(a) In general

(1) Preparedness and response regarding public health emergencies
Beginning in 2009 and every four years thereafter, the Secretary shall prepare and submit to the relevant committees of Congress a coordinated strategy (to be known as the National Health Security Strategy) and any revisions thereof, and an accompanying implementation plan for public health emergency preparedness and response. Such National Health Security Strategy shall identify the process for achieving the preparedness goals described in subsection (b) and shall be consistent with the National Preparedness Goal, the National Incident Management System, and the National Response Plan developed pursuant to section 314 (6) of title 6, or any successor plan.

(2) Evaluation of progress
The National Health Security Strategy shall include an evaluation of the progress made by Federal, State, local, and tribal entities, based on the evidence-based benchmarks and objective standards that measure levels of preparedness established pursuant to section 247d-3a (g) of this title. Such evaluation shall include aggregate and State-specific breakdowns of obligated funding spent by major category (as defined by the Secretary) for activities funded through awards pursuant to sections 247d-3a and 247d-3b of this title.

(3) Public health workforce
In 2009, the National Health Security Strategy shall include a national strategy for establishing an effective and prepared public health workforce, including defining the functions, capabilities, and gaps in such workforce, and identifying strategies to recruit, retain, and protect such workforce from workplace exposures during public health emergencies.

(b) Preparedness goals
The National Health Security Strategy shall include provisions in furtherance of the following:

(1) Integration
Integrating public health and public and private medical capabilities with other first responder systems, including through—

(A) the periodic evaluation of Federal, State, local, and tribal preparedness and response capabilities through drills and exercises including drills and exercises to ensure medical surge capacity for events without notice; and
(B) integrating public and private sector public health and medical donations and volunteers.

(2) Public health
Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following:
(A) Disease situational awareness domestically and abroad, including detection, identification, and investigation.
(B) Disease containment including capabilities for isolation, quarantine, social distancing, and decontamination.
(C) Risk communication and public preparedness.
(D) Rapid distribution and administration of medical countermeasures.

(3) Medical
Increasing the preparedness, response capabilities, and surge capacity of hospitals, other health care facilities (including mental health facilities), and trauma care and ambulatory care facilities and which may include dental health facilities) and trauma care, critical care, and emergency medical service systems, with respect to public health emergencies (including related availability, accessibility, and coordination), which shall include developing plans for the following:
(A) Strengthening public health emergency medical and trauma management and treatment capabilities.
(B) Medical evacuation and fatality management. Fatality management.
(C) Coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.
(D)-(E) Rapid distribution and administration of medical countermeasures.
(E)-(F) Effective utilization of any available public and private mobile medical assets (which may include such dental health assets) and integration of other Federal assets.
(F)-(G) Protecting health care workers and health care first responders from workplace exposures during a public health emergency.
(G) Optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, and trauma care (which may include trauma centers) and emergency medical systems.

(4) At–risk individuals
(A) Taking into account the public health and medical needs of at–risk individuals, including the unique needs and considerations of individuals with disabilities, in the event of a public health emergency.
(B) For the purpose of this section and sections 247d–3a, 247d–6, and 247d–7e of this title, the term “at–risk individuals” means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency, as determined by the Secretary.

(5) Coordination
Minimizing duplication of, and ensuring coordination between, Federal, State, local, and tribal planning, preparedness, and response activities (including the State Emergency Management Assistance Compact). Such planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goal.

(6) Continuity of operations
Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency.

(7) Countermeasures
(A) Promoting strategic initiatives to advance countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin, chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate.
(B) For purposes of this paragraph, the term ‘countermeasures’ has the same meaning as the terms ‘qualified countermeasures’ under section 319F–1, ‘qualified pandemic and epidemic products’ under section 319F–3, and ‘security countermeasures’ under section 319F–2.

(8) Medical and Public Health Community Resiliency -- Strengthening the ability of States, local communities, and tribal communities to prepare for, respond to, and be resilient in the event of public health emergencies, whether naturally occurring, unintentional, or deliberate by,
(A) optimizing alignment and integration of medical and public health preparedness and response planning and capabilities with and into routine daily activities; and
(B) Promoting familiarity with local medical and public health systems.