii) to conduct key research; and

4 (iii) to initiate other key activities, as determined by the One Health Security
5 Council; and

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

8 (2) SECOND YEAR FUNDING.—

9 (A) IN GENERAL.—There is authorized to be appropriated to the OMB for fiscal year
10 2024 \$500,000,000. The Council is authorized to allocate such funding among the
11 appropriate Federal agencies to carry the functions of the Council. Of such amounts—

12 (i) 75 percent may be spent for new or expanded One Health security activities;
13 and

14 (ii) 25 percent may be spent to flexibly respond to developing events and fill
15 gaps left by congressional and agency decisions.

16 (B) RECOMMENDATIONS.—Not later than September 30, 2023, the Council shall
17 submit a report to the congressional committees listed in section 7(a), the Committee
18 on Appropriations of the Senate, and the Committee on Appropriations of the House of
19 Representatives that contains recommendations that—

20 (i) describe the optimal allocation of amounts appropriated pursuant to
21 subparagraph (A);

22 (ii) reflect the Federal agency competencies identified in the inventory and
23 capabilities assessment carried out pursuant to section 7(b), including the
24 utilization of existing bilateral and multilateral mechanisms, as appropriate; and

25 (iii) are made in accordance with the decision-making parameters described in
26 section 4(h).

27 (3) ONGOING FUNDING.—

28 (A) IN GENERAL.—There is authorized to be appropriated to the OMB for fiscal year
29 2025, and for each fiscal year thereafter, \$900,000,000. The Council is authorized to
30 allocate such funding among the appropriate Federal agencies to carry the functions of
31 the Council. Of such amounts—

32 (i) \$675,000,000 may be spent for new or expanded Global One Health
33 activities; and

1 (ii) \$225,000,000 may be spent to flexibly respond to developing events and fill
2 gaps left by congressional and agency decisions.

3 (B) RECOMMENDATIONS.—Not later than September 30, 2024, and not later than the
4 last day of each subsequent fiscal year, the Council shall submit a report to the
5 congressional committees listed in section 7(a), the Committee on Appropriations of
6 the Senate, and the Committee on Appropriations of the House of Representatives that
7 contains recommendations that describe the optimal allocation of amounts
8 appropriated pursuant to subparagraph (A) for the following fiscal year.

9 (4) DISBURSEMENT.—Amounts appropriated pursuant to this subsection—

10 (A) may be disbursed through the appropriate Federal agencies to nongovernmental
11 organizations and international organizations for approved One Health security
12 activities; or

13 (B) may be expended for programs conducted by Federal agencies in accordance
14 with appropriations Acts and the approved One Health Security Strategy.

15 (5) SUPPLEMENT AND NOT SUPPLANT.—Amounts appropriated pursuant to this subsection
16 shall supplement, and may not supplant, any existing funding for Global One Health
17 related-activities.

18 (6) CROSS-CUTTING BUDGET CODE.—The Director of the OMB, in accordance with the
19 guidance received from the Council pursuant to section 4(g)(10), shall establish a cross-
20 cutting budget code to identify existing and new One Health security-related activities and
21 funding levels by Federal agency.

22 (b) One Health Security and Pandemic Preparedness Network.—

23 (1) IN GENERAL.—Fifty percent of the amounts appropriated pursuant to each of the
24 paragraphs (1)(B), (2)(A)(ii), and (3)(A)(ii) of subsection (a) shall be distributed to the One
25 Health Security and Pandemic Preparedness Network unless the One Health Security
26 Council changes the amount of such distribution, in accordance with the decision making
27 requirements under section 4(h), based on—

28 (A) the progress made in establishing the Network;

29 (B) the need for additional funding to build or maintain the Network; or

30 (C) compelling needs related to other Council priorities.

31 (2) IN GENERAL.—Any Federal agency engaged in One Health security-related activities
32 shall—

33 (A) comply with One Health Security Council recommendations when making
34 funding decisions for such activities; and

35 (B) use such recommendations to guide funding decisions pertaining to Global One
36 Health-related activities funded outside of the jurisdiction of the Council.