

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

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

(E) interagency communication and coordination protocols.

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

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

SEC. 3. DEFINITIONS.

In this Act:

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

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

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

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

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

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

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

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

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

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

(C) includes research in—

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

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

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

(iv) non-zoonotic infectious diseases associated with global trade;

1 (v) crises adversely affecting domestic and global commerce in animal
2 populations, plant crops, imported food products, and other sources of food;

3 (vi) the risks to biodiversity and the well-being of all life on Earth; and

4 (vii) other contexts related to the interconnectedness and shared biological and
5 social systems of from comparative medicine and translational research across
6 different species of animals and humans to noncommunicable diseases from
7 exposure to environmental toxins and contaminants inevitably affecting all life
8 forms.

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

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

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

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

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

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

20 (11) SYSTEM.—The term “System”—

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

23 (B) includes—

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

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

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

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

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

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

37 (14) ZOO NOTIC DISEASE.—The term “zoonotic disease” means any disease that is
38 transmissible between animals and humans.

SEC. 4. ONE HEALTH SECURITY COUNCIL.

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

(b) Functions.—The Council shall—

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

(2) assess and appraise—

(A) the objectives and commitments of the United States to protecting One Health Security;

(B) the actual and potential capacity of the United States to protect One Health security; and

(C) the risks of not fulfilling related objectives and commitments;

(3) make recommendations to the President concerning—

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

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

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

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

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

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

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

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

(ii) antimicrobial stewardship; and

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

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

(1) supports interdisciplinary, cross-sectoral collaboration designed to address the

1 complex systems underlying health threats in humans, animals, plants, and the environment,
2 especially zoonosis and resistance to pathogen treatments, food security, and natural
3 disasters;

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

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

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

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

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

16 (d) Leadership.—

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

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

23 (e) Composition.—

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

25 (A) the Department of State;

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

27 (C) the Environmental Protection Agency;

28 (D) the Department of Agriculture;

29 (E) the Department of Commerce;

30 (F) the Department of Defense;

31 (G) the Department of the Treasury;

32 (H) the Department of Homeland Security;

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

34 (J) the National Science Foundation;

35 (K) the Department of Energy;

36 (L) the Federal Bureau of Investigation;

1 (M) the Department of the Interior; and

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

4 (2) APPOINTMENTS.—The head of each agency or organization listed under paragraph
5 (1)—

6 (A) shall—

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

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

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

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

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

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

19 (4) STAFF.—

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

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

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

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

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

30 (f) Meetings.—

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

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

36 (3) QUORUM.—Council meetings may not commence without the participation of a
37 quorum of at least 8 voting members. The Director of the Office of Management and
38 Budget may send an observer to any Council meeting at which the Council is expected to

1 make a decision regarding the distribution of Federal funding to a project. Such
2 representative is not authorized to vote on Council matters.

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

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

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

9 (B) the United Nations Environment Programme;

10 (C) the World Organisation for Animal Health;

11 (D) the World Health Organization;

12 (E) the World Bank;

13 (F) nongovernmental organizations;

14 (G) academic institutions;

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

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

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

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

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

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

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

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

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

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

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

4 (4) analyze the scope and context of all One Health-related activities receiving Federal
5 funding, including activities partially funded with non-Federal funds, to identify
6 opportunities, gaps, duplications, existing relationships, organizational strengths, and the
7 degree to which such activities align with the goals identified by the Council;

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

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

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

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

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

20 (10) identify specific crisis response and incident response capabilities of each State for
21 spillover events and other health threats and submit semiannual reports to Congress
22 describing each State's One Health crisis readiness.

23 (h) Decision-making.—

24 (1) ONE HEALTH SECURITY STRATEGY.—

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

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

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

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

38 (2) QUORUM.—If 1 or more Council members impede the ability of the Council to
39 perform its duties by repeatedly failing to attend Council meetings or refusing to vote on
40 Council matters, a majority of Council members who are present and voting shall constitute

1 a quorum and may approve previously noticed decision items through a simple majority.

2 SEC. 5. ONE HEALTH SECURITY STRATEGY.

3 (a) In General.—The One Health Security Strategy required under section 4(g)(1) shall build
4 from, link with, and contribute to existing domestic and international One Health security-related
5 efforts, including—

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

10 (2) existing strategies, such as the National Security Strategy, the Global Health Security
11 Strategy, the National Health Security Strategy, the National Strategy for Combating
12 Wildlife Trafficking, and the National Biodefense Strategy;

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

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

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

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

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

21 (B) includes—

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

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

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

27 (II) biodiversity loss; and

28 (III) climate change; and

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

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

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

33 (A) targeted vaccines, the development of novel vaccine pipelines, and appropriate
34 antibiotic usage for people, plants, animals, and wildlife to reduce antibiotic and
35 antiviral overuse;

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

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

4 (D) promote data sharing among Federal agencies and partners that can utilize data
5 in disease surveillance; and

6 (E) other research priorities identified by the Council;

7 (4) prioritized activities to prevent and address global health threats, including zoonotic,
8 vector-borne, and plant disease amplification and spread, including—

9 (A) pathogen and risk identification and mitigation in advance of spillover;

10 (B) surveillance and containment activities, including efforts to incentivize and
11 encourage early reporting of risk alerts, spillover events, and localized outbreaks;

12 (C) global efforts to coordinate antimicrobial resistance response in humans and
13 animals;

14 (D) efforts to eliminate wildlife trafficking;

15 (E) efforts to stop habitat destruction or degradation, deforestation, and biodiversity
16 loss;

17 (F) efforts to promote food security and safety through animal, plant, and other
18 sources of food disease and health surveillance, including in populations dependent on
19 wildlife for protein;

20 (G) efforts to reduce consumer demand for wildlife, wildlife products, and restricted
21 and endangered plants, including protected wood and other tree products identified in
22 the Convention on International Trade in Endangered Species of Wild Fauna and
23 Flora, done at Washington March 3, 1973 (27 UST 1087; TIAS 8429);

24 (H) efforts to support integrated emergency response to identified spillover crises
25 and related threats;

26 (I) protocol development to improve holistic response to and recovery from disease
27 outbreaks in animals, plants and humans;

28 (J) One Health workforce development to prevent and respond to disease outbreaks
29 and other health threats affecting animals, plants, humans, and the environment; and

30 (K) other efforts to protect the collective health of animals, humans, plants, and the
31 environment, especially those conducted through global collaborations and
32 partnerships;

33 (5) a description of proposed incentives to encourage national and subnational
34 engagement in One Health security efforts, particularly community education and
35 mobilization activities and participation in data collection and reporting activities in support
36 of the One Health Security Strategy;

37 (6) anticipated measures of success, including benchmarks to monitor progress;

38 (7) a description of how the strategy reflects and builds from existing Federal
39 organizational activities, relationships, and capabilities;

1 (8) a description of how the strategy addresses gaps, especially those identified in the
2 inventory and capabilities assessment carried out pursuant to section 7(b);

3 (9) direction, oversight and coordination of the One Health Security and Pandemic
4 Preparedness Network; and

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

7 SEC. 6. ADVISORY COMMITTEES.

8 (a) Technical Advisory Committee.—

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

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

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

21 (b) Scientific Advisory Committee.—

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

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

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

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

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

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

38 SEC. 7. REPORTS.

39 (a) Initial Work Plan.—Not later than 6 months after the date of the enactment of this Act, the

1 Council shall submit the initial 12-month work plan to—

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

14 (b) Inventory and Capabilities Assessment.—

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

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

19 (B) a description of each Federal agency's existing capabilities and authorizations;

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

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

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

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

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

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

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

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

36 (4) the latest version of the Council's monitoring and evaluation plan;

- 1 (5) a monitoring and evaluation report for the reporting period;
- 2 (6) summaries of the minutes from Council meetings held during the reporting period;
- 3 (7) the status of One Health security-related activities receiving Federal funding;
- 4 (8) prevailing strategic guidance and priorities;
- 5 (9) an executive summary of the challenges and achievements of the Council during the
- 6 reporting period;
- 7 (10) a summary of the progress made toward building the One Health Security and
- 8 Pandemic Preparedness Network in accordance with section 8, including—

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

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

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

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

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

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

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

27 SEC. 8. ONE HEALTH SECURITY AND PANDEMIC 28 PREPAREDNESS NETWORK.

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

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

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

37 (b) Composition.—

38 (1) PARTICIPATING AGENCIES.—The Network shall be composed of representatives from

1 key Federal agencies, including—

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

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

4 (C) the Department of Agriculture;

5 (D) the National Institutes of Health;

6 (E) the Department of Defense;

7 (F) the Department of State;

8 (G) the United States Geological Survey;

9 (H) the National Aeronautics and Space Administration;

10 (I) the United States Fish and Wildlife Service;

11 (J) the National Oceanic and Atmospheric Administration; and

12 (K) the Federal Bureau of Investigation.

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

14 (A) the Technical Advisory Committee established pursuant to section 6(a); and

15 (B) the Scientific Advisory Committee established pursuant to section 6(b).

16 (c) Objectives.—The Network shall—

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

18 (A) to assess spillover risk and predict spillover hot spots;

19 (B) to predict spillover where novel emerging and reemerging pathogens may
20 appear;

21 (C) to identify zoonotic and vector-borne disease reservoirs and evolutionary hosts;

22 (D) to identify human behaviors that put us at risk of disease exposure and suggest
23 mitigation measures to reduce risk;

24 (E) to quickly identify zoonotic spillover events and monitor spread;

25 (F) to widely share findings with stakeholders to inform quick response and
26 redirection of public health resources;

27 (G) to quickly connect expert first responder organizations, programs, and
28 individuals with communities in need; and

29 (H) to identify—

30 (i) human and animal behaviors and environmental factors that increase the
31 incidence and prevalence of pathogen resistance to treatments; and

32 (ii) ways to decrease the occurrence and spread of such pathogens;

33 (2) strengthen domestic and international capacity, including surveillance data analysis,
34 use and communication skills, particularly in low- and middle-income countries; and

1 (3) incentivize and encourage domestic and international partners' reporting of spillover
2 threats, risk alerts, spillover events, and outbreaks in animal and human populations.

3 (d) Zoonotic and Vector-Borne Disease Prevention, Early Detection, and Warning System
4 Strategy.—

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

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

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

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

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

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

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

20 (F) plans for building and strengthening new domestic and international data
21 sources;

22 (G) plans for triangulating data;

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

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

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

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

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

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

36 SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

37 (a) One Health Security Council.—

38 (1) START UP FUNDING.—There is authorized to be appropriated to the Office of

1 Management and Budget (referred to in this subsection as “OMB”) for fiscal year 2023
2 \$55,000,000. The Council is authorized to allocate such funding among the appropriate
3 Federal agencies to carry the functions of the Council. Of such amounts—

4 (A) \$45,000,000 shall be used—

5 (i) to collect key information;

6 (ii) to conduct key research; and

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

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

11 (2) SECOND YEAR FUNDING.—

12 (A) IN GENERAL.—There is authorized to be appropriated to the OMB for fiscal year
13 2024 \$500,000,000. The Council is authorized to allocate such funding among the
14 appropriate Federal agencies to carry the functions of the Council. Of such amounts—

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

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

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

23 (i) describe the optimal allocation of amounts appropriated pursuant to
24 subparagraph (A);

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

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

30 (3) ONGOING FUNDING.—

31 (A) IN GENERAL.—There is authorized to be appropriated to the OMB for fiscal year
32 2025, and for each fiscal year thereafter, \$900,000,000. The Council is authorized to
33 allocate such funding among the appropriate Federal agencies to carry the functions of
34 the Council. Of such amounts—

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

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

39 (B) RECOMMENDATIONS.—Not later than September 30, 2024, and not later than the

1 last day of each subsequent fiscal year, the Council shall submit a report to the
2 congressional committees listed in section 7(a), the Committee on Appropriations of
3 the Senate, and the Committee on Appropriations of the House of Representatives that
4 contains recommendations that describe the optimal allocation of amounts
5 appropriated pursuant to subparagraph (A) for the following fiscal year.

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

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

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

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

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

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

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

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

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

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

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

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

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