

119TH CONGRESS
2D SESSION

H. R. 8447

To protect against seasonal and pandemic influenza, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 22, 2026

Mr. LARSEN of Washington (for himself, Ms. ROSS, Ms. STANSBURY, Ms. NORTON, Ms. BARRAGÁN, and Mr. THANEDAR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To protect against seasonal and pandemic influenza, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting America
5 from Seasonal and Pandemic Influenza Act of 2026”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

8 (1) Influenza occurs seasonally each year, and
9 throughout history, has caused devastating

1 pandemics. The 1918 influenza pandemic killed an
2 estimated 675,000 Americans.

3 (2) In an average season, influenza results in
4 6,300 to 52,000 deaths in the United States, includ-
5 ing over 100 pediatric deaths. Additionally, influenza
6 causes hundreds of thousands of hospitalizations and
7 millions of illnesses.

8 (3) The Council of Economic Advisors issued a
9 report in 2019 estimating that seasonal influenza
10 costs the United States approximately
11 \$361,000,000,000 per year, and that an influenza
12 pandemic has the potential to cause up to
13 \$3,790,000,000,000 in losses. This report was
14 issued prior to the COVID–19 pandemic, which will
15 cost the United States an estimated
16 \$16,000,000,000,000.

17 (4) Strategies that increase seasonal influenza
18 vaccination rates will also improve pandemic readi-
19 ness.

20 (5) The National Influenza Vaccine Moderniza-
21 tion Strategy of 2020–2030, established pursuant to
22 Executive Order 13887, titled “Modernizing Influenza
23 Vaccines in the United States to Promote Na-
24 tional Security and Public Health”, should be fully
25 implemented to ensure the Nation’s vaccine enter-

prise is highly responsive, flexible, scalable, and effective at reducing the impact of seasonal and pandemic influenza viruses.

(6) Critical United States pharmaceutical supply chains are dangerously reliant on China, and the United States must take actions to strengthen its position as the global leader in biotechnology research and development.

(7) Vaccine hesitancy in the United States represents a threat to the Nation's national security and public health. Efforts must be taken to restore trust and confidence in scientific data and public health messaging.

(8) Support for communication, outreach, and administration across public health and health care settings is critical to ensure awareness of and access to influenza vaccines, treatments, and medical countermeasures.

**SEC. 3. STRENGTHENING AND DIVERSIFYING INFLUENZA
VACCINE, THERAPEUTICS, AND DIAGNOSTICS
DEVELOPMENT, MANUFACTURING, AND SUPPLY
CHAIN.**

(a) TIMELY DELIVERY OF FIRST DOSES OF FINISHED INFLUENZA VACCINE.—

1 (1) NATIONAL GOAL.—It is a national goal for
2 the United States, not later than 3 years after the
3 date of enactment of this Act, to have the capacity
4 to deliver first doses of finished influenza vaccine
5 within 12 weeks of emergence of an influenza strain
6 with pandemic potential.

7 (2) PLAN.—Not later than 6 months after the
8 date of enactment of this Act, the Secretary of
9 Health and Human Services, the Assistant Secretary
10 for Preparedness and Response, and the Director of
11 the Biomedical Advanced Research and Development
12 Authority shall publish a plan to achieve the goal
13 specified in paragraph (1).

14 (b) UNIVERSAL INFLUENZA VACCINE.—

15 (1) NATIONAL GOAL.—It is a national goal for
16 the United States, not later than 10 years after the
17 date of enactment of this Act, to have developed a
18 universal influenza vaccine.

19 (2) PLAN.—

20 (A) PUBLICATION.—Not later than 1 year
21 after the date of enactment of this Act, the Sec-
22 retary of Health and Human Services, the Di-
23 rector of the National Institutes of Health, and
24 the Director of the Biomedical Advanced Re-
25 search and Development Authority shall publish

1 a plan to achieve the goal specified in para-
2 graph (1) in partnership with vaccine manufac-
3 turers.

4 (B) INTERIM SUPPORT.—The plan under
5 subparagraph (A) shall include provisions, as
6 necessary to achieve such goal, for support over
7 the period of 5 years following the publication
8 of such plan of the following:

9 (i) Incremental vaccine efficacy im-
10 provements.

11 (ii) The research workforce.

12 (c) STRENGTHENING THE VACCINE SUPPLY
13 CHAIN.—

14 (1) IN GENERAL.—The Secretary of Health and
15 Human Services shall—

16 (A) establish public-private partnerships to
17 strengthen the domestic vaccine supply chain;
18 and

19 (B) evaluate the capabilities, capacity, and
20 utilization of such partnerships, including by
21 assessing and testing relevant logistical and
22 interoperable technology with stakeholders in
23 the supply chain.

24 (2) DOMESTIC VACCINE SUPPLY CHAIN.—For
25 purposes of this subsection, the term “domestic vac-

1 cine supply chain’’ includes the full domestic supply
2 chain, including—

3 (A) production of ingredients and manu-
4 facturing and distribution of finished vaccines;

5 (B) fill-finish capacity; and

6 (C) the supply chain of ancillary supplies
7 such as needles and syringes.

8 (d) NATIONAL INFLUENZA VACCINE MODERNIZA-
9 TION STRATEGY.—The Secretary of Health and Human
10 Services shall—

11 (1) fully implement the portions of the National
12 Influenza Vaccine Modernization Strategy 2020–
13 2030 that are within the authority of the Depart-
14 ment of Health and Human Services to carry out
15 (under other applicable provisions of law); and

16 (2) by June 15 each calendar year through
17 2030, submit to the Congress a report on such im-
18 plementation.

19 (e) ASSISTANT SECRETARY FOR PREPAREDNESS AND
20 RESPONSE.—Section 2811 of the Public Health Service
21 Act (42 U.S.C. 300hh–10) is amended—

22 (1) in subsection (b)—

23 (A) in paragraph (3), by inserting ‘‘, in-
24 cluding the pandemic influenza medical counter-
25 measures program under paragraphs (2)(E)

1 and (4)(H) of section 319L(c)” after “qualified
 2 pandemic or epidemic products (as defined in
 3 section 319F–3)”;

4 (B) in paragraph (7), by inserting “, in-
 5 cluding through the pandemic influenza medical
 6 countermeasures program under paragraphs
 7 (2)(E) and (4)(H) of section 319L(c)” after
 8 “for each such threat”; and
 9 (2) in subsection (d)(2)—

10 (A) in subparagraph (J), by striking “and”
 11 at the end;

12 (B) by redesignating subparagraph (K) as
 13 subparagraph (L); and

14 (C) by inserting after subparagraph (J)
 15 the following:

16 “(K) evaluate progress with respect to im-
 17 plementing the National Influenza Vaccine
 18 Modernization Strategy, issued in June 2020,
 19 or any successor strategy; and”.

20 (f) BIOMEDICAL ADVANCED RESEARCH AND DEVEL-
 21 OPMENT AUTHORITY.—

22 (1) PREPAREDNESS ACTIVITIES.—Section
 23 319L(c) of the Public Health Service Act (42 U.S.C.
 24 247d–7e(c)) is amended—

25 (A) in paragraph (2)—

1 (i) in subparagraph (C), by striking
2 “and” at the end;

3 (ii) in subparagraph (D), by striking
4 the period at the end and inserting “;
5 and”; and

6 (iii) by adding at the end of the fol-
7 lowing:

8 “(E) supporting pandemic influenza coun-
9 termeasure preparedness.”; and

10 (B) in paragraph (4), by adding at the end
11 of the following:

12 “(H) PANDEMIC INFLUENZA MEDICAL
13 COUNTERMEASURES PROGRAM.—In carrying
14 out paragraph (2)(E), the Secretary shall estab-
15 lish and implement a program that—

16 “(i) supports research and develop-
17 ment activities for qualified pandemic or
18 epidemic products (as defined in section
19 319F–3), including by—

20 “(I) developing innovative tech-
21 nologies to enhance rapid response to
22 pandemic influenza threats;

23 “(II) developing influenza vac-
24 cines with potential universal vaccina-
25 tion capability;

1 “(III) developing influenza vac-
2 cines with longer lasting broad spec-
3 trum protective immunity against a
4 wider range of antigenically divergent
5 influenza strains;

6 “(IV) developing alternative vac-
7 cine delivery approaches;

8 “(V) developing novel small- and
9 large-molecule novel influenza
10 antivirals, monoclonal antibodies, and
11 other products that provide better in-
12 fluenza treatment and prevention;

13 “(VI) developing innovative tech-
14 nologies to enhance rapid diagnosis of
15 influenza; and

16 “(VII) implementing the Na-
17 tional Influenza Vaccine Moderniza-
18 tion Strategy, issued in June 2020, or
19 any successor strategy;

20 “(ii) ensures readiness to respond to
21 qualified pandemic and epidemic threats,
22 including by—

23 “(I) supporting development and
24 manufacturing of influenza virus

1 seeds, clinical trial lots, and stockpiles
2 of novel influenza strains;

3 “(II) supporting the stockpile of
4 influenza antivirals through diversi-
5 fying and replenishing the existing
6 stockpile of influenza antivirals;

7 “(III) supporting manufacturing
8 and fill-finish rapid response infra-
9 structure;

10 “(IV) supporting the stockpile of
11 influenza testing equipment and sup-
12 plies; and

13 “(V) testing and evaluating pan-
14 demic threat rapid response capabili-
15 ties through regular preparedness
16 drills with key public and private sec-
17 tor partners that examine the range
18 of activities (including production and
19 clinical testing of influenza
20 diagnostics, vaccines, and thera-
21apeutics) required to effectively re-
22 spond to novel threats; and

23 “(iii) builds, sustains, and replenishes
24 qualified pandemic and epidemic stockpiles

1 of bulk antigen and adjuvant material, in-
2 cluding by—

3 “(I) annually testing the potency
4 and shelflife potential of all existing
5 pandemic and epidemic stockpiles held
6 by the Department of Health and
7 Human Services; and
8 “(II) developing, and dissemi-
9 nating to key public and private sector
10 partners, a life cycle management
11 plan.”.

12 (g) AUTHORIZATION OF APPROPRIATIONS.—Section
13 319L(d) of the Public Health Service Act (42 U.S.C.
14 247d–7e(d)) is amended by adding at the end the fol-
15 lowing:

16 “(3) PANDEMIC INFLUENZA.—To carry out this
17 section and section 2811 with respect to pandemic
18 influenza, in addition to amounts authorized to be
19 appropriated by paragraph (2) and any amounts au-
20 thorized to be appropriated by section 2811, there is
21 authorized to be appropriated \$335,000,000 for each
22 of the fiscal years 2027 through 2031, to remain
23 available until expended.”.

1 **SEC. 4. PROMOTING INNOVATIVE APPROACHES AND USE**
2 **OF NEW TECHNOLOGIES TO DETECT, PRE-**
3 **VENT, AND RESPOND TO INFLUENZA.**

4 (a) **PRIORITIZING INFLUENZA, INFLUENZA COM-**
5 **BINATION, AND PATHOGEN AGNOSTIC TOOLS.—**

6 (1) NIH.—The Director of the National Insti-
7 tutes of Health may conduct or support basic re-
8 search prioritizing the development of—

9 (A) agnostic tools to detect influenza and
10 other pathogens; and

11 (B) technologies that automate sample
12 preparation for such tools.

13 (2) BARDA.—The Director of the Biomedical
14 Advanced Research and Development Authority may
15 conduct or support advanced development of novel
16 sequencing modalities prioritizing tools described in
17 paragraph (1)(A) and technologies described in
18 paragraph (1)(B).

19 (b) **DEVELOPMENT OF POINT-OF-CARE AND SELF-**
20 **TESTING DIAGNOSTICS.—**The Director of the Biomedical
21 Advanced Research and Development Authority, in col-
22 laboration with the Director of the Centers for Disease
23 Control and Prevention, the Director of the National Insti-
24 tutes of Health, and the Commissioner of Food and
25 Drugs, may conduct or support development of rapid, ac-

1 curate, easily accessible, self-administrable diagnostic tests
2 that are readable at the point of care or at home.

3 (c) INCORPORATING DIAGNOSTICS SUPPLY CHAIN
4 RESILIENCY INTO INFLUENZA PANDEMIC PLANNING.—

5 The Assistant Secretary for Preparedness and Response,
6 in collaboration with the Commissioner of Food and
7 Drugs, the Director of the Centers for Disease Control
8 and Prevention, the Secretary of Commerce, and the Sec-
9 retary of Transportation, shall—

10 (1) incorporate diagnostics supply chain resil-
11 iency into influenza pandemic planning that sup-
12 ports a health care system that tests to treat and
13 bolsters testing and vaccine delivery supply chains;
14 and

15 (2) not later than 1 year after the date of en-
16 actment of this Act, publish a plan for rapidly ex-
17 panding public and private diagnostic testing capac-
18 ity (including at clinical laboratories, at public
19 health department laboratories, and by means of
20 self-testing) in an influenza pandemic, including ad-
21 dressing transportation infrastructure, the need for
22 sterilization, and sourcing critical raw materials,
23 components, and parts.

24 (d) SCALING UP PROPHYLACTIC INFLUENZA ANTI-
25 BODY PRODUCTS THAT ADDRESS GAPS IN COVERAGE.—

1 The Director of the Biomedical Advanced Research and
2 Development Authority may conduct or support preventive
3 approaches, including those still in preclinical and clinical
4 stages, to rapidly scale up preexposure prophylactic influ-
5 enza antibody products that address influenza infection.

6 (e) MODERNIZING POTENCY ASSAYS.—The Commis-
7 sioner of Food and Drugs shall work with vaccine manu-
8 facturers to modernize potency assays across a variety of
9 manufacturing technologies so as to reduce by 6 weeks
10 the period required to first evaluate new vaccine can-
11 didates during a pandemic.

12 (f) IMPROVED INFLUENZA THERAPEUTICS.—The Di-
13 rector of the Biomedical Advanced Research and Develop-
14 ment Authority may conduct or support improved influ-
15 enza therapeutics that—

16 (1) are more broadly protective; and

17 (2) meet the needs of high-risk and high-expo-
18 sure patients.

19 **SEC. 5. INCREASING INFLUENZA VACCINE, THERAPEUTICS,**
20 **AND TESTING ACCESS AND COVERAGE**
21 **ACROSS ALL POPULATIONS.**

22 (a) ANNUAL REPORT ON PUBLIC COMMUNICATION
23 STRATEGY.—The Director of the Centers for Disease Con-
24 trol and Prevention shall submit an annual report to the
25 Congress on the public communication strategy of the

1 Centers to increase public confidence in the safety and ef-
2 fectiveness of vaccines.

3 (b) SENSE OF CONGRESS.—It is the sense of Con-
4 gress that the National Institutes of Health, the Director
5 of the Centers for Disease Control and Prevention, the
6 Secretary of Defense, the Secretary of Veterans Affairs,
7 the Administrator of the Centers for Medicare & Medicaid
8 Services, and the Commissioner of Food and Drugs should
9 support research using large data sets from multiple
10 sources of health data to further support and evaluate vac-
11 cine safety and effectiveness over multiple influenza sea-
12 sons.

13 (c) ADDRESSING MISINFORMATION AND
14 DISINFORMATION.—

15 (1) IN GENERAL.—The Secretary of Health and
16 Human Services shall create partnerships to educate
17 individuals about the safety and efficacy of influenza
18 vaccines and the potential harms of influenza, par-
19 ticularly for unvaccinated individuals.

20 (2) REQUIREMENT.—The partnerships under
21 paragraph (1) shall allow for dissemination of best
22 practices and lessons learned between partnering or-
23 ganizations.

24 (3) MEMBERS.—The members of the partner-
25 ships under paragraph (1) shall include representa-

1 tives of organizations with experience working with
2 vulnerable populations, including—

3 (A) individuals with chronic health condi-
4 tions;

5 (B) older Americans;

6 (C) parents of young children;

7 (D) pregnant women;

8 (E) Tribal communities;

9 (F) racial and ethnic minorities; and

10 (G) rural communities.

11 (4) CONFERRING WITH PARTNERING ORGANIZA-
12 TIONS.—The Secretary of Health and Human Serv-
13 ices shall confer with organizations represented in
14 partnerships under paragraph (1)—

15 (A) in advance of each seasonal influenza
16 season, on messaging and communications; and

17 (B) at the end of each seasonal influenza
18 season, on best practices and lessons learned.

19 (5) REPORT TO CONGRESS.—Not later than one
20 year after the date of enactment of this Act, the
21 Secretary of Health and Human Services shall re-
22 port to the Congress on the partnerships created,
23 and activities conducted, under this section.

24 (d) COMMUNICATIONS PUBLIC-PRIVATE PARTNER-
25 SHIP.—

1 (1) IN GENERAL.—Not later than six months
2 after the date of enactment of this Act, the Sec-
3 retary of Health and Human Services shall imple-
4 ment a targeted demonstration project that provides
5 for the establishment of a communications public-
6 private partnership initiative for increasing vaccine
7 confidence.

8 (2) REQUIREMENTS.—The demonstration
9 project under paragraph (1) shall—

10 (A) be implemented through an inde-
11 pendent, nongovernmental, nonprofit entity;

12 (B) focus on individuals with chronic ill-
13 ness or other comorbidities who tend to have
14 worse clinical outcomes from influenza (such as
15 individuals with heart disease or diabetes, and
16 racial and ethnic minorities);

17 (C) support behavioral research around
18 sources of vaccine hesitancy; and

19 (D) develop and implement a targeted,
20 multimodal communications campaign, using
21 internet platforms, television, and nontradi-
22 tional targeted social media and community
23 outreach in an effort to reach individuals who
24 may be especially vaccine hesitant.

1 (3) REPORT.—Not later than six months after
2 completion of the demonstration project under para-
3 graph (1), the Secretary of Health and Human
4 Services shall—

5 (A) prepare a report on the demonstration
6 project, including an evaluation of the project’s
7 methods, findings, and results; and

8 (B) make such report publicly available on
9 the website of the Department of Health and
10 Human Services.

11 (e) INCORPORATING HEALTH OUTREACH INTO SEA-
12 SONAL AND PANDEMIC INFLUENZA PLANNING AND RE-
13 SPONSE.—The Director of the Centers for Disease Control
14 and Prevention and the Assistant Secretary for Prepared-
15 ness and Response shall—

16 (1) incorporate health outreach into the sea-
17 sonal and pandemic influenza planning and response
18 programs overseen by such officials; and

19 (2) include in such programs strategies to reach
20 rural communities, communities with lower socio-
21 economic status, racial and ethnic minorities, sen-
22 iors, and individuals with disabilities, including ad-
23 dressing barriers to vaccinations, therapeutics, and
24 diagnostics in the point-of-care and at-home, self-
25 testing settings.

1 (f) EXPANDING ACCESS TO INFLUENZA TREATMENT
2 THROUGH A TEST-TO-TREAT DEMONSTRATION PRO-
3 GRAM.—

4 (1) DEMONSTRATION PROJECT.—

5 (A) IN GENERAL.—Not later than one year
6 after the date of enactment of this Act, the Sec-
7 retary of Health and Human Services shall ini-
8 tiate an influenza test-to-treat demonstration
9 project.

10 (B) LENGTH; LOCATIONS.—This dem-
11 onstration project under subparagraph (A) shall
12 run for the length of one seasonal influenza
13 season and be based in one or more of the fol-
14 lowing locations:

15 (i) Facilities that serve vulnerable
16 populations, such as populations who are
17 in long-term care facilities, are 65 years of
18 age or older, may have other medical con-
19 ditions, and will be in unavoidable close
20 contact with others.

21 (ii) Federal health care facilities that
22 serve at-risk and vulnerable communities,
23 such as Indian Health Service clinics, fed-
24 erally qualified health centers (as defined
25 in section 1861(aa) of the Social Security

1 Act (42 U.S.C. 1395x(aa))), and facilities
2 of the Department of Veterans Affairs.

3 (iii) Other appropriate locations iden-
4 tified by the Secretary of Health and
5 Human Services, in consultation with ex-
6 ternal stakeholder organizations, to test
7 the operational feasibility and impact of in-
8 fluenza test-to-treat programs.

9 (2) REPORT.—Not later than 6 months after
10 completion of the demonstration project, the Sec-
11 retary of Health and Human Services shall—

12 (A) prepare a report on the demonstration
13 project under paragraph (1), including an eval-
14 uation of the project’s methods, findings, and
15 results; and

16 (B) make such report publicly available on
17 the website of the Department of Health and
18 Human Services.

19 (g) CREATING ADMINISTRATION PATHWAYS.—The
20 Secretary of Health and Human Services may award
21 grants to States to create administration pathways for
22 pharmacy personnel to administer influenza vaccines,
23 tests, and therapeutics, in order to increase vaccination,
24 testing, and relevant treatment as needed for adults and
25 children.

1 (h) STRATEGIC NATIONAL STOCKPILE AND SECUR-
2 RITY COUNTERMEASURE PROCUREMENTS.—

3 (1) IN GENERAL.—The Secretary of Health and
4 Human Services shall incorporate into the Strategic
5 National Stockpile under section 319F–2 of the
6 Public Health Service Act (42 U.S.C. 247d–6b)
7 products needed to respond to pandemic influenza,
8 including through—

9 (A) dynamic management of antivirals;

10 (B) vendor-managed inventory of testing
11 equipment and supplies;

12 (C) replenishment of aging antivirals, test-
13 ing equipment, supplies, and other products;
14 and

15 (D) diversification of stockpiled products.

16 (2) MEDICAL COUNTERMEASURES PREPARED-
17 NESS REVIEW.—The Assistant Secretary for Pre-
18 paredness and Response shall incorporate into the
19 annual Medical Countermeasures Preparedness Re-
20 view under section 319F–2 of the Public Health
21 Service (42 U.S.C. 247d–6b) an assessment of the
22 supplies available for an influenza pandemic, includ-
23 ing replenishment of used and expired medical coun-
24 termeasures and an assessment of existing State-
25 level stockpiles.

1 (3) GAO STUDY.—The Comptroller General of
2 the United States shall conduct a study of existing
3 State-level pandemic stockpiles, guidance provided
4 by Strategic National Stockpile to State stockpiles,
5 and the sufficiency of such guidance.

6 (i) MONITORING AND DISTRIBUTING INFLUENZA
7 ANTIVIRAL SUPPLIES.—The Secretary of Health and
8 Human Services shall—

9 (1) monitor influenza antiviral supplies
10 throughout the country and publicly report chal-
11 lenges in availability in any region, State, county, or
12 metropolitan area; and

13 (2) establish a process, to be used in the case
14 of a pandemic or during times when influenza
15 antiviral supply availability is challenged, to ensure
16 rapid and effective distribution of products to areas
17 of urgent need in close coordination with manufac-
18 turers, distributors, and State and local health offi-
19 cials.

20 (j) PLAN FOR ENSURING ACCESS TO APPROPRIATE
21 INFLUENZA THERAPEUTICS, PREEXPOSURE PROPHY-
22 LAXIS, AND DIAGNOSTICS.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date of enactment of this Act, the Secretary of
25 Health and Human Services shall publish a plan for

1 ensuring access to appropriate influenza thera-
2 peutics, preexposure prophylaxis influenza antibody
3 products, and influenza diagnostics, including during
4 times when availability is challenged in certain re-
5 gions or localities, for—

6 (A) high-risk patients, such as nursing
7 home and pediatric patients;

8 (B) high-exposure patients, such as first
9 responders and health care workers; and

10 (C) low-income individuals, individuals cov-
11 ered by Medicaid, uninsured individuals, Tribal
12 communities, and other underserved popu-
13 lations.

14 (2) COMMUNICATIONS EFFORTS.—The plan re-
15 quired by paragraph (1) shall include communica-
16 tions efforts to educate the public about the benefits
17 of early use of influenza diagnostics, therapeutics,
18 and preexposure prophylaxis products.

19 **SEC. 6. AUTHORIZING SUSTAINABLE FUNDING FOR THE IN-**
20 **FLUENZA ECOSYSTEM.**

21 (a) INFLUENZA PLANNING AND RESPONSE PRO-
22 GRAM.—There is authorized to be appropriated
23 \$231,358,000 for fiscal year 2027 and each subsequent
24 fiscal year for programs and activities of the Centers for

1 Disease Control and Prevention relating to influenza plan-
2 ning and response.

3 (b) STRATEGIC NATIONAL STOCKPILE.—There is au-
4 thorized to be appropriated \$1,000,000,000 for fiscal year
5 2027 and each subsequent fiscal year for the Strategic
6 National Stockpile under section 319F–2 of the Public
7 Health Service Act (42 U.S.C. 247d–6b).

8 (c) INDUSTRIAL BASE MANAGEMENT AND SUPPLY
9 CHAIN.—There is authorized \$10,00,0000 for fiscal year
10 2027 and each subsequent fiscal year for the Center for
11 Industrial Base Management and Supply Chain of the Ad-
12 ministration for Strategic Preparedness and Response.

13 (d) HOSPITAL PREPAREDNESS PROGRAM.—There is
14 authorized to be appropriated \$307,000,000 for fiscal year
15 2027 and each subsequent fiscal year for the Hospital
16 Preparedness Program of the Administration for Strategic
17 Preparedness and Response.

18 (e) UNIVERSAL FLU VACCINE RESEARCH.—There is
19 authorized to be appropriated \$270,000,000 for fiscal year
20 2027 and each subsequent fiscal year for research of the
21 National Institutes of Health to develop a universal flu
22 vaccine.

23 (f) IMMUNIZATION PROGRAM.—There is authorized
24 to be appropriated \$681,933,000 for fiscal year 2027 and
25 each subsequent fiscal year for the immunization program

1 of the Centers for Disease Control and Prevention under
2 section 317 of the Public Health Service Act (42 U.S.C.
3 247b).

4 (g) PUBLIC HEALTH EMERGENCY PREPAREDNESS
5 PROGRAM.—There is authorized to be appropriated
6 \$735,000,000 for fiscal year 2027 and each subsequent
7 fiscal year for the Public Health Emergency Preparedness
8 Program of the Centers for Disease Control and Preven-
9 tion.

10 (h) DATA MODERNIZATION INITIATIVE.—There is
11 authorized to be appropriated \$185,000,000 for fiscal year
12 2027 and each subsequent fiscal year for the Public
13 Health Data Modernization Initiative of the Centers for
14 Disease Control and Prevention.

15 (i) ADVANCED MOLECULAR DETECTION PRO-
16 GRAM.—There is authorized to be appropriated
17 \$43,000,000 for fiscal year 2027 and each subsequent fis-
18 cal year for the Advanced Molecular Detection Program
19 at the Centers for Disease Control and Prevention.

20 (j) HEALTH DEFENSE OPERATIONS BUDGET MAT-
21 TERS.—

22 (1) DESIGNATION.—Section 251(b)(2) of the
23 Balanced Budget and Emergency Deficit Control
24 Act of 1985 (2 U.S.C. 901(b)(2)) is amended by
25 adding at the end the following:

1 “(H) HEALTH DEFENSE OPERATIONS.—(i)

2 If, for any fiscal year, appropriations for discre-
 3 tionary accounts are enacted that the Congress
 4 designates in statute on an account-by-account
 5 basis as being for health defense operations,
 6 then the adjustment for that fiscal year shall be
 7 the total of such appropriations for that fiscal
 8 year.

9 “(ii) Any report or explanatory statement
 10 accompanying an appropriations Act that con-
 11 tains an account with amounts that are des-
 12 ignated as being for health defense operations
 13 pursuant to clause (i) shall specify each pro-
 14 gram, project, or activity that will be funded by
 15 such amounts, and a specific dollar amount pro-
 16 vided for each such program, project, or activ-
 17 ity.”.

18 (2) PROFESSIONAL BYPASS BUDGET.—Title IV
 19 of the Public Health Service Act (42 U.S.C. 281 et
 20 seq.) is amended by inserting after section 402B the
 21 following:

22 **“SEC. 402C. HEALTH DEFENSE OPERATIONS PROFES-**
 23 **SIONAL BYPASS BUDGET.**

24 “(a) IN GENERAL.—For fiscal year 2028 and each
 25 fiscal year thereafter, the Director of the Centers for Dis-

1 ease Control and Prevention, the Director of the National
2 Institutes of Health, and the Assistant Secretary for Pre-
3 paredness and Response shall prepare and submit directly
4 to the President for review and transmittal to Congress,
5 after reasonable opportunity for comment, but without
6 change, by the Secretary of Health and Human Services,
7 an annual budget estimate (including an estimate of the
8 number and type of personnel needs for the Institutes)
9 for amounts to be designated as being for health defense
10 operations pursuant to subparagraph (H) of section
11 251(b)(2) of the Balanced Budget and Emergency Deficit
12 Control Act of 1985.

13 “(b) PROGRAMS, PROJECTS, AND ACTIVITIES.—Any
14 budget estimate submitted pursuant to subsection (a) by
15 the Director shall include any program, project, or activity
16 that received funds designated under such subparagraph
17 (H) for the fiscal year during which such budget is sub-
18 mitted, except that the Director may modify the programs,
19 projects, or activities contained in such budget estimate
20 as circumstances warrant.”.

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