

118TH CONGRESS
1ST SESSION

S. 1798

To establish a Countering Weapons of Mass Destruction Office and an Office of Health Security in the Department of Homeland Security, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 1, 2023

Mr. PETERS (for himself and Mr. CORNYN) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

A BILL

To establish a Countering Weapons of Mass Destruction Office and an Office of Health Security in the Department of Homeland Security, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Offices of Countering Weapons of Mass Destruction and
6 Health Security Act of 2023”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—COUNTERING WEAPONS OF MASS DESTRUCTION
OFFICE

Sec. 101. Countering Weapons of Mass Destruction Office.

Sec. 102. Rule of construction.

TITLE II—OFFICE OF HEALTH SECURITY

Sec. 201. Office of Health Security.

Sec. 202. Confidentiality of medical quality assurance records.

Sec. 203. Technical and conforming amendments.

1 **TITLE I—COUNTERING WEAP-**
2 **ONS OF MASS DESTRUCTION**
3 **OFFICE**

4 **SEC. 101. COUNTERING WEAPONS OF MASS DESTRUCTION**
5 **OFFICE.**

6 (a) HOMELAND SECURITY ACT OF 2002.—Title XIX
7 of the Homeland Security Act of 2002 (6 U.S.C. 590 et
8 seq.) is amended—

9 (1) in section 1901 (6 U.S.C. 591)—

10 (A) in subsection (c), by striking para-
11 graphs (1) and (2) and inserting the following:

12 “(1) matters and strategies pertaining to—

13 “(A) weapons of mass destruction; and

14 “(B) non-medical aspects of chemical, bio-
15 logical, radiological, nuclear, and other related
16 emerging threats;

17 “(2) coordinating the efforts of the Department
18 to counter—

19 “(A) weapons of mass destruction; and

1 “(B) non-medical aspects of chemical, bio-
2 logical, radiological, nuclear, and other related
3 emerging threats; and

4 “(3) enhancing the ability of Federal, State,
5 local, and Tribal partners to prevent, detect, protect
6 against, and mitigate the impacts of terrorist at-
7 tacks in the United States to counter—

8 “(A) weapons of mass destruction; and

9 “(B) non-medical aspects of use of unau-
10 thorized chemical, biological, radiological, and
11 nuclear materials, devices, or agents and other
12 related emerging threats.”; and

13 (B) by striking subsection (e);

14 (2) by amending section 1921 (6 U.S.C. 591g)

15 to read as follows:

16 **“SEC. 1921. MISSION OF THE OFFICE.**

17 “‘The Office shall be responsible for—

18 “(1) coordinating the efforts of the Department
19 and with other Federal departments and agencies to
20 counter—

21 “(A) weapons of mass destruction; and

22 “(B) chemical, biological, radiological, nu-
23 clear, and other related emerging threats; and

1 “(2) enhancing the ability of Federal, State,
2 local, and Tribal partners to prevent, detect, protect
3 against, and mitigate the impacts of attacks using—

4 “(A) weapons of mass destruction against
5 the United States; and

6 “(B) unauthorized chemical, biological, ra-
7 diological, nuclear materials, devices, or agents
8 and other related emerging threats against the
9 United States.”;

10 (3) in section 1922 (6 U.S.C. 591h)—

11 (A) by striking subsection (b); and

12 (B) by redesignating subsection (c) as sub-
13 section (b);

14 (4) in section 1923 (6 U.S.C. 592)—

15 (A) by redesignating subsections (a) and
16 (b) as subsections (b) and (d), respectively;

17 (B) by inserting before subsection (b), as
18 so redesignated, the following:

19 “(a) OFFICE RESPONSIBILITIES.—

20 “(1) IN GENERAL.—For the purposes of coordi-
21 nating the efforts of the Department to counter
22 weapons of mass destruction and chemical, biologi-
23 cal, radiological, nuclear, and other related emerging
24 threats, the Office shall—

1 “(A) provide expertise and guidance to De-
2 partment leadership and components on non-
3 medical aspects of chemical, biological, radio-
4 logical, nuclear, and other related emerging
5 threats, subject to the research, development,
6 testing, and evaluation coordination require-
7 ment described in subparagraph (G);

8 “(B) in coordination with the Office for
9 Strategy, Policy, and Plans, lead development
10 of policies and strategies to counter weapons of
11 mass destruction and chemical, biological, radi-
12 ological, nuclear, and other related emerging
13 threats on behalf of the Department;

14 “(C) identify, assess, and prioritize capa-
15 bility gaps relating to the strategic and mission
16 objectives of the Department for weapons of
17 mass destruction and chemical, biological, radi-
18 ological, nuclear, and other related emerging
19 threats;

20 “(D) in coordination with the Office of In-
21 telligence and Analysis, support components of
22 the Department, and Federal, State, local, and
23 Tribal partners by providing intelligence and in-
24 formation analysis and reports on weapons of
25 mass destruction and chemical, biological, radi-

1 ological, nuclear, and other related emerging
2 threats;

3 “(E) in consultation with the Science and
4 Technology Directorate, assess risk to the
5 United States from weapons of mass destruc-
6 tion and chemical, biological, radiological, nu-
7 clear, and other related emerging threats;

8 “(F) lead development and prioritization of
9 Department requirements to counter weapons
10 of mass destruction and chemical, biological, ra-
11 diological, nuclear, and other related emerging
12 threats, subject to the research, development,
13 testing, and evaluation coordination require-
14 ment described in subparagraph (G), which re-
15 quirements shall be—

16 “(i) developed in coordination with
17 end users; and

18 “(ii) reviewed by the Joint Require-
19 ments Council, as directed by the Sec-
20 retary;

21 “(G) in coordination with the Science and
22 Technology Directorate, direct, fund, and co-
23 ordinate capability development activities to
24 counter weapons of mass destruction and chem-
25 ical, biological, radiological, nuclear, and other

1 related emerging threats research, development,
2 test, and evaluation matters, including research,
3 development, testing, and evaluation expertise,
4 threat characterization, technology maturation,
5 prototyping, and technology transition;

6 “(H) acquire, procure, and deploy capabili-
7 ties to counter weapons of mass destruction and
8 chemical, biological, radiological, nuclear, and
9 other related emerging threats, and serve as the
10 lead advisor of the Department on component
11 acquisition, procurement, and deployment of
12 counter-weapons of mass destruction capabili-
13 ties;

14 “(I) in coordination with the Office of
15 Health Security, support components of the De-
16 partment, and Federal, State, local, and Tribal
17 partners on chemical, biological, radiological,
18 nuclear, and other related emerging threats
19 health matters;

20 “(J) provide expertise on weapons of mass
21 destruction and non-medical aspects of chem-
22 ical, biological, radiological, nuclear, and other
23 related emerging threats to Departmental and
24 Federal partners to support engagements and
25 efforts with international partners subject to

1 the research, development, testing, and evalua-
2 tion coordination requirement under subpara-
3 graph (G); and

4 “(K) carry out any other duties assigned
5 to the Office by the Secretary.

6 “(2) DETECTION AND REPORTING.—For pur-
7 poses of the detection and reporting responsibilities
8 of the Office for weapons of mass destruction and
9 chemical, biological, radiological, nuclear, and other
10 related emerging threats, the Office shall—

11 “(A) in coordination with end users, in-
12 cluding State, local, and Tribal partners, as ap-
13 propriate—

14 “(i) carry out a program to test and
15 evaluate technology, in consultation with
16 the Science and Technology Directorate, to
17 detect and report on weapons of mass de-
18 struction and chemical, biological, radio-
19 logical, nuclear, and other related emerging
20 threats, in coordination with other Federal
21 agencies, as appropriate, and establish per-
22 formance metrics to evaluate the effective-
23 ness of individual detectors and detection
24 systems in detecting those weapons of
25 mass destruction or chemical, biological,

1 radiological, nuclear, or other related
2 emerging threats—

3 “(I) under realistic operational
4 and environmental conditions; and

5 “(II) against realistic adversary
6 tactics and countermeasures;

7 “(B) in coordination with end users, con-
8 duct, support, coordinate, and encourage a
9 transformational program of research and de-
10 velopment to generate and improve technologies
11 to detect, protect against, and report on the il-
12 licit entry, transport, assembly, or potential use
13 within the United States of weapons of mass
14 destruction and chemical, biological, radio-
15 logical, nuclear, and other related emerging
16 threats, and coordinate with the Under Sec-
17 retary for Science and Technology on research
18 and development efforts relevant to the mission
19 of the Office and the Under Secretary for
20 Science and Technology;

21 “(C) before carrying out operational test-
22 ing under subparagraph (A), develop a testing
23 and evaluation plan that articulates the require-
24 ments for the user and describes how these ca-
25 pability needs will be tested in developmental

1 test and evaluation and operational test and
2 evaluation;

3 “(D) as appropriate, develop, acquire, and
4 deploy equipment to detect and report on weap-
5 ons of mass destruction and chemical, biologi-
6 cal, radiological, nuclear, and other related
7 emerging threats in support of Federal, State,
8 local, and Tribal governments;

9 “(E) support and enhance the effective
10 sharing and use of appropriate information on
11 weapons of mass destruction and chemical, bio-
12 logical, radiological, nuclear, and other related
13 emerging threats generated by elements of the
14 intelligence community (as defined in section 3
15 of the National Security Act of 1947 (50
16 U.S.C. 3003)), law enforcement agencies, other
17 Federal agencies, State, local, and Tribal gov-
18 ernments, and foreign governments, as well as
19 provide appropriate information to those enti-
20 ties;

21 “(F) consult, as appropriate, with relevant
22 Departmental components and offices, the De-
23 partment of Health and Human Services, and
24 other Federal partners, on weapons of mass de-
25 struction and non-medical aspects of chemical,

1 biological, radiological, nuclear, and other re-
2 lated emerging threats and efforts to mitigate,
3 prepare, and respond to all threats in support
4 of the State, local, and Tribal communities; and

5 “(G) perform other duties as assigned by
6 the Secretary.”;

7 (C) in subsection (b), as so redesignated—

8 (i) in the subsection heading, by strik-
9 ing “MISSION” and inserting “RADIO-
10 LOGICAL AND NUCLEAR RESPONSIBIL-
11 ITIES”;

12 (ii) in paragraph (1)—

13 (I) by inserting “deploy,” after
14 “acquire,”; and

15 (II) by striking “deployment”
16 and inserting “operations”;

17 (iii) by striking paragraphs (6)
18 through (10);

19 (iv) redesignating paragraphs (11)
20 and (12) as paragraphs (6) and (7), re-
21 spectively;

22 (v) in paragraph (6), as so redesign-
23 ated—

24 (I) by striking subparagraph (B);

1 (II) by striking “activities—”
2 and all that follows through “to en-
3 sure” and inserting “activities to en-
4 sure”; and

5 (III) by striking “attacks; and”
6 and inserting “attacks;”

7 (vi) in paragraph (7)(C)(v), as so re-
8 designated—

9 (I) in the matter preceding sub-
10 clause (I), by inserting “except as oth-
11 erwise provided,” before “require”;
12 and

13 (II) in subclause (II)—

14 (aa) in the matter preceding
15 item (aa), by striking “death or
16 disability” and inserting “death,
17 disability, or a finding of good
18 cause as determined by the As-
19 sistant Secretary (including ex-
20 treme hardship, extreme need, or
21 the needs of the Office) and for
22 which the Assistant Secretary
23 may grant a waiver of the repay-
24 ment obligation”; and

1 (bb) in item (bb), by adding
2 “and” at the end;
3 (vii) by striking paragraph (13); and
4 (viii) by redesignating paragraph (14)
5 as paragraph (8); and
6 (D) by inserting after subsection (b), as so
7 redesignated, the following:

8 “(c) CHEMICAL AND BIOLOGICAL RESPONSIBIL-
9 ITIES.—The Office—

10 “(1) shall be responsible for coordinating with
11 other Federal efforts to enhance the ability of Fed-
12 eral, State, local, and Tribal governments to prevent,
13 detect, mitigate, and protect against the importa-
14 tion, possession, storage, transportation, develop-
15 ment, or use of unauthorized chemical and biological
16 materials, devices, or agents against the United
17 States; and

18 “(2) shall—

19 “(A) serve as a primary entity responsible
20 for the efforts of the Department to develop,
21 acquire, deploy, and support the operations of a
22 national biological detection system and im-
23 prove that system over time;

24 “(B) enhance the chemical and biological
25 detection efforts of Federal, State, local, and

1 Tribal governments and provide guidance, tools,
2 and training to help ensure a managed, coordi-
3 nated response; and

4 “(C) collaborate with the Department of
5 Health and Human Services, the Office of
6 Health Security of the Department, the Defense
7 Advanced Research Projects Agency, and the
8 National Aeronautics and Space Administra-
9 tion, and other relevant Federal stakeholders,
10 and receive input from industry, academia, and
11 the national laboratories on chemical and bio-
12 logical surveillance efforts.”;

13 (5) in section 1924 (6 U.S.C. 593), by striking
14 “section 11011 of the Strom Thurmond National
15 Defense Authorization Act for Fiscal Year 1999 (5
16 U.S.C. 3104 note).” and inserting “section 4092 of
17 title 10, United States Code, except that the author-
18 ity shall be limited to facilitate the recruitment of
19 experts in the chemical, biological, radiological, or
20 nuclear specialties.”;

21 (6) in section 1927(a)(1)(C) (6 U.S.C.
22 596a(a)(1)(C))—

23 (A) in clause (i), by striking “required
24 under section 1036 of the National Defense Au-
25 thorization Act for Fiscal Year 2010”;

1 (B) in clause (ii), by striking “and” at the
2 end;

3 (C) in clause (iii), by striking the period at
4 the end and inserting “; and”; and

5 (D) by adding at the end the following:

6 “(iv) includes any other information
7 regarding national technical nuclear
8 forensics activities carried out under sec-
9 tion 1923.”;

10 (7) in section 1928 (6 U.S.C. 596b)—

11 (A) in subsection (a), by striking “high-
12 risk urban areas” and inserting “jurisdictions
13 designated under subsection (c)”;

14 (B) in subsection (c)(1), by striking “from
15 among high-risk urban areas under section
16 2003” and inserting “based on the capability
17 and capacity of the jurisdiction, as well as the
18 relative threat, vulnerability, and consequences
19 from terrorist attacks and other high-con-
20 sequence events utilizing nuclear or other radio-
21 logical materials”; and

22 (C) by striking subsection (d) and insert-
23 ing the following:

24 “(d) REPORT.—Not later than 2 years after the date
25 of enactment of the Offices of Countering Weapons of

1 Mass Destruction and Health Security Act of 2023, the
2 Secretary shall submit to the appropriate congressional
3 committees an update on the STC program.”; and

4 (8) by adding at the end the following:

5 **“SEC. 1929. ACCOUNTABILITY.**

6 “(a) DEPARTMENTWIDE STRATEGY.—

7 “(1) IN GENERAL.—Not later than 180 days
8 after the date of enactment of Offices of Countering
9 Weapons of Mass Destruction and Health Security
10 Act of 2023, and every 4 years thereafter, the Sec-
11 retary shall create a Departmentwide strategy and
12 implementation plan to counter weapons of mass de-
13 struction and chemical, biological, radiological, nu-
14 clear, and other related emerging threats, which
15 should—

16 “(A) have clearly identified authorities,
17 specified roles, objectives, benchmarks, account-
18 ability, and timelines;

19 “(B) incorporate the perspectives of non-
20 Federal and private sector partners; and

21 “(C) articulate how the Department will
22 contribute to relevant national-level strategies
23 and work with other Federal agencies.

24 “(2) CONSIDERATION.—The Secretary shall ap-
25 propriately consider weapons of mass destruction

1 and chemical, biological, radiological, nuclear, and
2 other related emerging threats when creating the
3 strategy and implementation plan required under
4 paragraph (1).

5 “(3) REPORT.—The Office shall submit to the
6 appropriate congressional committees a report on
7 the updated Departmentwide strategy and imple-
8 mentation plan required under paragraph (1).

9 “(b) DEPARTMENTWIDE BIODEFENSE REVIEW AND
10 STRATEGY.—

11 “(1) IN GENERAL.—Not later than 180 days
12 after the date of enactment of the Offices of Coun-
13 tering Weapons of Mass Destruction and Health Se-
14 curity Act of 2023, the Secretary, in consultation
15 with appropriate stakeholders representing Federal,
16 State, local, Tribal, academic, private sector, and
17 nongovernmental entities, shall conduct a Depart-
18 mentwide review of biodefense activities and strate-
19 gies.

20 “(2) REVIEW.—The review required under
21 paragraph (1) shall—

22 “(A) identify with specificity the biodefense
23 lines of effort of the Department, including re-
24 lating to biodefense roles, responsibilities, and

1 capabilities of components and offices of the
2 Department;

3 “(B) assess how such components and of-
4 fices coordinate internally and with public and
5 private partners in the biodefense enterprise;

6 “(C) identify any policy, resource, capa-
7 bility, or other gaps in the Department’s ability
8 to assess, prevent, protect against, and respond
9 to biological threats; and

10 “(D) identify any organizational changes
11 or reforms necessary for the Department to ef-
12 fectively execute its biodefense mission and role,
13 including with respect to public and private
14 partners in the biodefense enterprise.

15 “(3) STRATEGY.—Not later than 1 year after
16 completion of the review required under paragraph
17 (1), the Secretary shall issue a biodefense strategy
18 for the Department that—

19 “(A) is informed by such review and is
20 aligned with section 1086 of the National De-
21 fense Authorization Act for Fiscal Year 2017 (6
22 U.S.C. 104; relating to the development of a
23 national biodefense strategy and associated im-
24 plementation plan, including a review and as-
25 sessment of biodefense policies, practices, pro-

1 grams, and initiatives) or any successor strat-
2 egy; and

3 “(B) shall—

4 “(i) describe the biodefense mission
5 and role of the Department, as well as how
6 such mission and role relates to the bio-
7 defense lines of effort of the Department;

8 “(ii) clarify, as necessary, biodefense
9 roles, responsibilities, and capabilities of
10 the components and offices of the Depart-
11 ment involved in the biodefense lines of ef-
12 fort of the Department;

13 “(iii) establish how biodefense lines of
14 effort of the Department are to be coordi-
15 nated within the Department;

16 “(iv) establish how the Department
17 engages with public and private partners in
18 the biodefense enterprise, including other
19 Federal agencies, national laboratories and
20 sites, and State, local, and Tribal entities,
21 with specificity regarding the frequency
22 and nature of such engagement by Depart-
23 ment components and offices with State,
24 local, and Tribal entities; and

25 “(v) include information relating to—

1 “(I) milestones and performance
2 metrics that are specific to the bio-
3 defense mission and role of the De-
4 partment described in clause (i); and

5 “(II) implementation of any oper-
6 ational changes necessary to carry out
7 clauses (iii) and (iv).

8 “(4) PERIODIC UPDATE.—Beginning not later
9 than 5 years after the issuance of the biodefense
10 strategy and implementation plans required under
11 paragraph (3), and not less often than once every 5
12 years thereafter, the Secretary shall review and up-
13 date, as necessary, such strategy and plans.

14 “(5) CONGRESSIONAL OVERSIGHT.—Not later
15 than 30 days after the issuance of the biodefense
16 strategy and implementation plans required under
17 paragraph (3), the Secretary shall brief the Com-
18 mittee on Homeland Security and Governmental Af-
19 fairs of the Senate and the Committee on Homeland
20 Security of the House of Representatives regarding
21 such strategy and plans.

22 “(c) EMPLOYEE MORALE.—Not later than 180 days
23 after the date of enactment of the Offices of Countering
24 Weapons of Mass Destruction and Health Security Act of
25 2023, the Office shall submit to and brief the appropriate

1 congressional committees on a strategy and plan to con-
2 tinuously improve morale within the Office.

3 “(d) COMPTROLLER GENERAL.—Not later than 1
4 year after the date of enactment of the Offices of Coun-
5 tering Weapons of Mass Destruction and Health Security
6 Act of 2023, the Comptroller General of the United States
7 shall conduct a review of and brief the appropriate con-
8 gressional committees on—

9 “(1) the efforts of the Office to prioritize the
10 programs and activities that carry out the mission of
11 the Office, including research and development;

12 “(2) the consistency and effectiveness of stake-
13 holder coordination across the mission of the De-
14 partment, including operational and support compo-
15 nents of the Department and State and local enti-
16 ties; and

17 “(3) the efforts of the Office to manage and co-
18 ordinate the lifecycle of research and development
19 within the Office and with other components of the
20 Department, including the Science and Technology
21 Directorate.

22 “(e) NATIONAL ACADEMIES OF SCIENCES, ENGI-
23 NEERING, AND MEDICINE.—

24 “(1) STUDY.—The Secretary shall enter into an
25 agreement with the National Academies of Sciences,

1 Engineering, and Medicine to conduct a consensus
2 study and report to the Secretary and the appro-
3 priate congressional committees on—

4 “(A) the role of the Department in pre-
5 paring, detecting, and responding to biological
6 and health security threats to the homeland;

7 “(B) recommendations to improve depart-
8 mental biosurveillance efforts against biological
9 threats, including any relevant biological detec-
10 tion methods and technologies; and

11 “(C) the feasibility of different techno-
12 logical advances for biodetection compared to
13 the cost, risk reduction, and timeliness of those
14 advances.

15 “(2) BRIEFING.—Not later than 1 year after
16 the date on which the Secretary receives the report
17 required under paragraph (1), the Secretary shall
18 brief the appropriate congressional committees on—

19 “(A) the implementation of the rec-
20 ommendations included in the report; and

21 “(B) the status of biological detection at
22 the Department, and, if applicable, timelines for
23 the transition to updated technology.

24 “(f) ADVISORY COUNCIL.—

1 “(1) ESTABLISHMENT.—Not later than 180
2 days after the date of enactment of the Offices of
3 Countering Weapons of Mass Destruction and
4 Health Security Act of 2023, the Secretary shall es-
5 tablish an advisory body to advise on the ongoing co-
6 ordination of the efforts of the Department to
7 counter weapons of mass destruction and chemical,
8 biological, radiological, nuclear, and other related
9 emerging threats, to be known as the Advisory
10 Council for Countering Weapons of Mass Destruc-
11 tion (in this subsection referred to as the ‘Advisory
12 Council’).

13 “(2) MEMBERSHIP.—The members of the Advi-
14 sory Council shall—

15 “(A) be appointed by the Assistant Sec-
16 retary; and

17 “(B) to the extent practicable, represent a
18 geographic (including urban and rural) and
19 substantive cross section of officials, from
20 State, local, and Tribal governments, academia,
21 the private sector, national laboratories, and
22 nongovernmental organizations, including, as
23 appropriate—

1 “(i) members selected from the emer-
2 gency management field and emergency re-
3 sponse providers;

4 “(ii) State, local, and Tribal govern-
5 ment officials;

6 “(iii) experts in the public and private
7 sectors with expertise in chemical, biologi-
8 cal, radiological, and nuclear materials, de-
9 vices, or agents;

10 “(iv) representatives from the national
11 laboratories; and

12 “(v) such other individuals as the As-
13 sistant Secretary determines to be appro-
14 priate.

15 “(3) RESPONSIBILITIES.— The Advisory Coun-
16 cil shall—

17 “(A) advise the Assistant Secretary on all
18 aspects of countering weapons of mass destruc-
19 tion and chemical, biological, radiological, nu-
20 clear, and other related emerging threats;

21 “(B) incorporate State, local, and Tribal
22 government, national laboratories, and private
23 sector input in the development of the strategy
24 and implementation plan of the Department for
25 countering weapons of mass destruction and

1 chemical, biological, radiological, nuclear, and
2 other related emerging threats; and

3 “(C) provide advice on performance cri-
4 teria for a national biological detection system
5 and review the testing protocol for biological de-
6 tection prototypes.

7 “(4) CONSULTATION.—To ensure input from
8 and coordination with State, local, and Tribal gov-
9 ernments, the Assistant Secretary shall regularly
10 consult and work with the Advisory Council on the
11 administration of Federal assistance provided by the
12 Department, including with respect to the develop-
13 ment of requirements of Office programs, as appro-
14 priate.

15 “(5) VOLUNTARY SERVICE.—The members of
16 the Advisory Council shall serve on the Advisory
17 Council on a voluntary basis.

18 “(6) FACA.—The Federal Advisory Committee
19 Act (5 U.S.C. App.) shall not apply to the Advisory
20 Council.”.

21 (b) COUNTERING WEAPONS OF MASS DESTRUCTION
22 ACT OF 2018.—Section 2 of the Countering Weapons of
23 Mass Destruction Act of 2018 (Public Law 115–387; 132
24 Stat. 5162) is amended—

1 (1) in subsection (b)(2) (6 U.S.C. 591 note), by
2 striking “1927” and inserting “1926”; and

3 (2) in subsection (g) (6 U.S.C. 591 note)—

4 (A) in the matter preceding paragraph (1),
5 by striking “one year after the date of the en-
6 actment of this Act, and annually thereafter,”
7 and inserting “June 30 of each year,”; and

8 (B) in paragraph (2), by striking “Secu-
9 rity, including research and development activi-
10 ties” and inserting “Security”.

11 (c) SECURITY AND ACCOUNTABILITY FOR EVERY
12 PORT ACT OF 2006.—The Security and Accountability for
13 Every Port Act of 2006 (6 U.S.C. 901 et seq.) is amend-
14 ed—

15 (1) in section 1(b) (Public Law 109–347; 120
16 Stat 1884), by striking the item relating to section
17 502; and

18 (2) by striking section 502 (6 U.S.C. 592a).

19 **SEC. 102. RULE OF CONSTRUCTION.**

20 Nothing in this Act or the amendments made by this
21 Act may be construed as modifying any existing authority
22 under any provision of law not expressly amended by this
23 Act.

1 **TITLE II—OFFICE OF HEALTH**
 2 **SECURITY**

3 **SEC. 201. OFFICE OF HEALTH SECURITY.**

4 (a) ESTABLISHMENT.—The Homeland Security Act
 5 of 2002 (6 U.S.C. 101 et seq.) is amended—

6 (1) in section 103 (6 U.S.C. 113)—

7 (A) in subsection (a)(2)—

8 (i) by striking “the Assistant Sec-
 9 retary for Health Affairs,”; and

10 (ii) by striking “Affairs, or” and in-
 11 serting “Affairs or”; and

12 (B) in subsection (d), by adding at the end
 13 the following:

14 “(6) A Chief Medical Officer.”;

15 (2) by adding at the end the following:

16 **“TITLE XXIII—OFFICE OF**
 17 **HEALTH SECURITY”;**

18 (3) by redesignating section 1931 (6 U.S.C.
 19 597) as section 2301 and transferring such section
 20 to appear after the heading for title XXIII, as added
 21 by paragraph (2);

22 (4) in section 2301, as so redesignated—

23 (A) in the section heading, by striking

24 **“CHIEF MEDICAL OFFICER”** and inserting

25 **“OFFICE OF HEALTH SECURITY”;**

1 (B) by striking subsections (a) and (b) and
2 inserting the following:

3 “(a) IN GENERAL.—There is established in the De-
4 partment an Office of Health Security.

5 “(b) HEAD OF OFFICE OF HEALTH SECURITY.—The
6 Office of Health Security shall be headed by a chief med-
7 ical officer, who shall—

8 “(1) be the Assistant Secretary for Health Se-
9 curity and the Chief Medical Officer of the Depart-
10 ment;

11 “(2) be a licensed physician possessing a dem-
12 onstrated ability in and knowledge of medicine and
13 public health;

14 “(3) be appointed by the President; and

15 “(4) report directly to the Secretary.”;

16 (C) in subsection (c)—

17 (i) in the matter preceding paragraph
18 (1), by striking “medical issues related to
19 natural disasters, acts of terrorism, and
20 other man-made disasters” and inserting
21 “medical activities of the Department and
22 all workforce-focused health and safety ac-
23 tivities of the Department”;

24 (ii) in paragraph (1), by striking “,
25 the Administrator of the Federal Emer-

1 agency Management Agency, the Assistant
2 Secretary, and other Department officials”
3 and inserting “and all other Department
4 officials”;

5 (iii) in paragraph (4), by striking
6 “and” at the end;

7 (iv) by redesignating paragraph (5) as
8 paragraph (13); and

9 (v) by inserting after paragraph (4)
10 the following:

11 “(5) overseeing all medical activities of the De-
12 partment, including the delivery, advisement, and
13 support of direct patient care and the organization,
14 management, and staffing of component operations
15 that deliver direct patient care;

16 “(6) advising the head of each component of
17 the Department that delivers direct patient care re-
18 garding the recruitment and appointment of a com-
19 ponent chief medical officer and deputy chief med-
20 ical officer or the employee who functions in the ca-
21 pacity of chief medical officer and deputy chief med-
22 ical officer;

23 “(7) advising the Secretary and the head of
24 each component of the Department that delivers di-
25 rect patient care regarding knowledge and skill

1 standards for medical personnel and the assessment
2 of that knowledge and skill;

3 “(8) in coordination with the Chief Privacy Of-
4 ficer of the Department and the Chief Information
5 Officer of the Department, advising the Secretary
6 and the head of each component of the Department
7 that delivers patient care regarding the collection,
8 storage, and oversight of medical records;

9 “(9) with respect to any psychological health
10 counseling or assistance program of the Department,
11 including such a program of a law enforcement,
12 operational, or support component of the Depart-
13 ment, advising the head of each such component
14 with such a program regarding—

15 “(A) ensuring such program includes safe-
16 guards against adverse action, including auto-
17 matic referrals for a fitness for duty examina-
18 tion, by such component with respect to any
19 employee solely because such employee self-
20 identifies a need for psychological health coun-
21 seling or assistance or receives such counseling
22 or assistance;

23 “(B) increasing the availability and num-
24 ber of local psychological health professionals

1 with experience providing psychological support
2 services to personnel;

3 “(C) establishing a behavioral health cur-
4 riculum for employees at the beginning of their
5 careers to provide resources early regarding the
6 importance of psychological health;

7 “(D) establishing periodic management
8 training on crisis intervention and such compo-
9 nent’s psychological health counseling or assist-
10 ance program;

11 “(E) improving any associated existing em-
12 ployee peer support programs, including by
13 making additional training and resources avail-
14 able for peer support personnel in the work-
15 place across such component;

16 “(F) developing and implementing a vol-
17 untary alcohol treatment program that includes
18 a safe harbor for employees who seek treat-
19 ment;

20 “(G) prioritizing, as appropriate, expertise
21 in the provision of psychological health coun-
22 seling and assistance for certain populations of
23 the workforce, such as employees serving in po-
24 sitions within law enforcement, to help improve

1 outcomes for those employees receiving that
2 counseling or assistance; and

3 “(H) including, when appropriate, collabo-
4 rating and partnering with key employee stake-
5 holders and, for those components with employ-
6 ees with an exclusive representative, the exclu-
7 sive representative with respect to such a pro-
8 gram;

9 “(10) in consultation with the Chief Informa-
10 tion Officer of the Department—

11 “(A) identifying methods and technologies
12 for managing, updating, and overseeing patient
13 records; and

14 “(B) setting standards for technology used
15 by the components of the Department regarding
16 the collection, storage, and oversight of medical
17 records;

18 “(11) advising the Secretary and the head of
19 each component of the Department that delivers di-
20 rect patient care regarding contracts for the delivery
21 of direct patient care, other medical services, and
22 medical supplies;

23 “(12) coordinating with the Countering Weap-
24 ons of Mass Destruction Office and other compo-
25 nents of the Department as directed by the Sec-

1 retary, Federal agencies including the Department
2 of Agriculture, the Department of Health and
3 Human Services, the Department of State, and the
4 Department of Transportation, State, local, and
5 Tribal governments, and the medical community;
6 and”;

7 (D) by adding at the end the following:

8 “(d) ASSISTANCE AND AGREEMENTS.—The Sec-
9 retary, acting through the Chief Medical Officer, in sup-
10 port of the medical activities of the Department, may—

11 “(1) provide technical assistance, training, and
12 information to State, local, and Tribal governments
13 and nongovernmental organizations;

14 “(2) enter into agreements with other Federal
15 agencies; and

16 “(3) accept services from personnel of compo-
17 nents of the Department and other Federal agencies
18 on a reimbursable or nonreimbursable basis.

19 “(e) OFFICE OF HEALTH SECURITY PRIVACY OFFI-
20 CER.—There shall be a Privacy Officer in the Office of
21 Health Security with primary responsibility for privacy
22 policy and compliance within the Office, who shall—

23 “(1) report directly to the Chief Medical Offi-
24 cer; and

1 “(2) ensure privacy protections are integrated
2 into all Office of Health Security activities, subject
3 to the review and approval of the Chief Privacy Offi-
4 cer of the Department to the extent consistent with
5 the authority of the Chief Privacy Officer of the De-
6 partment under section 222.

7 “(f) ACCOUNTABILITY.—

8 “(1) STRATEGY AND IMPLEMENTATION
9 PLAN.—Not later than 180 days after the date of
10 enactment of this section, and every 4 years there-
11 after, the Secretary shall create a Departmentwide
12 strategy and implementation plan to address medical
13 activities of, and the workforce health and safety
14 matters under the purview of, the Department.

15 “(2) BRIEFING.—Not later than 90 days after
16 the date of enactment of this section, the Secretary
17 shall brief the appropriate congressional committees
18 on the organizational transformations of the Office
19 of Health Security, including how best practices
20 were used in the creation of the Office of Health Se-
21 curity.”;

22 (5) by redesignating section 710 (6 U.S.C. 350)
23 as section 2302 and transferring such section to ap-
24 pear after section 2301, as so redesignated;

25 (6) in section 2302, as so redesignated—

1 (A) in the section heading, by striking
2 “**MEDICAL SUPPORT**” and inserting “**SAFE-**
3 **TY**”;

4 (B) in subsection (a), by striking “Under
5 Secretary for Management” each place that
6 term appears and inserting “Chief Medical Offi-
7 cer”; and

8 (C) in subsection (b)—

9 (i) in the matter preceding paragraph
10 (1), by striking “Under Secretary for Man-
11 agement, in coordination with the Chief
12 Medical Officer,” and inserting “Chief
13 Medical Officer”; and

14 (ii) in paragraph (3), by striking “as
15 deemed appropriate by the Under Sec-
16 retary,”;

17 (7) by redesignating section 528 (6 U.S.C.
18 321q) as section 2303 and transferring such section
19 to appear after section 2302, as so redesignated;

20 (8) in section 2303, as so redesignated—

21 (A) in subsection (a), by striking “Assist-
22 ant Secretary for the Countering Weapons of
23 Mass Destruction Office” and inserting “Chief
24 Medical Officer”; and

25 (B) in subsection (b)—

1 (i) in paragraph (1), by striking
2 “Homeland Security Presidential Directive
3 9-Defense of the United States Agriculture
4 and Food” and inserting “National Security
5 Memorandum 16—Strengthening the
6 Security and Resilience of the United
7 States Food and Agriculture”; and

8 (ii) in paragraph (6), by inserting
9 “the Department of Agriculture and
10 other” before “appropriate”;

11 (9) by redesignating section 1932 (6 U.S.C.
12 597a) as section 2304 and transferring such section
13 to appear after section 2303, as so redesignated;

14 (10) in section 2304(f)(2)(B), as so redesignated,
15 by striking “Office of the Assistant Secretary
16 for Preparedness and Response” and inserting “Ad-
17 ministration for Strategic Preparedness and Re-
18 sponse”; and

19 (11) by inserting after section 2304, as so re-
20 designated, the following:

21 **“SEC. 2305. RULES OF CONSTRUCTION.**

22 “Nothing in this title shall be construed to—

23 “(1) override or otherwise affect the require-
24 ments described in section 888;

1 “(2) require the advice of the Chief Medical Of-
2 ficer on the appointment of Coast Guard officers or
3 the officer from the Public Health Service of the De-
4 partment of Health and Human Services assigned to
5 the Coast Guard;

6 “(3) provide the Chief Medical Officer with au-
7 thority to take any action that would diminish the
8 interoperability of the Coast Guard medical system
9 with the medical systems of the other branches of
10 the Armed Forces of the United States; or

11 “(4) affect or diminish the authority of the Sec-
12 retary of Health and Human Services or to grant to
13 the Chief Medical Officer any authority that is vest-
14 ed in, or delegated to, the Secretary of Health and
15 Human Services.”.

16 (b) TRANSITION AND TRANSFERS.—

17 (1) TRANSITION.—The individual appointed
18 pursuant to section 1931 of the Homeland Security
19 Act of 2002 (6 U.S.C. 597) of the Department of
20 Homeland Security, as in effect on the day before
21 the date of enactment of this Act, and serving as the
22 Chief Medical Officer of the Department of Home-
23 land Security on the day before the date of enact-
24 ment of this Act, shall continue to serve as the Chief
25 Medical Officer of the Department on and after the

1 date of enactment of this Act without the need for
2 reappointment.

3 (2) TRANSFER.—The Secretary of Homeland
4 Security shall transfer to the Chief Medical Officer
5 of the Department of Homeland Security—

6 (A) all functions, personnel, budget author-
7 ity, and assets of the Under Secretary for Man-
8 agement relating to workforce health and safe-
9 ty, as in existence on the day before the date
10 of enactment of this Act;

11 (B) all functions, personnel, budget au-
12 thority, and assets of the Assistant Secretary
13 for the Countering Weapons of Mass Destruc-
14 tion Office relating to the Chief Medical Officer,
15 including the Medical Operations Directorate of
16 the Countering Weapons of Mass Destruction
17 Office, as in existence on the day before the
18 date of enactment of this Act; and

19 (C) all functions, personnel, budget author-
20 ity, and assets of the Assistant Secretary for
21 the Countering Weapons of Mass Destruction
22 Office associated with the efforts pertaining to
23 the program coordination activities relating to
24 defending the food, agriculture, and veterinary

1 defenses of the Office, as in existence on the
2 day before the date of enactment of this Act.

3 **SEC. 202. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
4 **ANCE RECORDS.**

5 Title XXIII of the Homeland Security Act of 2002,
6 as added by this Act, is amended by adding at the end
7 the following:

8 **“SEC. 2306. CONFIDENTIALITY OF MEDICAL QUALITY AS-**
9 **SURANCE RECORDS.**

10 “(a) DEFINITIONS.—In this section:

11 “(1) HEALTH CARE PROVIDER.—The term
12 ‘health care provider’ means an individual who—

13 “(A) is—

14 “(i) an employee of the Department;

15 “(ii) a detailee to the Department
16 from another Federal agency;

17 “(iii) a personal services contractor of
18 the Department; or

19 “(iv) hired under a contract for serv-
20 ices;

21 “(B) performs health care services as part
22 of duties of the individual in that capacity; and

23 “(C) has a current, valid, and unrestricted
24 license or certification—

1 “(i) that is issued by a State, the Dis-
2 trict of Columbia, or a commonwealth, ter-
3 ritory, or possession of the United States;
4 and

5 “(ii) that is for the practice of medi-
6 cine, osteopathic medicine, dentistry, nurs-
7 ing, emergency medical services, or another
8 health profession.

9 “(2) MEDICAL QUALITY ASSURANCE PRO-
10 GRAM.—The term ‘medical quality assurance pro-
11 gram’ means any activity carried out on or after the
12 date of enactment of this section by the Department
13 to assess the quality of medical care, including ac-
14 tivities conducted by individuals, committees, or
15 other review bodies responsible for quality assurance,
16 credentials, infection control, incident reporting, the
17 delivery, advisement, and support of direct patient
18 care and assessment (including treatment proce-
19 dures, blood, drugs, and therapeutics), medical
20 records, health resources management review, and
21 identification and prevention of medical, mental
22 health, or dental incidents and risks.

23 “(3) MEDICAL QUALITY ASSURANCE RECORD
24 OF THE DEPARTMENT.—The term ‘medical quality
25 assurance record of the Department’ means the pro-

1 ceedings, records (including patient records that the
2 Department creates and maintains as part of a sys-
3 tem of records), minutes, and reports that—

4 “(A) emanate from quality assurance pro-
5 gram activities described in paragraph (2); and

6 “(B) are produced or compiled by the De-
7 partment as part of a medical quality assurance
8 program.

9 “(b) CONFIDENTIALITY OF RECORDS.—A medical
10 quality assurance record of the Department that is created
11 as part of a medical quality assurance program—

12 “(1) is confidential and privileged; and

13 “(2) except as provided in subsection (d), may
14 not be disclosed to any person or entity.

15 “(c) PROHIBITION ON DISCLOSURE AND TESTI-
16 MONY.—Except as otherwise provided in this section—

17 “(1) no part of any medical quality assurance
18 record of the Department may be subject to dis-
19 covery or admitted into evidence in any judicial or
20 administrative proceeding; and

21 “(2) an individual who reviews or creates a
22 medical quality assurance record of the Department
23 or who participates in any proceeding that reviews
24 or creates a medical quality assurance record of the
25 Department may not be permitted or required to

1 testify in any judicial or administrative proceeding
2 with respect to such record or with respect to any
3 finding, recommendation, evaluation, opinion, or ac-
4 tion taken by such individual in connection with
5 such record.

6 “(d) AUTHORIZED DISCLOSURE AND TESTIMONY.—

7 “(1) IN GENERAL.—Subject to paragraph (2), a
8 medical quality assurance record of the Department
9 may be disclosed, and a person described in sub-
10 section (c)(2) may give testimony in connection with
11 the record, only as follows:

12 “(A) To a Federal agency or private orga-
13 nization, if such medical quality assurance
14 record of the Department or testimony is need-
15 ed by the Federal agency or private organiza-
16 tion to—

17 “(i) perform licensing or accreditation
18 functions related to Department health
19 care facilities, a facility affiliated with the
20 Department, or any other location author-
21 ized by the Secretary for the performance
22 of health care services; or

23 “(ii) perform monitoring, required by
24 law, of Department health care facilities, a
25 facility affiliated with the Department, or

1 any other location authorized by the Sec-
2 retary for the performance of health care
3 services.

4 “(B) To an administrative or judicial pro-
5 ceeding concerning an adverse action related to
6 the credentialing of or health care provided by
7 a present or former health care provider by the
8 Department.

9 “(C) To a governmental board or agency
10 or to a professional health care society or orga-
11 nization, if such medical quality assurance
12 record of the Department or testimony is need-
13 ed by the board, agency, society, or organiza-
14 tion to perform licensing, credentialing, or the
15 monitoring of professional standards with re-
16 spect to any health care provider who is or was
17 a health care provider for the Department.

18 “(D) To a hospital, medical center, or
19 other institution that provides health care serv-
20 ices, if such medical quality assurance record of
21 the Department or testimony is needed by such
22 institution to assess the professional qualifica-
23 tions of any health care provider who is or was
24 a health care provider for the Department and
25 who has applied for or been granted authority

1 or employment to provide health care services
2 in or on behalf of the institution.

3 “(E) To an employee, a detailee, or a con-
4 tractor of the Department who has a need for
5 such medical quality assurance record of the
6 Department or testimony to perform official du-
7 ties or duties within the scope of their contract.

8 “(F) To a criminal or civil law enforce-
9 ment agency or instrumentality charged under
10 applicable law with the protection of the public
11 health or safety, if a qualified representative of
12 the agency or instrumentality makes a written
13 request that such medical quality assurance
14 record of the Department or testimony be pro-
15 vided for a purpose authorized by law.

16 “(G) In an administrative or judicial pro-
17 ceeding commenced by a criminal or civil law
18 enforcement agency or instrumentality de-
19 scribed in subparagraph (F), but only with re-
20 spect to the subject of the proceeding.

21 “(2) PERSONALLY IDENTIFIABLE INFORMA-
22 TION.—

23 “(A) IN GENERAL.—With the exception of
24 the subject of a quality assurance action, per-
25 sonally identifiable information of any person

1 receiving health care services from the Depart-
2 ment or of any other person associated with the
3 Department for purposes of a medical quality
4 assurance program that is disclosed in a med-
5 ical quality assurance record of the Department
6 shall be deleted from that record before any dis-
7 closure of the record is made outside the De-
8 partment.

9 “(B) APPLICATION.—The requirement
10 under subparagraph (A) shall not apply to the
11 release of information that is permissible under
12 section 552a of title 5, United States Code
13 (commonly known as the ‘Privacy Act of
14 1974’).

15 “(e) DISCLOSURE FOR CERTAIN PURPOSES.—Noth-
16 ing in this section shall be construed—

17 “(1) to authorize or require the withholding
18 from any person or entity de-identified aggregate
19 statistical information regarding the results of med-
20 ical quality assurance programs, under de-identifica-
21 tion standards developed by the Secretary in con-
22 sultation with the Secretary of Health and Human
23 Services, as appropriate, that is released in a man-
24 ner in accordance with all other applicable legal re-
25 quirements; or

1 “(2) to authorize the withholding of any med-
2 ical quality assurance record of the Department
3 from a committee of either House of Congress, any
4 joint committee of Congress, or the Comptroller
5 General of the United States if the record pertains
6 to any matter within their respective jurisdictions.

7 “(f) PROHIBITION ON DISCLOSURE OF INFORMA-
8 TION, RECORD, OR TESTIMONY.—A person or entity hav-
9 ing possession of or access to a medical quality assurance
10 record of the Department or testimony described in this
11 section may not disclose the contents of the record or testi-
12 mony in any manner or for any purpose except as provided
13 in this section.

14 “(g) EXEMPTION FROM FREEDOM OF INFORMATION
15 ACT.—A medical quality assurance record of the Depart-
16 ment shall be exempt from disclosure under section
17 552(b)(3) of title 5, United States Code.

18 “(h) LIMITATION ON CIVIL LIABILITY.—A person
19 who participates in the review or creation of, or provides
20 information to a person or body that reviews or creates,
21 a medical quality assurance record of the Department
22 shall not be civilly liable under this section for that partici-
23 pation or for providing that information if the participa-
24 tion or provision of information was—

1 “(1) provided in good faith based on prevailing
2 professional standards at the time the medical qual-
3 ity assurance program activity took place; and

4 “(2) made in accordance with any other appli-
5 cable legal requirement, including Federal privacy
6 laws and regulations.

7 “(i) APPLICATION TO INFORMATION IN CERTAIN
8 OTHER RECORDS.—Nothing in this section shall be con-
9 strued as limiting access to the information in a record
10 created and maintained outside a medical quality assur-
11 ance program, including the medical record of a patient,
12 on the grounds that the information was presented during
13 meetings of a review body that are part of a medical qual-
14 ity assurance program.

15 “(j) PENALTY.—Any person who willfully discloses a
16 medical quality assurance record of the Department other
17 than as provided in this section, knowing that the record
18 is a medical quality assurance record of the Department
19 shall be fined not more than \$3,000 in the case of a first
20 offense and not more than \$20,000 in the case of a subse-
21 quent offense.

22 “(k) RELATIONSHIP TO COAST GUARD.—The re-
23 quirements of this section shall not apply to any medical
24 quality assurance record of the Department that is created

1 by or for the Coast Guard as part of a medical quality
2 assurance program.

3 “(l) CONTINUED PROTECTION.—Disclosure under
4 subsection (d) does not permit redisclosure except to the
5 extent the further disclosure is authorized under sub-
6 section (d) or is otherwise authorized to be disclosed under
7 this section.

8 “(m) RELATIONSHIP TO OTHER LAW.—This section
9 shall continue in force and effect, except as otherwise spe-
10 cifically provided in any Federal law enacted after the date
11 of enactment of this Act.

12 “(n) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed to supersede the requirements of—

14 “(1) the Health Insurance Portability and Ac-
15 countability Act of 1996 (Public Law 104–191; 110
16 Stat. 1936) and its implementing regulations;

17 “(2) the Health Information Technology for
18 Economic and Clinical Health Act(42 U.S.C. 17931
19 et seq.) and its implementing regulations; or

20 “(3) sections 921 through 926 of the Public
21 Health Service Act (42 U.S.C. 299b–21 through
22 299b–26) and their implementing regulations.”.

23 **SEC. 203. TECHNICAL AND CONFORMING AMENDMENTS.**

24 The Homeland Security Act of 2002 (6 U.S.C. 101
25 et seq.) is amended—

1 (1) in the table of contents in section 1(b)
2 (Public Law 107–296; 116 Stat. 2135)—

3 (A) by striking the items relating to sec-
4 tions 528 and 529 and inserting the following:

“Sec. 528. Transfer of equipment during a public health emergency.”;

5 (B) by striking the items relating to sec-
6 tions 710, 711, 712, and 713 and inserting the
7 following:

“Sec. 710. Employee engagement.

“Sec. 711. Annual employee award program.

“Sec. 712. Acquisition professional career program.”;

8 (C) by inserting after the item relating to
9 section 1928 the following:

“Sec. 1929. Accountability.”;

10 (D) by striking the items relating to sub-
11 title C of title XIX and sections 1931 and
12 1932; and

13 (E) by adding at the end the following:

“TITLE XXIII—OFFICE OF HEALTH SECURITY

“Sec. 2301. Office of Health Security.

“Sec. 2302. Workforce health and safety.

“Sec. 2303. Coordination of Department of Homeland Security efforts related
to food, agriculture, and veterinary defense against terrorism.

“Sec. 2304. Medical countermeasures.

“Sec. 2305. Rules of construction.

“Sec. 2306. Confidentiality of medical quality assurance records.”;

14 (2) by redesignating section 529 (6 U.S.C.
15 321r) as section 528;

16 (3) in section 704(e)(4) (6 U.S.C. 344(e)(4)),
17 by striking “section 711(a)” and inserting “section
18 710(a)”;

1 (4) by redesignating sections 711, 712, and 713
2 as sections 710, 711, and 712, respectively;

3 (5) in section 1923(d)(3) (6 U.S.C.
4 592(d)(3))—

5 (A) in the paragraph heading, by striking
6 “HAWAIIAN NATIVE-SERVING” and inserting
7 “NATIVE HAWAIIAN-SERVING”; and

8 (B) by striking “Hawaiian native-serving”
9 and inserting “Native Hawaiian-serving”; and

10 (6) by striking the subtitle heading for subtitle
11 C of title XIX.

○