

EXTENSION OF TERM OF PRESIDENTIAL ADVISORY COUNCIL  
ON COMBATING ANTIBIOTIC-RESISTANT BACTERIA

Term of Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria extended until Sept. 30, 2017, by Ex. Ord. No. 13708, Sept. 30, 2015, 80 F.R. 60271, set out as a note under section 14 of the Federal Advisory Committee Act in the Appendix to Title 5, Government Organization and Employees.

**§ 247d-5a. Repealed. Pub. L. 114-255, div. A, title III, § 3044(b)(1), Dec. 13, 2016, 130 Stat. 1121**

Section, Pub. L. 110-85, title XI, § 1111, Sept. 27, 2007, 121 Stat. 975, related to identification of clinically susceptible concentrations of antimicrobials. See section 360a-2 of Title 21, Food and Drugs.

**§ 247d-6. Public health countermeasures to a bioterrorist attack**

**(a) All-hazards public health and medical response curricula and training**

**(1) In general**

The Secretary, in collaboration with the Secretary of Defense, and in consultation with relevant public and private entities, shall develop core health and medical response curricula and trainings by adapting applicable existing curricula and training programs to improve responses to public health emergencies.

**(2) Curriculum**

The public health and medical response training program may include course work related to—

(A) medical management of casualties, taking into account the needs of at-risk individuals;

(B) public health aspects of public health emergencies;

(C) mental health aspects of public health emergencies;

(D) national incident management, including coordination among Federal, State, local, tribal, international agencies, and other entities; and

(E) protecting health care workers and health care first responders from workplace exposures during a public health emergency.

**(3) Peer review**

On a periodic basis, products prepared as part of the program shall be rigorously tested and peer-reviewed by experts in the relevant fields.

**(4) Credit**

The Secretary and the Secretary of Defense shall—

(A) take into account continuing professional education requirements of public health and healthcare professions; and

(B) cooperate with State, local, and tribal accrediting agencies and with professional associations in arranging for students enrolled in the program to obtain continuing professional education credit for program courses.

**(5) Dissemination and training**

**(A) In general**

The Secretary may provide for the dissemination and teaching of the materials de-

scribed in paragraphs (1) and (2) by appropriate means, as determined by the Secretary.

**(B) Certain entities**

The education and training activities described in subparagraph (A) may be carried out by Federal public health, medical, or dental entities, appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.

**(C) Grants and contracts**

In carrying out this subsection, the Secretary may carry out activities directly or through the award of grants and contracts, and may enter into interagency agreements with other Federal agencies.

**(b) Advice to the Federal Government**

**(1) Required advisory committees**

In coordination with the working group under subsection (a), the Secretary shall establish advisory committees in accordance with paragraphs (2) and (3) to provide expert recommendations to assist such working groups in carrying out their respective responsibilities under subsections (a) and (b).

**(2) National Advisory Committee on At-Risk Individuals and Public Health Emergencies**

**(A) In general**

For purposes of paragraph (1), the Secretary shall establish an advisory committee to be known as the National Advisory Committee on At-Risk Individuals and Public Health Emergencies (referred to in this paragraph as the “Advisory Committee”).

**(B) Duties**

The Advisory Committee shall provide recommendations regarding—

(i) the preparedness of the health care (including mental health care) system to respond to public health emergencies as they relate to at-risk individuals;

(ii) needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of at-risk individuals; and

(iii) changes, if necessary, to the national stockpile under section 300hh-12 of this title to meet the emergency health security of at-risk individuals.

**(C) Composition**

The Advisory Committee shall be composed of such Federal officials as may be appropriate to address the special needs of the diverse population groups of at-risk populations.

**(D) Termination**

The Advisory Committee terminates six years after June 12, 2002.

**(3) Emergency Public Information and Communications Advisory Committee**

**(A) In general**

For purposes of paragraph (1), the Secretary shall establish an advisory committee