

116TH CONGRESS
2D SESSION

S. _____

To respond to the global COVID–19 pandemic, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. MENENDEZ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To respond to the global COVID–19 pandemic, 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 “COVID–19 International Response and Recovery Act of
6 2020”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Sense of Congress.

TITLE I—ENHANCING PROTECTION OF AMERICAN CITIZENS
ABROAD DURING A PANDEMIC

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- Sec. 111. Administration of foreign affairs diplomatic and consular programs.
- Sec. 112. Authority to waive reimbursement requirements related to certain evacuations.
- Sec. 113. Operationalizing expedient American Citizen Services during the COVID–19 pandemic: intracountry travel.
- Sec. 114. Operationalizing expedient American Citizen Services during the COVID–19 pandemic: consular affairs, task forces, and regulations.
- Sec. 115. Consular affairs and repatriation resources of the Department of State.
- Sec. 116. After action reports and worldwide remote American Citizen Services drills.

TITLE II—GLOBAL PROGRAMMING AND AUTHORITIES

Subtitle A—United States Leadership and Multilateral Issues

- Sec. 201. Sense of Congress on transnational cooperation in support of pandemic preparedness and response.
- Sec. 202. Multilateral leadership and assistance to international organizations.
- Sec. 203. Authorization for United States participation in the Coalition for Epidemic Preparedness Innovations.
- Sec. 204. Supporting humanitarian and development assistance related to COVID–19 response through the United States combatant commands.
- Sec. 205. United States Government actions to detect and prevent global pandemics.
- Sec. 206. Additional authorities.
- Sec. 207. Support for efforts of the Global Fund to Fight Aids, Tuberculosis and Malaria to respond to COVID–19.

Subtitle B—International Economic Pandemic Response

- Sec. 211. Sense of Congress on building resilience.
- Sec. 212. Financial support for pandemic preparedness and global health security.
- Sec. 213. Sense of Congress on the United States International Development Finance Corporation.
- Sec. 214. Prohibition on the transfer of sovereign loan guarantees to the United States International Development Finance Corporation.
- Sec. 215. Surge financing mechanism.
- Sec. 216. Sense of Congress on contributions to the Currency Exchange Fund.
- Sec. 217. Sense of Congress on bilateral debt restructuring.
- Sec. 218. Clearing World Bank Group arrears.

Subtitle C—Refugee, Humanitarian, and Migration Provisions

- Sec. 231. Protection of refugees and asylum seekers.
- Sec. 232. Humanitarian assistance to countries affected by the COVID–19 pandemic.
- Sec. 233. Addressing threats to women and girls in the COVID–19 pandemic.
- Sec. 234. Safeguarding democracy and human rights during the COVID–19 pandemic.

Subtitle D—Other Regional Matters

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- Sec. 241. Assistance for the West Bank and Gaza related to the COVID–19 pandemic.
- Sec. 242. Preventing the spread of COVID–19 at the United States-Mexico border.
- Sec. 243. Limitations on removal of foreign nationals.
- Sec. 244. Sense of Congress on ensuring that sanctions do not inhibit the provision of humanitarian relief to Iran.
- Sec. 245. Sense of Congress on clarifying that sanctions do not inhibit the provision of humanitarian relief to Venezuela.
- Sec. 246. Sense of Congress on ensuring that sanctions do not inhibit the provision of humanitarian relief to the Democratic People’s Republic of North Korea.
- Sec. 247. Sense of Congress on relations with the European Union.
- Sec. 248. International financial institution assistance for COVID–19 recovery efforts in Sudan.

TITLE III—UNITED STATES GOVERNMENT ORGANIZATION AND
AUTHORITIES

Subtitle A—Enhancing United States Government Response to Pandemics

- Sec. 301. Roles for United States Agency for International Development, Department of State, and the Centers for Disease Control and Prevention.
- Sec. 302. Enhanced support for global health security.
- Sec. 303. Global health security strategy and reports.
- Sec. 304. Requirement to consult with Congress before restricting travel to or from the United States.
- Sec. 305. Sense of Congress on using a scientific term for COVID–19.

Subtitle B—Other United States Government Authorities

- Sec. 311. Sense of Congress on provision of personal protective equipment to United States Government personnel overseas.
- Sec. 312. Report on COVID–19 infection risk mitigation procedures.
- Sec. 313. Extension of expiring immigration statuses and employment authorization.
- Sec. 314. Sense of Congress on helping foreign assistance recipients mitigate effects from loss of operations and economic disruption related to the COVID–19 pandemic.
- Sec. 315. Sense of Congress on disinformation about COVID–19.
- Sec. 316. United States Agency for Global Media.
- Sec. 317. Global Engagement Center.
- Sec. 318. Pandemic unemployment assistance for Peace Corps volunteers.
- Sec. 319. Additional paid leave to employees of certain independent agencies involved in the conduct of foreign affairs.
- Sec. 320. Millennium Challenge Corporation compact extensions.
- Sec. 321. Annual National Intelligence Estimate and briefing on novel diseases and pandemic threats.
- Sec. 322. Applicability of Government in the Sunshine Act.

1 SEC. 2. DEFINITIONS.

2 In this Act:

1 (1) APPROPRIATE CONGRESSIONAL COMMIT-
2 TEES.—The term “appropriate congressional com-
3 mittees” means—

4 (A) the Committee on Foreign Relations
5 and the Committee on Appropriations of the
6 Senate; and

7 (C) the Committee on Foreign Affairs and
8 the Committee on Appropriations of the House
9 of Representatives.

10 (2) COVID-19.—The term “COVID-19”
11 means the novel coronavirus disease caused by se-
12 vere acute respiratory syndrome coronavirus 2
13 (SARS-CoV-2).

14 (3) EBOLA.—The term “Ebola” means the
15 Ebola virus disease.

16 (4) GLOBAL HEALTH SECURITY.—The term
17 “global health security” means activities, at the
18 country, regional, and global levels, to improve epi-
19 demic and pandemic preparedness and capabilities in
20 order to minimize vulnerability to acute public
21 health events that can endanger the health of popu-
22 lations at the country level and across international
23 boundaries.

24 (5) GLOBAL HEALTH SECURITY AGENDA;
25 GHSA.—The terms “Global Health Security Agenda”

1 and “GHSA” refer to the partnership, established in
2 2014, of nations, international organizations, and
3 nongovernmental stakeholders that is committed to
4 helping—

5 (A) build countries’ capacities to create a
6 world safe and secure from infectious disease
7 threats; and

8 (B) elevate global health security as a na-
9 tional and global priority.

10 (6) HEALTH SYSTEM.—The term “health sys-
11 tem” means all of the organizations, institutions,
12 and resources, including resources from public, pri-
13 vate, traditional, and informal sectors, that are dedi-
14 cated to improving the health of individuals, includ-
15 ing through service provision, resource generation,
16 financing, and stewardship, especially those aspects
17 of a system which are foundational to success in
18 multiple United States Government supported health
19 programs and for which constraints should be ad-
20 dressed in a comprehensive way.

21 (7) PRIVATE SECTOR.—The term “private sec-
22 tor” includes local, national, and multinational cor-
23 porations, academia, and nongovernmental entities
24 and organizations with relevant expertise.

1 (8) UNITED STATES GOVERNMENT SUPPORTED
2 HEALTH PROGRAM.—The term “United States Gov-
3 ernment supported health program” means any pro-
4 gram or activity supported by United States foreign
5 assistance that addresses a specific disease or health
6 issue, such as malaria, tuberculosis, neglected trop-
7 ical diseases, maternal and child health, nutrition,
8 family planning, or HIV/AIDS.

9 (9) UNITED STATES NATIONAL DEFINED.—The
10 term “United States national” means an individual
11 who is—

12 (A) a United States citizen; or

13 (B) an alien lawfully admitted for perma-
14 nent residence to the United States.

15 **SEC. 3. SENSE OF CONGRESS.**

16 It is the sense of Congress that—

17 (1) as we attempt to manage the scale and
18 scope of the impact of COVID–19 in the United
19 States, a coordinated global response and recovery
20 effort is in the national security and economic inter-
21 ests of the United States; and

22 (2) in the same way that the world witnessed
23 increased international counterterrorism cooperation
24 following the tragic terrorist attacks against the
25 United States on September 11, 2001, countries

1 around the world need to increase information-shar-
2 ing and coordination on global health issues, includ-
3 ing to address COVID–19.

4 **TITLE I—ENHANCING PROTEC-**
5 **TION OF AMERICAN CITIZENS**
6 **ABROAD DURING A PAN-**
7 **DEMIC**

8 **SEC. 111. ADMINISTRATION OF FOREIGN AFFAIRS DIPLO-**
9 **MATIC AND CONSULAR PROGRAMS.**

10 (a) IN GENERAL.—There is authorized to be appro-
11 priated for the Department of State \$15,770,000 for fiscal
12 year 2021 for “Emergencies in the Diplomatic and Con-
13 sular Service,” for necessary expenses for emergency evac-
14 uations of United States nationals, and third country na-
15 tionals connected to such persons, including private med-
16 ical evacuation support, during the COVID–19 outbreak.

17 (b) NOTIFICATION.—Not later than 15 days after an
18 expenditure pursuant to this section, the Secretary of
19 State shall notify the appropriate congressional commit-
20 tees of the amount, purposes, and national interests served
21 by such expenditure.

1 **SEC. 112. AUTHORITY TO WAIVE REIMBURSEMENT RE-**
2 **QUIREMENTS RELATED TO CERTAIN EVACU-**
3 **ATIONS.**

4 Section 4(b)(2)(A)(ii) of the State Department Basic
5 Authorities Act of 1956 (22 U.S.C. 2671(b)(2)(A)(ii)) is
6 amended by inserting before the semicolon at the end the
7 following: “: *provided*, that the Secretary of State may pay
8 expenses related to the evacuation of private United States
9 nationals abroad, and third country nationals connected
10 to such persons, on a non-reimbursable basis in connection
11 with the response to COVID–19 or other situations when
12 it is in the national interest, taking into consideration the
13 financial need of each such individual”.

14 **SEC. 113. OPERATIONALIZING EXPEDIENT AMERICAN CIT-**
15 **IZEN SERVICES DURING THE COVID-19 PAN-**
16 **DEMIC: INTRACOUNTRY TRAVEL.**

17 The Secretary of State shall immediately petition the
18 government of any country that closes its borders and air-
19 space due to COVID–19 or a future pandemic to make
20 arrangements with each United States mission in that
21 country to ensure United States nationals are able to trav-
22 el intracountry to United States Government evacuation
23 points or to access commercial travel when possible.

1 **SEC. 114. OPERATIONALIZING EXPEDIENT AMERICAN CIT-**
2 **IZEN SERVICES DURING THE COVID-19 PAN-**
3 **DEMIC: CONSULAR AFFAIRS, TASK FORCES,**
4 **AND REGULATIONS.**

5 The Secretary of State shall direct the Assistant Sec-
6 retary of State for Consular Affairs to immediately, and
7 for 45 days after the President determines the COVID-
8 19 pandemic is over—

9 (1) provide United States missions worldwide
10 with explicit guidance to protect United States na-
11 tionals and empower officers, specialists, and local
12 staff as they protect lives during and immediately
13 after the pandemic period;

14 (2) augment the staffing of the Consular Af-
15 fairs Task Force 2 to better assist posts and United
16 States nationals overseas, including—

17 (A) increasing staffing of the Overseas
18 Consular Services call center and activation of
19 the National Passport Information Center and
20 the National Visa Center to immediately im-
21 prove consular response times; and

22 (B) direct public access to Task Force 2
23 through the Overseas Consular Services call
24 center; and

1 (3) notify Congress of any additional monetary
2 or technical resources needed to carry out the ac-
3 tions described in this subsection.

4 **SEC. 115. CONSULAR AFFAIRS AND REPATRIATION RE-**
5 **SOURCES OF THE DEPARTMENT OF STATE.**

6 Section 1 of the State Department Basic Authorities
7 Act of 1956 (22 U.S.C. 2651a) is amended by adding at
8 the end the following new section:

9 “(h) RESPONDING TO EPIDEMICS OR PANDEMICS.—

10 “(1) STATEMENT OF POLICY.—It shall be the
11 policy of the United States, during any public health
12 emergency caused by an epidemic or pandemic—

13 “(A) to not leave any United States na-
14 tional involuntarily stranded in a foreign coun-
15 try; and

16 “(B) to provide all appropriate and avail-
17 able assistance to United States nationals to fa-
18 cilitate their return to the United States, when
19 requested, for the duration of the public health
20 emergency.

21 “(2) DEFINITIONS.—In this subsection—

22 “(A) the term ‘tier two response’ means a
23 single, comprehensive approach to incident
24 management for the National Passport Center
25 and the National Visa Center during a national

1 emergency caused by an epidemic or pandemic,
2 including—

3 “(i) the promulgation of protocols for
4 communication, information and planning,
5 emergency assistance, logistics manage-
6 ment and support, staffing, and financial
7 management; and

8 “(ii) the identification of roles and re-
9 sponsibilities for response and staffing,
10 critical infrastructure, and international
11 and interagency coordination; and

12 “(B) the term ‘United States national’
13 means an individual who is—

14 “(i) a United States citizen; or

15 “(ii) an alien lawfully admitted for
16 permanent residence to the United States.

17 “(3) ESTABLISHMENT OF REPATRIATION TASK
18 FORCE.—Whenever the Department of State issues
19 a Level 3 or Level 4 Travel Advisory in response to
20 an epidemic or pandemic, the Secretary shall estab-
21 lish, under the direction of the Assistant Secretary
22 for Consular Affairs, a Repatriation Task Force,
23 which shall—

24 “(A) formulate and implement policies that
25 protect and advance United States interests in

1 protecting and safeguarding the needs of
2 United States nationals, including repatriation
3 and other health and medical needs;

4 “(B) ensure that procedures implemented
5 by American Citizen Services are integrated
6 into, and reflected in, the decision-making pro-
7 cess within the Department of State;

8 “(C) coordinate the functions of American
9 Citizen Services, including repatriation, re-
10 sponding to health and medical needs, and
11 other relevant functions, within the Department
12 of State;

13 “(D) manage, in coordination with relevant
14 diplomatic posts, all communication and coordi-
15 nation with United States nationals regarding
16 their needs, including repatriation and health
17 and medical matters;

18 “(E) incorporate the functions of American
19 Citizen Services, including repatriation and
20 other health and medical needs priorities, into
21 the activities of the Department of State;

22 “(F) coordinate efforts of the Department
23 of State with relevant Federal departments and
24 agencies to meet the needs of American Citizen

1 Services, including repatriation and other
2 health and medical needs; and

3 “(G) support American Citizen Services
4 with repatriation and other health and medical
5 needs, including coordinating and providing re-
6 sources to meet all repatriation needs.

7 “(4) PERSONNEL.—The Secretary shall ensure
8 that there are sufficient personnel serving in the Of-
9 fice of American Citizens Services and Crisis Man-
10 agement and the Bureau of Consular Affairs or
11 other Department of State personnel in the coun-
12 tries affected by the epidemic or pandemic, to carry
13 out the responsibilities set forth in paragraph (3),
14 including repatriation matters.

15 “(5) NATIONAL PASSPORT CENTER AND NA-
16 TIONAL VISA CENTER.—Whenever the Department
17 of State issues a Level 3 or Level 4 Travel Advisory
18 in response to an epidemic or pandemic, the Sec-
19 retary shall activate the National Passport Informa-
20 tion Center and the National Visa Center to imme-
21 diately provide tier two response.

22 “(6) NOTIFICATION REQUIREMENT.—Not later
23 than 15 days before the Department of State in-
24 tends to discontinue the repatriation services de-
25 scribed in paragraph (3) in any region, country, or

1 part thereof during a public health emergency
2 caused by an epidemic or pandemic affecting such
3 region, country, or part, the Secretary of State shall
4 notify, by all appropriate means, all United States
5 nationals affected by this service interruption, the
6 Committee on Foreign Relations of the Senate, and
7 the Committee on Foreign Affairs of the House of
8 Representatives of the date after which the Depart-
9 ment of State will no longer provide such services to
10 United States nationals seeking repatriation to the
11 United States.”.

12 **SEC. 116. AFTER ACTION REPORTS AND WORLDWIDE RE-**
13 **MOTE AMERICAN CITIZEN SERVICES DRILLS.**

14 (a) SENSE OF CONGRESS.—It is the sense of Con-
15 gress that Department of State career professionals have
16 done tremendous work to address the extraordinary chal-
17 lenges related to the COVID–19 pandemic and to bring
18 home more than 77,000 United States nationals from ap-
19 proximately 128 countries and territories during a time
20 of crisis.

21 (b) COMPREHENSIVE AFTER ACTION REPORT.—

22 (1) IN GENERAL.—Not later than 90 days after
23 the President determines the COVID–19 pandemic
24 is over, the Secretary of State shall provide a com-
25 prehensive after action report to the Committee on

1 Foreign Relations of the Senate and the Committee
2 on Foreign Affairs of the House of Representatives,
3 including an assessment of any consular system fail-
4 ures due to lack of bandwidth—personnel or tech-
5 nical, system design, or capacity—and resources
6 needed to improve future performance of American
7 Citizen Services during a global health crisis.

8 (2) FORM.—The report required under para-
9 graph (1) shall be submitted in unclassified form,
10 but may include a classified annex.

11 (c) SEMI-ANNUAL WORLDWIDE REMOTE AMERICAN
12 CITIZEN SERVICES DRILLS.—

13 (1) IN GENERAL.—The Secretary of State shall
14 direct the Assistant Secretary of State for Consular
15 Affairs to direct a semi-annual worldwide drill for all
16 consular systems and personnel. The drill shall in-
17 clude remote processing and systems (with minimum
18 80 percent remote consular telework worldwide).

19 (2) REPORTS.—The Secretary shall report the
20 outcome of each drill to the appropriate congres-
21 sional committees within 90 days following the con-
22 clusion of the drill. The first drill shall be held not
23 later than 180 days after the President determines
24 the COVID–19 pandemic is over.

1 **TITLE II—GLOBAL PROGRAM-**
2 **MING AND AUTHORITIES**
3 **Subtitle A—United States**
4 **Leadership and Multilateral Issues**

5 **SEC. 201. SENSE OF CONGRESS ON TRANSNATIONAL CO-**
6 **OPERATION IN SUPPORT OF PANDEMIC PRE-**
7 **PAREDNESS AND RESPONSE.**

8 It is the sense of Congress that—

9 (1) global pandemic preparedness and response
10 requires international and regional cooperation and
11 action;

12 (2) the United States should assert strong lead-
13 ership in multilateral fora such as the Group of 7,
14 Group of 20, and the United Nations by collabo-
15 rating and cooperating with other countries, inter-
16 national and regional organizations, and other rel-
17 evant fora, including the World Health Organiza-
18 tion, to develop a comprehensive and coordinated re-
19 sponse to end the COVID–19 pandemic and prevent
20 future waves of infection;

21 (3) the United States should exercise leadership
22 in efforts to address the economic and financial im-
23 plications of the COVID–19 pandemic, especially as
24 it affects low and middle income countries, through
25 the World Bank Group, the International Monetary

1 Fund, and the International Finance Corporation as
2 well as relevant regional and bilateral international
3 financial institutions;

4 (4) the United States Government should en-
5 gage with other countries, international and regional
6 organizations, and other relevant fora regarding the
7 development and distribution of global goods, includ-
8 ing equipment, commodities, and supplies that are
9 being used to combat COVID-19, and treatments
10 and vaccines once they become available;

11 (5) the United States should lead the United
12 Nations Security Council in adding health security
13 as an explicit part of the mandate of the United Na-
14 tions Regional Center for Preventative Diplomacy in
15 Central Asia;

16 (6) the United States should recognize the crit-
17 ical role that regional organizations such as the Pan
18 American Health Organization and the African Cen-
19 ters for Disease Control and Prevention play in
20 transnational cooperation on pandemic preparedness
21 and response;

22 (7) the United States Government should co-
23 ordinate closely with the European Centre for Dis-
24 ease Prevention and Control and other relevant Eu-
25 ropean Union entities on efforts to develop a

1 COVID–19 vaccine and provide international assist-
2 ance to developing countries confronting the pan-
3 demic; and

4 (8) the United States should encourage the de-
5 velopment of organizational frameworks for pan-
6 demic health response through the C5+1 frame-
7 work, the South Asian Association for Regional Co-
8 operation, the Association of Southeast Asian Na-
9 tions, and other regional entities including the
10 Southeast Asia One Health University Network, the
11 Mekong Basin Disease Surveillance, and the Asia
12 Partnership on Emerging Infectious Disease Re-
13 search.

14 **SEC. 202. MULTILATERAL LEADERSHIP AND ASSISTANCE**
15 **TO INTERNATIONAL ORGANIZATIONS.**

16 (a) STATEMENT OF POLICY.—It shall be the policy
17 of the United States—

18 (1) to elevate the role of multilateral institu-
19 tions in leading a robust international response to
20 COVID–19 by undertaking a range of actions at the
21 United Nations, and by providing timely financial
22 support to United Nations agencies responding to
23 the pandemic; and

24 (2) to provide United States assistance to the
25 United Nations COVID–19 Global Humanitarian

1 Response Plan, launched March 25, 2020, and en-
2 gage other donor governments to increase funding
3 for the United Nation’s effort to combat COVID–19
4 in the world’s poorest and most vulnerable countries.

5 (b) UNITED STATES GOVERNMENT LEADERSHIP.—

6 In carrying out the policy under section (a), the President
7 shall direct the United States Permanent Representative
8 to the United Nations to use the voice, vote, and influence
9 of the United States at the United Nations to—

10 (1) introduce a United Nations Security Coun-
11 cil resolution to declare COVID–19 and all
12 pandemics a threat to international peace and secu-
13 rity and to require member states to address this
14 threat by aligning their health preparedness frame-
15 works with international best practices and those es-
16 tablished by the GHSA to improve country capacity
17 to prevent, detect, and respond to infectious disease
18 threats;

19 (2) ensure that the World Health Organization
20 plays an effective role in aligning member countries
21 around a single strategic operating plan to detect,
22 contain, treat, and deter the further spread of
23 COVID–19; and

24 (3) mandate the Director-General of the World
25 Health Organization to commission an interim as-

1 assessment, to be conducted by a panel of outside
2 independent experts and presented at the World
3 Health Assembly in May 2021, on all aspects of the
4 World Health Organization’s response to the
5 COVID–19 pandemic, starting from the onset of the
6 outbreak of COVID–19, including—

7 (A) the functioning of the International
8 Health Regulations (2005) and recommenda-
9 tions for their improvement to ensure trans-
10 parency and the development of core capacities
11 to prevent, detect and respond to infectious dis-
12 ease outbreaks;

13 (B) resource mobilization in response to
14 COVID–19 and funding of the World Health
15 Organization Emergencies Program in general;
16 and

17 (C) emergency response actions taken at
18 all three levels of the World Health Organiza-
19 tion in response to COVID–19.

20 (e) RESTORATION OF FUNDING TO THE WORLD
21 HEALTH ORGANIZATION.—

22 (1) FINDINGS.—Congress makes the following
23 findings:

24 (A) The World Health Organization is the
25 leading international body spearheading the

1 global public health response to the COVID–19
2 pandemic, conducts vital work that saves mil-
3 lions of lives every year, and serves an impor-
4 tant convening, policy and coordinating role.

5 (B) On April 14, 2020, President Donald
6 J. Trump announced a suspension of further
7 funding to the World Health Organization while
8 the Administration conducts a review of United
9 States funding to the organization.

10 (C) The President’s decision to suspend
11 funding to the World Health Organization in
12 the midst of global pandemic risks—

13 (i) interruptions to life-saving activi-
14 ties such as measles and polio vaccinations,
15 HIV testing, newborn and maternal sup-
16 port, and various other global health and
17 research activities; and

18 (ii) increasing direct financial and
19 economic cost to United States taxpayers
20 when and if we must confront such chal-
21 lenges as dealing with a global pandemic
22 alone.

23 (C) The President’s retreat from the
24 World Health Organization and other multilat-
25 eral institutions erodes the ability of the United

1 States “to shape developments that are positive
2 for the United States” within the international
3 system and leaves a vacuum in which other
4 countries with interests counter to United
5 States interests gain influence.

6 (2) SENSE OF CONGRESS.—It is the sense of
7 Congress that the United States Government
8 should—

9 (A) immediately restore funding to the
10 World Health Organization; and

11 (B) continue to use its influence to shape
12 the policies and practices of the Organization.

13 (3) UNITED STATES CONTRIBUTIONS.—Not
14 later than 30 days after the date of the enactment
15 of this Act, the President shall, through the Sec-
16 retary of State—

17 (A) provide the World Health Organization
18 with all necessary amounts to address its ar-
19 rears from fiscal year 2019;

20 (B) release undisbursed fiscal year 2020
21 assessed dues to the World Health Organiza-
22 tion; and

23 (C) release all voluntary funds currently
24 being withheld from the World Health Organi-
25 zation.

1 (4) REPORT.—

2 (A) IN GENERAL.—Not later than 60 days
3 after the date of the enactment of this Act, the
4 Secretary of State, in consultation with the Ad-
5 ministrator of the United States Agency for
6 International Development, shall provide the
7 Committee on Foreign Relations of the Senate
8 and the Committee on Foreign Affairs of the
9 House of Representatives a report detailing the
10 criteria and factors considered by the United
11 States Government in reviewing its funding
12 contributions to the World Health Organization
13 and the effect of the review on pandemic re-
14 sponse and global health activities.

15 (B) ELEMENTS.—The report required
16 under subparagraph (A) shall include—

17 (i) a complete description of all cri-
18 teria and benchmarks used to determine
19 whether to restart, redirect, end, or alter
20 United States contributions to the World
21 Health Organization, and the weight given
22 to each criteria or benchmark;

23 (ii) an explanation of all steps taken
24 to conduct this review, including the key

1 officials who led the review and the agen-
2 cies involved;

3 (iii) a description of all information
4 requested and obtained from the World
5 Health Organization that the United
6 States used to conduct this review;

7 (iv) a summary of the findings and
8 recommendations produced during the re-
9 view;

10 (v) the total amount of funds sus-
11 pended, withheld, or redirected, as com-
12 pared to the amounts the United States
13 had planned to send to the World Health
14 Organization as of January 1, 2020;

15 (vi) a complete list and description of
16 all entities and initiatives that received any
17 redirected funds;

18 (vii) a complete list and description of
19 each exception, change, or carve-out to the
20 announced suspension of funds to the
21 World Health Organization, including a
22 justification for each such exception; and

23 (viii) an analysis of the effects the
24 suspension of United States contributions
25 to the World Health Organization had on

1 the global COVID–19 response, World
2 Health Organization global health activi-
3 ties, and United States Government en-
4 gagement with the World Health Organiza-
5 tion.

6 (d) PAN AMERICAN HEALTH ORGANIZATION.—

7 (1) FINDINGS.—Congress makes the following
8 findings:

9 (A) The Pan American Health Organiza-
10 tion is the premier multilateral health agency
11 for the Americas and implements programs
12 to—

13 (i) facilitate technical cooperation with
14 its member countries to strengthen health
15 systems and public health standards;

16 (ii) address communicable and non-
17 communicable diseases and their causes;
18 and

19 (iii) respond to public health related
20 emergencies in the region.

21 (B) The United States currently is in ar-
22 rears to the Pan American Health Organization
23 for approximately \$61,000,000 from fiscal year
24 2019 and has dues of an estimated
25 \$49,500,000 for fiscal year 2020.

1 (2) SENSE OF CONGRESS.—It is the sense of
2 Congress that the United States should immediately
3 settle its arrears with the Pan American Health Or-
4 ganization from fiscal year 2019 and provide its as-
5 sessed contributions for fiscal year 2020 in an expe-
6 ditious manner in order to strengthen the Pan
7 American Health Organization’s response to the
8 COVID–19 pandemic in Latin America and the Car-
9ibbean.

10 (3) ADDRESSING ARREARS.—Not later than 30
11 days after the date of the enactment of this Act, the
12 Secretary of State shall provide the Pan American
13 Health Organization with all necessary amounts to
14 address its arrears from fiscal year 2019 and fiscal
15 year 2020.

16 (4) ACCOUNTABILITY MEASURES.— The Sec-
17retary of State and the Secretary of Health and
18 Human Services shall—

19 (A) take all necessary steps to ensure that
20 United States assessed contributions and vol-
21untary contributions to the Pan American
22 Health Organization are used for their intended
23 purposes;

24 (B) take all necessary steps to ensure that
25 the Pan American Health Organization, which

1 serves as the regional office of the World
2 Health Organization, maintains the World
3 Health Organization’s Global Code of Practice
4 on the International Recruitment of Health
5 Personnel, which was adopted by the World
6 Health Assembly in May 2010, including adher-
7 ence to the guiding principles listed in Article
8 3 of the Code, which urge Member States to
9 “promote and respect fair labour practices for
10 all health personnel”;

11 (C) refer any matters that do not comply
12 with the actions set forth in subparagraphs (A)
13 and (B) to the Pan American Health Organiza-
14 tion’s Integrity and Conflict Management Sys-
15 tem and the World Health Organization’s Of-
16 fice of Internal Oversight Services; and

17 (D) provide written notification and sum-
18 mary to the Committee on Foreign Relations of
19 the Senate and the Committee on Foreign Af-
20 fairs of the House of Representatives of any re-
21 ferral made pursuant to subparagraph (C) with-
22 in 15 days of any such notification.

23 (e) AUTHORIZATIONS.—

24 (1) TIMELY PAYMENT TO INTERNATIONAL OR-
25 GANIZATIONS.—

1 (A) IN GENERAL.—There is authorized to
2 be appropriated to the President
3 \$2,186,980,000 for fiscal year 2021 for nec-
4 essary expenses, not otherwise provided for, to
5 carry out the provisions of section 301 of the
6 Foreign Assistance Act of 1961 (22 U.S.C.
7 2221), and to meet annual obligations of mem-
8 bership in international multilateral organiza-
9 tions, pursuant to treaties ratified pursuant to
10 the advice and consent of the Senate, conven-
11 tions, or specific Acts of Congress.

12 (B) AVAILABILITY OF FUNDS.—Not later
13 than 60 days after the date of the enactment of
14 this Act, amounts authorized to be appropriated
15 pursuant to subparagraph (A) under the head-
16 ings “Contributions to International Organiza-
17 tions” and “International Organizations and
18 Programs” shall be made available to the De-
19 partment of State.

20 (2) PAYMENT OF ARREARS.—In addition to
21 amounts otherwise available for the payment of as-
22 sessed contributions to international organizations
23 and contributions for international peacekeeping ac-
24 tivities, there is authorized to be appropriated, not-
25 withstanding any other provision of law, such sums

1 as may be necessary to pay United States arrears to
2 the United Nations and United Nations specialized
3 agencies recognized by the United States.

4 (3) CONTRIBUTIONS TO THE UNITED NATIONS
5 COVID–19 HUMANITARIAN RESPONSE PLAN FOR THE
6 MOST VULNERABLE COUNTRIES.—There is author-
7 ized to be appropriated to the President for the pur-
8 poses of contributing directly to the United Nations
9 COVID–19 Humanitarian Response Plan,
10 \$500,000,000 for fiscal year 2021 to carry out sec-
11 tion 491 of the Foreign Assistance Act of 1961 (22
12 U.S.C. 2292), in addition to funds otherwise appro-
13 priated or made available for such purpose.

14 **SEC. 203. AUTHORIZATION FOR UNITED STATES PARTICI-**
15 **PATION IN THE COALITION FOR EPIDEMIC**
16 **PREPAREDNESS INNOVATIONS.**

17 (a) IN GENERAL.—The United States shall partici-
18 pate in the Coalition for Epidemic Preparedness Innova-
19 tions.

20 (b) REPORT.—Not later than 180 days after the date
21 of the enactment of this Act, the President shall submit
22 to the appropriate congressional committees a report that
23 describes the following:

24 (1) The United States' planned contributions to
25 the Coalition for Epidemic Preparedness Innovations

1 (in this section referred to as the “Coalition”) and
2 the mechanisms for United States participation in
3 the Coalition.

4 (2) The manner and extent to which the United
5 States shall participate in the governance of the Co-
6 alition.

7 (3) The role of the Coalition in and anticipated
8 benefits of United States participation in the Coali-
9 tion on—

10 (A) the Global Health Security Strategy
11 required by section 7058(e)(3) of the Depart-
12 ment of State, Foreign Operations, and Related
13 Programs Appropriations Act, 2018 (division K
14 of Public Law 115–141);

15 (B) the applicable revision of the National
16 Biodefense Strategy required by section 1086 of
17 the National Defense Authorization Act for Fis-
18 cal Year 2017 (6 U.S.C. 104); and

19 (C) any other relevant policy and planning
20 process.

21 (c) UNITED STATES CONTRIBUTIONS.—There is au-
22 thorized to be appropriated \$200,000,000 to carry out
23 global health security, for contributions to the Coalition
24 for Epidemic Preparedness Innovations.

1 **SEC. 204. SUPPORTING HUMANITARIAN AND DEVELOP-**
2 **MENT ASSISTANCE RELATED TO COVID-19**
3 **RESPONSE THROUGH THE UNITED STATES**
4 **COMBATANT COMMANDS.**

5 (a) **AUTHORIZATION.**—Subject to subsection (b), the
6 United States combatant commands are authorized to pro-
7 vide assistance in their respective areas of operation to
8 enable foreign governments to better prevent, prepare for,
9 or respond to COVID-19.

10 (b) **CERTIFICATION REQUIREMENT.**—This authoriza-
11 tion shall go into effect only after the Administrator of
12 the United States Agency for International Development
13 determines and certifies to the relevant congressional com-
14 mittees that—

15 (1) provision of assistance by a specific United
16 States combatant command is necessary to enable a
17 foreign government or governments to prevent, pre-
18 pare for, or respond to COVID-19; and

19 (2) all assistance provided by a United States
20 combatant command pursuant to this authorization
21 has been jointly planned with the United States
22 Agency for International Development and the De-
23 partment of State.

24 (c) **REQUIREMENT.**—Not later than 90 days after the
25 date of the enactment of this Act, and every 90 days there-
26 after, the Administrator of the United States Agency for

1 International Development, the Secretary of Defense, and
2 the Secretary of State shall brief the relevant congress-
3 sional committees on all humanitarian and development
4 assistance programming related to COVID–19 by United
5 States combatant commands within their areas of oper-
6 ation.

7 (d) RELEVANT CONGRESSIONAL COMMITTEES DE-
8 FINED.—In this section, the term “relevant congressional
9 committees” means—

10 (1) the Committee on Foreign Relations and
11 the Committee on Armed Services of the Senate; and

12 (2) the Committee on Foreign Affairs and the
13 Committee on Armed Services of the House of Rep-
14 resentatives.

15 **SEC. 205. UNITED STATES GOVERNMENT ACTIONS TO DE-**
16 **TECT AND PREVENT GLOBAL PANDEMICS.**

17 (a) COUNTRY STRATEGIES.—

18 (1) IN GENERAL.—In each country in which the
19 United States Government is implementing at least
20 three United States Government supported health
21 programs, missions of the United States Agency for
22 International Development, in consultation with rel-
23 evant host country entities, shall—

1 (A) conduct an assessment that is similar
2 to the Health Systems Assessment Approach,
3 that—

4 (i) takes a comprehensive view of the
5 constraints in the health system that pre-
6 vent the achievement of desired outcomes
7 of United States Government supported
8 health programs in the country from mul-
9 tiple perspectives; and

10 (ii) identifies the best opportunities
11 for improving health systems performance
12 for the achievement of multiple United
13 States Government supported health pro-
14 grams, including obstacles to health service
15 delivery;

16 (B) map the resources of the country and
17 other donors in the health sector; and

18 (C) develop and implement a new or re-
19 vised 5-year strategy for United States assist-
20 ance, based on the results of the assessment de-
21 scribed in subparagraph (A), to strengthen the
22 country's health system that—

23 (i) provides a framework for achieving
24 such strategy;

1 (ii) identifies key areas for United
2 States Government investments in the sec-
3 tor;

4 (iii) specifies the role of health pro-
5 grams undertaken by each Federal Govern-
6 ment agency operating in the country in
7 achieving such strategy; and

8 (iv) includes cost analysis, bench-
9 marks, outputs, and desired outcomes.

10 (2) ELEMENTS.—The strategy developed pursu-
11 ant to paragraph (1) shall—

12 (A) be informed by the assessment re-
13 quired under paragraph (1)(A);

14 (B) incorporate the health security prior-
15 ities identified under the country's Joint Exter-
16 nal Evaluation, if applicable;

17 (C) outline how assistance provided by
18 each Federal Government agency operating in
19 the country will support the development and
20 implementation of a national action plan;

21 (D) identify potential obstacles to the im-
22 plementation of the strategy, such as issues re-
23 lating to governance of an effective health sys-
24 tem at all levels of the country's public health
25 systems, especially with respect to governing

1 bodies and councils at the provincial, district,
2 and community levels;

3 (E) identify bureaucratic barriers and inef-
4 ficiencies, including poor linkages between gov-
5 ernment ministries and between ministries and
6 donor agencies, and the extent of any corrup-
7 tion;

8 (F) include proposals for sustainable fi-
9 nancing mechanisms for health systems;

10 (G) identify barriers to building and re-
11 taining an effective frontline health workforce
12 with key global health security capacities laid
13 out by the International Health Regulations
14 (2005), and include recommendations for host
15 country actions to achieve a workforce that con-
16 forms with the World Health Organization's
17 recommendation for at least 44.5 doctors,
18 nurses, and midwives per every 10,000 people;

19 (H) identify deficiencies in information
20 systems and communication technologies that
21 prevent linkages at all levels of the health sys-
22 tem delivery and medical supply systems;

23 (I) identify weaknesses in supply chain and
24 procurement systems and practices, and rec-
25 ommend ways to improve the efficiency, trans-

1 parenancy, and effectiveness of such systems and
2 practices;

3 (J) identify obstacles to health service ac-
4 cess and quality and improved health outcomes
5 for women and girls, and for the poorest and
6 most vulnerable, including a lack of social sup-
7 port and other underlying causes, and rec-
8 ommendations for how to overcome such obsta-
9 cles;

10 (K) include plans for integrating innova-
11 tions in health technologies, services, and sys-
12 tems;

13 (L) identify barriers to health literacy,
14 community engagement, and patient empower-
15 ment, and recommendations for overcoming
16 such barriers; and

17 (M) describe the role of the private sector
18 and nongovernmental health providers, includ-
19 ing community groups engaged in health pro-
20 motion and mutual assistance and faith-based
21 institutions engaged in health delivery, includ-
22 ing the extent to which the local population uti-
23 lizes such health services.

24 (3) CONSULTATION.—In developing a strategy
25 pursuant to paragraph (1), each United States

1 Agency for International Development mission shall
2 consult with—

3 (A) relevant host government institutions;

4 (B) professional associations;

5 (C) patient groups;

6 (D) civil society organizations (including
7 international nongovernmental organizations
8 with relevant expertise in program implementa-
9 tion); and

10 (E) the private sector.

11 (b) COORDINATION OF PROGRAMS AND ACTIVITIES
12 AT THE COUNTRY LEVEL.—The President, acting
13 through the United States Agency for International Devel-
14 opment mission director in each country described in sub-
15 section (a)(1), shall—

16 (1) ensure that not less than five percent of the
17 amounts appropriated to carry out each United
18 States Government supported health program in
19 countries identified in subsection (a)(1) is provided
20 to carry out activities identified in paragraph (2);

21 (2) coordinate the implementation of programs
22 and activities undertaken by relevant Federal agen-
23 cies, bureaus, and offices to ensure that United
24 States Government supported health programs—

1 (A) improve a country’s ability to detect,
2 prevent, and respond to infectious disease out-
3 breaks, such as COVID–19 and Ebola;

4 (B) strengthen, in an integrated manner,
5 cross-cutting health systems of host countries
6 that impact more than one health program;

7 (C) are designed to make sustained im-
8 provements in health outcomes and health secu-
9 rity, such that health systems are broadly avail-
10 able, particularly to people with poor access to
11 quality health services;

12 (D) complement, or are aligned with, to
13 the extent applicable, national strategies to
14 strengthen health systems;

15 (E) utilize, to the fullest extent practicable,
16 service delivery platforms that do not fragment
17 care or build parallel or disease-specific pro-
18 curement processes or supply chains;

19 (F) complement, or are aligned with, ef-
20 forts by the host government—

21 (i) to prevent, detect, and respond to
22 infectious disease outbreaks;

23 (ii) to provide appropriate training to
24 health system professionals, including
25 managers, administrators, frontline health

1 workers, paraprofessionals, and profes-
2 sionals; and

3 (iii) to coordinate health programs
4 and activities with multilateral and bilat-
5 eral donors to ensure that such activities
6 support efforts to strengthen the health
7 system;

8 (G) help host countries address the issues
9 that create barriers to the retention of skilled
10 health care professionals;

11 (H) help national governments to devise
12 implementable options for mobilizing sustain-
13 able domestic and external resources and fi-
14 nancing for health systems strengthening; and

15 (I) encourage the coordination of programs
16 and activities with multilateral and bilateral do-
17 nors;

18 (3) provide funds to local health organizations,
19 whenever practicable, by contracting directly with
20 such organizations;

21 (4) ensure that contractors and grantees receiv-
22 ing United States Government funds for the purpose
23 of carrying out health-related activities—

24 (A) build local capacity through such ac-
25 tivities; and

1 (B) subcontract, to the fullest extent prac-
2 ticable and on an increasing basis, with local
3 health organizations; and

4 (5) encourage civil society and the private sec-
5 tor to collaborate with donors and host country gov-
6 ernments—

7 (A) to increase the sense of ownership by
8 citizens; and

9 (B) to improve program and activity effec-
10 tiveness.

11 (c) INTERNATIONAL EFFORTS.—

12 (1) COORDINATION.—The Administrator of the
13 United States Agency for International Develop-
14 ment, in coordination with the Secretary of State,
15 shall lead interagency efforts to work with the Glob-
16 al Fund to Fight AIDS, Tuberculosis, and Malaria;
17 Gavi, the Vaccine Alliance; bilateral donors; and
18 other relevant multilateral and international organi-
19 zations and stakeholders to develop—

20 (A) shared core indicators for strengthened
21 health security and health systems;

22 (B) standardized reporting requirements
23 among donors to reduce the burden placed on
24 host countries;

1 (C) structures for joint assessments, plans,
2 auditing, and consultations; and

3 (D) a regularized approach to coordination
4 on health systems strengthening.

5 (2) TECHNICAL GUIDANCE.—The Office of
6 Health Systems in the Bureau for Global Health at
7 the United States Agency for International Develop-
8 ment, in consultation with the working group estab-
9 lished under subsection (e), shall—

10 (A) issue technical guidance to carry out
11 the strategy and elements described in this sec-
12 tion; and

13 (B) determine whether approaches carried
14 out at the country level with combined re-
15 sources in pursuit of country level health sys-
16 tems strategies comply with the guidance issued
17 pursuant to subparagraph (A).

18 (3) PROGRESS REPORT.—Not later than one
19 year after the date of enactment of this Act, the
20 President shall submit a report to the appropriate
21 congressional committees that describes the imple-
22 mentation of this subsection.

23 (d) PUBLIC PRIVATE PARTNERSHIPS TO IMPROVE
24 HEALTH SYSTEMS STRENGTHENING.—

1 (1) INCLUSION IN COUNTRY STRATEGIES.—The
2 country strategies developed under subsection (a)
3 shall include a section that—

4 (A) discusses the role of the private sector
5 (including corporate, local, and international or-
6 ganizations with relevant expertise); and

7 (B) identifies opportunities for the private
8 sector—

9 (i) to accelerate research and develop-
10 ment of innovative health and information
11 technology, and to offer training related to
12 its use;

13 (ii) to contribute to improvements in
14 health administration and management
15 processes;

16 (iii) to improve system efficiency;

17 (iv) to develop training related to clin-
18 ical practice guidelines; and

19 (v) to help countries develop systems
20 for documenting outcomes and achieve-
21 ments related to activities undertaken to
22 strengthen the health sector.

23 (2) PLAN FOR ENGAGEMENT THROUGH THE
24 GLOBAL DEVELOPMENT ALLIANCE.—Not later than
25 180 days after the date of enactment of this Act, the

1 Administrator of the United States Agency for
2 International Development shall submit a plan to
3 the appropriate congressional committees that—

4 (A) addresses how the Global Development
5 Alliance will partner with the private sector to
6 increase health security and health systems
7 strengthening activities, including shortening
8 the period during which companies may reg-
9 ister; and

10 (B) includes recommendations for stream-
11 lining and improving means for partnering with
12 the private sector—

13 (i) to detect and respond to pandemic
14 diseases; and

15 (ii) to strengthen health systems and
16 health security.

17 (e) INTERAGENCY WORKING GROUP.—

18 (1) IN GENERAL.—The President shall convene
19 an interagency working group to coordinate efforts
20 and track progress on United States Government ac-
21 tivities related to health systems strengthening, and
22 shall appoint the Administrator of the United States
23 Agency for International Development to lead the
24 working group. The working group shall be com-
25 posed of representatives of the Department of State,

1 the Department of Health and Human Services, in-
2 cluding the Centers for Disease Control and Preven-
3 tion, relevant United States credit authorities, and
4 other relevant Federal agencies.

5 (2) DUTIES.—The Working Group shall meet
6 not less frequently than quarterly—

7 (A) to establish goals and measurable tar-
8 gets and to develop metrics for measuring
9 progress in health system strengthening by
10 United States Government supported health
11 programs, including—

12 (i) increasing human resources for
13 health and for reduced attrition in the
14 health sector;

15 (ii) improving supply chain systems,
16 including reducing drug and health com-
17 modity stockouts;

18 (iii) improving surveillance capacity;

19 (iv) improving health information sys-
20 tems; and

21 (v) strengthening health systems out-
22 comes, as measured by essential proxy
23 measures, such as resource optimization,
24 delivery of essential services, and popu-
25 lation coverage;

1 (B) to ensure that activities carried out
2 through the President's Emergency Plan for
3 AIDS Relief, the President's Malaria Initiative,
4 and other bilateral health funding are meeting
5 the minimum requirements for, and are wholly
6 aligned with, supporting and complementing na-
7 tional strategies on health systems strenght-
8 ening, as applicable;

9 (C) to ensure coordination with the Global
10 Health Security Agenda;

11 (D) to ensure coordination with other do-
12 nors and multilateral organizations, including
13 the Global Fund to Fight AIDS, Tuberculosis,
14 and Malaria; Gavi, the Vaccine Alliance; and
15 the Global Financing Facility; and

16 (E) to seek regular input from civil society
17 and the private sector regarding best practices
18 for strengthening health systems at the country
19 level.

20 (3) COOPERATION.—Members of the Working
21 Group shall provide the Administrator of the United
22 States Agency for International Development with
23 any requested data and information that is related
24 to health system strengthening activities and pro-
25 grams.

1 (4) REPORTING REQUIREMENTS.—

2 (A) INITIAL REPORT.—Not later than 90
3 days after the date of the enactment of this
4 Act, the Administrator of the United States
5 Agency for International Development shall
6 submit a report to the appropriate congress-
7 sional committees that identifies—

8 (i) the members of the Working
9 Group;

10 (ii) the Working Group's plans to
11 carry out the duties described in paragraph
12 (2); and

13 (iii) the countries in which such duties
14 will be carried out.

15 (B) ANNUAL REPORT.—Not later than one
16 year after submission of the initial report under
17 subparagraph (A), and annually thereafter for
18 the next five years, the Administrator of the
19 United States Agency for International Devel-
20 opment shall submit a report to the appropriate
21 congressional committees that describes, with
22 respect to the reporting period—

23 (i) the progress achieved in strength-
24 ening health systems; and

1 (ii) the amount of funding from the
2 President’s Emergency Plan for AIDS Re-
3 lief, the President’s Malaria Initiative, Ma-
4 ternal and Child Health, Neglected Trop-
5 ical Diseases, Nutrition, Tuberculosis,
6 Family Planning, Pandemic Preparedness,
7 and other United States Government sup-
8 ported health programs that was spent on
9 strengthening health systems in cross cut-
10 ting ways.

11 (5) AUTHORIZATION FOR USE OF FUNDS.—
12 Amounts appropriated by this Act and amounts ap-
13 propriated for purposes of carrying out section 104
14 of the Foreign Assistance Act of 1961 (22 U.S.C.
15 2151b) may be used to carry out the activities de-
16 scribed in subsections (a) and (b).

17 **SEC. 206. ADDITIONAL AUTHORITIES.**

18 (a) FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1
19 of part I of the Foreign Assistance Act of 1961 (22 U.S.C.
20 2151 et seq.) is amended—

21 (1) in section 104(c)(1) (22 U.S.C.
22 2151b(c)(1)), by inserting “(emphasizing health sys-
23 tems strengthening, as appropriate)” after “health
24 services”;

25 (2) in section 104A (22 U.S.C. 2151b–2)—

1 (A) in subsection (b)(3)(D), by striking
2 “including health care systems, under other
3 international donor support” and inserting “in-
4 cluding through support for health systems
5 strengthening, under other donor support”; and

6 (B) in subsection (f)(3)(Q), by inserting
7 “the Office of the United States Global AIDS
8 Coordinator, partner countries, and the Global
9 Fund to Fight AIDS, Tuberculosis, and Ma-
10 laria to ensure that their actions support the
11 activities taken to strengthen the overall health
12 systems in recipient countries, and efforts by”
13 after “efforts by”; and

14 (3) in section 104B(g)(2) (22 U.S.C. 2151b-
15 3(g)(2)), by inserting “strengthening the health sys-
16 tem of the country and” after “contribute to”.

17 (b) UNITED STATES LEADERSHIP AGAINST HIV/
18 AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003.—
19 Section 204(a) of the United States Leadership Against
20 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
21 U.S.C. 7623(a)) is amended—

22 (1) in paragraph (1)(A), by inserting “, in the
23 context of plans to strengthen overall health sys-
24 tems” before the semicolon; and

1 (2) in paragraph (2)(C), by inserting “as part
2 of a strategy to improve overall health” before the
3 semicolon at the end.

4 **SEC. 207. SUPPORT FOR EFFORTS OF THE GLOBAL FUND**
5 **TO FIGHT AIDS, TUBERCULOSIS AND MA-**
6 **LARIA TO RESPOND TO COVID-19.**

7 (a) SENSE OF CONGRESS.—It is the sense of Con-
8 gress that—

9 (1) the COVID-19 pandemic threatens gains
10 made through decades of investments to combat the
11 spread of AIDS, tuberculosis, and malaria;

12 (2) COVID-19 poses a threat to the health sys-
13 tems of resource-constrained countries, including
14 strains on laboratory capacity and supply chains for
15 health commodities, as well as availability of
16 healthcare workers and equipment and supplies;

17 (3) interruptions in treatment for AIDS, tuber-
18 culosis, and malaria due to disruptions in supply
19 chains for critical drugs and medical equipment and
20 supplies, as well as the diversion of healthcare work-
21 ers, could significantly increase the death toll from
22 AIDS, tuberculosis, and malaria, potentially exceed-
23 ing the number of deaths from COVID-19 itself;
24 and

1 (4) the Global Fund to Fight AIDS, Tuber-
2 culosis and Malaria has a strong track record of
3 working with partners in resource-constrained set-
4 tings to ensure delivery of services and commodities.

5 (b) AUTHORIZATION OF APPROPRIATIONS.—Notwith-
6 standing section 202(d)(4)(A)(i) of the United States
7 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
8 Act of 2003 (22 U.S.C. 7622(d)(4)(A)(i)), there is author-
9 ized to be appropriated \$1,000,000,000 for an immediate
10 contribution to the Global Fund to Fight AIDS, Tuber-
11 culosis and Malaria, specifically for its COVID–19 re-
12 sponse mechanism, to be available until expended.

13 **Subtitle B—International**
14 **Economic Pandemic Response**

15 **SEC. 211. SENSE OF CONGRESS ON BUILDING RESILIENCE.**

16 It is the sense of Congress that United States foreign
17 assistance and finance must improve the ability of people,
18 households, communities, countries, regions, institutions,
19 and systems to assess, anticipate, prevent, adapt to, cope
20 with, and recover from shocks and stresses, such as the
21 COVID–19 pandemic, in ways that—

22 (1) account for, and reduce chronic vulner-
23 ability resulting from, disruptive or potentially dis-
24 ruptive changes in national and community demo-
25 graphics, the environment and natural resource

1 availability, public health threats like the COVID–19
2 outbreak, political leadership, and economic growth
3 trends;

4 (2) address structural drivers of shocks,
5 stresses, and vulnerability, including poor govern-
6 ance, weak public institutions, and systemic gender,
7 religious, or ethnic-based marginalization and eco-
8 nomic exclusion;

9 (3) expand resilience capacities, inclusive eco-
10 nomic growth opportunities, and equitable access to
11 capital and market tools across diverse populations
12 and communities in developing countries;

13 (4) strengthen inclusive governance and eco-
14 nomic growth, peace and stability, and food and nu-
15 trition security in the face of current and potential
16 disruptions, and the capacities of national and local
17 institutions charged with serving the public good and
18 ensuring public safety;

19 (5) advance a comprehensive, whole-of-govern-
20 ment approach to build capacities that protect, im-
21 prove, and sustain growth, peace, and stability and
22 preparedness against shocks in developing countries
23 and for populations most vulnerable to persistent
24 and forecasted shocks and stresses;

1 (6) improve international support of the United
2 States Government for sustained inclusive long-term
3 growth, peace and stability, equality, and good gov-
4 ernance in developing countries, at the national and
5 subnational levels, through the collection, evaluation,
6 and practical application of information on per-
7 sistent and forecasted shocks and stresses, such as
8 epidemics, pandemics, and climate change;

9 (7) assess and measure the progress of United
10 States foreign assistance in helping households, com-
11 munities, systems, and institutions measure impact
12 on improving development, peace, and stability out-
13 comes following shocks and stresses or to prevent
14 shocks from materializing; and

15 (8) foster partnerships and seek commitments
16 from host countries to—

17 (A) make inclusive investments;

18 (B) implement reforms;

19 (C) execute programs that build resilience
20 capacities and planning towards the achieve-
21 ment of long-term sustainable development and
22 growth;

23 (D) establish safeguards against shocks
24 like epidemics, pandemics, and climate change;
25 and

1 (E) ensure responsible agents are account-
2 able.

3 **SEC. 212. FINANCIAL SUPPORT FOR PANDEMIC PREPARED-**
4 **NESS AND GLOBAL HEALTH SECURITY.**

5 (a) SENSE OF CONGRESS.—It is the sense of Con-
6 gress that—

7 (1) no country is fully prepared to respond to
8 epidemic or pandemic threats, and as COVID–19
9 has demonstrated, an outbreak anywhere can quickly
10 escalate to become a threat everywhere;

11 (2) the work of international public institutions
12 and publicly and privately funded organizations and
13 initiatives such as the World Health Organization,
14 the Global Preparedness Monitoring Board, the
15 GHSA, and others to identify and develop action
16 plans, set standards, develop tools for evaluation,
17 and undertake assessments has been critical to ef-
18 forts to improve global health security;

19 (3) lack of resources and incentives have proven
20 to be obstacles to lower-income countries, which have
21 not allocated sufficient funding from national budg-
22 ets to fill their pandemic preparedness gaps identi-
23 fied through Joint External Evaluations;

24 (4) recent estimates suggest that the costs for
25 most lower-income countries to close their gaps in

1 preparedness would be less than \$2 per person per
2 year, which is significantly lower than the trillions of
3 dollars in costs to United States taxpayers resulting
4 from the health and economic impact of pandemics;
5 and

6 (5) the World Bank has a critical role in help-
7 ing lower-income countries finance actions to fill
8 gaps identified through existing assessments and na-
9 tional action plans to prevent, detect, and respond to
10 epidemic and pandemic threats.

11 (b) ESTABLISHMENT OF A WORLD BANK TRUST
12 FUND.—

13 (1) IN GENERAL.—The United States Executive
14 Director to the World Bank Group shall use the
15 voice and vote of the United States to advocate for
16 the establishment of a multi-donor trust fund to
17 incentivize and support countries to develop and im-
18 plement credible national action plans aimed at pre-
19 venting, detecting, and responding to epidemics and
20 pandemics, including to further incentivize countries
21 with such plans to provide domestic resources to-
22 wards their implementation (in this section referred
23 to as the “Trust Fund”). The United States Execu-
24 tive Director shall ensure that the Trust Fund—

1 (A) is available to low-income countries
2 that have developed a credible national action
3 plan on health security, including those that
4 have prioritized pandemic preparedness funding
5 in their national budgets;

6 (B) places specific emphasis on use of the
7 funds for—

8 (i) acquisition of technical assistance
9 for the development and implementation of
10 national action plans for health security
11 that seek to achieve specific, measurable
12 targets, including targets identified through
13 Joint External Evaluations carried out in
14 keeping with the International Health Reg-
15 ulations (2005);

16 (ii) financing for the implementation
17 of actions and activities meant to fill gaps
18 identified through rigorously developed and
19 evaluated national action plans for health
20 security that identify measurable steps to
21 build and sustain capacity to prevent, de-
22 tect, and respond to epidemic threats, in-
23 cluding those that have undergone Joint
24 External Evaluations and in keeping with

1 the targets of the Global Health Security
2 Agenda;

3 (iii) financing through mechanisms
4 aimed at creating incentives for countries
5 to devote an increasing share of their own
6 resources to core preparedness functions
7 and to make measurable, independently
8 verified progress against preparedness out-
9 comes such as national action plan bench-
10 marks, Joint External Evaluation and
11 Global Health Security Index scores, or
12 other credible, rigorously developed, meas-
13 urable plans;

14 (iv) leverage over public and private
15 sector funding, including country resources
16 and resources from government donors, de-
17 velopment banks, private sector entities,
18 philanthropies, and other non-govern-
19 mental entities, to incentivize countries to
20 prioritize health security;

21 (v) resources for the purposes of
22 measuring progress made towards achiev-
23 ing benchmarks and milestones in closing
24 gaps, and for evaluations;

1 (vi) activities to conduct regular exer-
2 cises of health security capacities and for
3 publishing and disseminating annual after-
4 action reviews based on simulation exer-
5 cises; and

6 (vii) activities necessary to construc-
7 tively participate in an international bio-
8 surveillance architecture aimed at rapidly
9 detecting emerging pandemic threats;

10 (C) develops and reports on a means for
11 ensuring funding is prioritized for countries
12 that are the most vulnerable to pandemic
13 threats;

14 (D) makes provisions for accepting dona-
15 tions from the private sector, foundations, and
16 nongovernmental organizations;

17 (E) requires countries applying for re-
18 sources made available by this fund to identify
19 specific funding in national budgets for pur-
20 poses of pandemic preparedness; and

21 (F) is structured with appropriate safe-
22 guards and benchmarks to ensure that funding
23 is used transparently and effectively and that
24 measurable results are achieved.

1 (c) COORDINATION.— In advocating for the estab-
2 lishment of the Trust Fund, the United States Executive
3 Director shall make an effort to ensure that the establish-
4 ment of any Trust Fund coordinates with—

5 (1) existing facilities of the World Bank Group;

6 and

7 (2) actions and activities undertaken by inter-
8 national public institutions and publicly and pri-
9 vately funded organizations and initiatives.

10 (d) REQUIREMENT FOR CONSULTATION.—In advo-
11 cating for the establishment of a Trust Fund pursuant
12 to subsection (b), the United States Executive Director
13 of the World Bank Group shall consult with the appro-
14 priate congressional committees about the establishment
15 of the Trust Fund, including on the elements and require-
16 ments associated with the plans, programs, and actions
17 that are eligible for funding, and plans to ensure funding
18 is prioritized for countries that are the most vulnerable
19 to epidemic and pandemic threats.

20 **SEC. 213. SENSE OF CONGRESS ON THE UNITED STATES**
21 **INTERNATIONAL DEVELOPMENT FINANCE**
22 **CORPORATION.**

23 It is the sense of Congress as follows:

1 (1) The COVID–19 pandemic is causing a glob-
2 al economic recession as evidenced by, but not lim-
3 ited to, the following global economic indicators:

4 (A) The United Nations Conference on
5 Trade and Development estimates that the eco-
6 nomic uncertainty associated with the COVID–
7 19 pandemic will likely cost the global economy
8 at least \$1,000,000,000,000 in 2020.

9 (B) Global markets have suffered losses
10 ranging between 5 percent and over 10 percent
11 since the beginning of the pandemic.

12 (C) African finance ministers recently an-
13 nounced that the continent will need at least a
14 \$100,000,000,000 stimulus package, including
15 the suspension of debt service payments.

16 (2) Even when markets begin to recover in the
17 future, access to capital will likely be especially chal-
18 lenging for developing countries, which likely also
19 will be struggling with the containment of and recov-
20 ery from COVID–19.

21 (3) Economic uncertainty and inability of indi-
22 viduals and households to generate income is a
23 major driver of political instability and social dis-
24 cord, which creates conditions for insecurity.

1 (4) It is in the security and economic interests
2 of the United States to assist in the economic recovery
3 of developing countries that are made more vul-
4 nerable and unstable from both the public health
5 and economic impacts of the COVID–19 pandemic.

6 (5) United States foreign assistance and devel-
7 opment finance institutions must blunt the impacts
8 of a COVID–19 related economic recession by sup-
9 porting investments in sectors critical to maintaining
10 economic stability and resilience in low and middle
11 income countries.

12 (6) The need for the United States Inter-
13 national Development Finance Corporation’s support
14 for advancing development outcomes in less devel-
15 oped countries, as mandated by the Better Utiliza-
16 tion of Investments Leading to Development Act of
17 2018 (22 U.S.C. 9601 et seq.), is critical to ensur-
18 ing lasting and resilient economic growth in light of
19 the COVID–19 pandemic’s exacerbation of economic
20 hardships and challenges.

21 (7) The United States International Develop-
22 ment Finance Corporation is encouraged to adjust
23 its view of risk versus return by taking smart risks
24 that may produce a lower rate of financial return

1 but produce significant development outcomes in re-
2 sponding to the economic effects of COVID–19

3 (8) To mitigate the economic impacts of the
4 COVID–19 recession, the United States Inter-
5 national Development Finance Corporation should
6 use its resources and authorities to, among other
7 things—

8 (A) offer borrowers loans and loan guaran-
9 tees at concessional rates below the Federal Re-
10 serve interest rate;

11 (B) ensure loan support for small- and me-
12 dium-sized enterprises;

13 (C) offer local currency loans to borrowers
14 for working capital needs;

15 (D) create dedicated financing opportuni-
16 ties for new “customers” that are experiencing
17 financial hardship due to COVID–19;

18 (E) extend grace periods for loan payment
19 and repayment to borrowers experiencing hard-
20 ship due to the COVID–19 pandemic; and

21 (F) work with other development finance
22 institutions to create co-financing facilities to
23 support customers experiencing hardship due to
24 the COVID–19 pandemic.

1 **SEC. 214. PROHIBITION ON THE TRANSFER OF SOVEREIGN**
2 **LOAN GUARANTEES TO THE UNITED STATES**
3 **INTERNATIONAL DEVELOPMENT FINANCE**
4 **CORPORATION.**

5 (a) IN GENERAL.—Section 1463(c)(1) of the Better
6 Utilization of Investments Leading to Development Act of
7 2018 (22 U.S.C. 9683(c)(1)) is amended by striking “the
8 Corporation or any other appropriate department or agen-
9 cy of the United States Government” and inserting “any
10 appropriate department or agency of the United States
11 Government (other than the Corporation)”.

12 (b) EFFECTIVE DATE.—The amendment made by
13 subsection (a) shall take effect as if included in the Better
14 Utilization of Investments Leading to Development Act of
15 2018 (22 U.S.C. 9601 et seq.).

16 **SEC. 215. SURGE FINANCING MECHANISM.**

17 Title III of the Better Utilization of Investments
18 Leading to Development Act of 2018 (22 U.S.C. 9631 et
19 seq.) is amended by adding at the end the following new
20 section:

21 **“SEC. 1436. SURGE FINANCING MECHANISM.**

22 “(a) IN GENERAL.—The Board shall establish a
23 mechanism, to be administered by the Strategic Invest-
24 ments Officer, pursuant to which the Corporation expe-
25 dited decisions to provide support under title II in select
26 cases.

1 “(b) **MAXIMUM CONTINGENT LIABILITY.**—The max-
2 imum contingent liability of the Corporation outstanding
3 at any one time during any fiscal year under this section
4 shall not exceed in the aggregate an amount that is equal
5 to 10 percent of the amount appropriated for the Corpora-
6 tion for that fiscal year.

7 “(c) **NOTIFICATION TO CONGRESS.**—The Chair-
8 person of the Board shall notify the appropriate congres-
9 sional committees of each decision to expedite a decision
10 under this section and the reasons for expediting that deci-
11 sion.”.

12 **SEC. 216. SENSE OF CONGRESS ON CONTRIBUTIONS TO**
13 **THE CURRENCY EXCHANGE FUND.**

14 It is the sense of Congress that the President, acting
15 through the Secretary of State, should contribute such
16 sums as may be necessary to the Currency Exchange
17 Fund (TCX) in order to help hedge against foreign ex-
18 change risk in COVID–19 economic reconstruction efforts.

19 **SEC. 217. SENSE OF CONGRESS ON BILATERAL DEBT RE-**
20 **STRUCTURING.**

21 It is the Sense of Congress that the President, acting
22 through the Secretary of the Treasury, should enter into
23 negotiations for selling, reducing, or cancelling amounts
24 owed to the United States from bilateral credit partners

1 who are in immediate need of debt restructuring due to
2 the COVID–19 pandemic.

3 **SEC. 218. CLEARING WORLD BANK GROUP ARREARS.**

4 Not later than 30 days after the date of the enact-
5 ment of this Act, the Secretary of the Treasury shall pro-
6 vide the World Bank Group with all necessary amounts
7 to address the United States’ arrears from fiscal years
8 2019 and 2020.

9 **Subtitle C—Refugee, Humanitarian, and Migration Provi-**
10 **sions**

12 **SEC. 231. PROTECTION OF REFUGEES AND ASYLUM SEEK-**
13 **ERS.**

14 (a) SENSE OF CONGRESS.—It is the sense of Con-
15 gress that—

16 (1) during the unprecedented public health cri-
17 sis caused by the COVID–19 pandemic, the United
18 States should collaborate with governments of other
19 countries to take measures that protect individuals
20 fleeing persecution, war, and generalized violence;
21 and

22 (2) extraordinary policy measures, such as bor-
23 der closures and travel restrictions, which impose
24 unusual burdens for those seeking international pro-
25 tection, should be lifted as soon as circumstances

1 permit, and exceptions to such measures should be
2 made for highly vulnerable refugees and asylum
3 seekers.

4 (b) RESUMPTION OF REFUGEE RESETTLEMENT.—
5 The Secretary of State, in coordination with the Secretary
6 of Homeland Security, shall—

7 (1) extend the period of validity for refugee
8 visas;

9 (2) continue processing immigration benefits,
10 including security vetting, to the extent such proc-
11 essing is unaffected by the COVID–19 pandemic;

12 (3) expeditiously resume refugee resettlement
13 through the United States Refugee Admissions Pro-
14 gram upon the resumption of international refugee
15 resettlement operations by the United Nations High
16 Commissioner for Refugees and the International
17 Organization for Migration;

18 (4) reallocate refugee admissions to ensure
19 that—

20 (A) the number of refugees authorized to
21 be admitted for fiscal year 2020 under section
22 207(a) of the Immigration and Nationality Act
23 (8 U.S.C. 1157(a)) will be reached; and

24 (B) highly vulnerable refugees referred by
25 the United Nations High Commissioner for

1 Refugees, such as unaccompanied refugee mi-
2 nors, are admitted; and

3 (5) notify the Committee on Foreign Relations
4 of the Senate, the Committee on the Judiciary of the
5 Senate, the Committee on Homeland Security and
6 Governmental Affairs of the Senate, the Committee
7 on Foreign Affairs of the House of Representatives,
8 the Committee on the Judiciary of the House of
9 Representatives, and the Committee on Homeland
10 Security of the House of Representatives about the
11 reallocation described in paragraph (4).

12 (c) APPLYING REFUGEE ADMISSIONS TO THE FISCAL
13 YEAR 2020 PRESIDENTIAL DETERMINATION.—

14 (1) IN GENERAL.—Any alien described in para-
15 graph (2) who, after applying for admission as a
16 covered refugee, is admitted to the United States
17 shall be counted against the fiscal year 2020 numer-
18 ical limitation for admission of refugees determined
19 under section 207(a) of the Immigration and Na-
20 tionality Act (8 U.S.C. 1157(a)).

21 (2) COVERED REFUGEE.—An alien is a covered
22 refugee described in this paragraph if the alien—

23 (A) applied for admission as a refugee, re-
24 gardless of the applicant's allocation within the

1 fiscal year 2020 numerical limitation for admis-
2 sion of refugees; and

3 (B)(i) was designated as “Ready for De-
4 parture” in the Department of State’s World-
5 wide Refugee Admissions Processing System on
6 March 17, 2020;

7 (ii) had, or will have, a medical clearance
8 expire between March 17, 2020, and September
9 30, 2020;

10 (iii) had, or will have, a security clearance
11 expire between March 17, 2020, and September
12 30, 2020; or

13 (iv) completed an interview with a U.S.
14 Citizenship and Immigration Services officer be-
15 fore March 17, 2020.

16 (d) HUMANITARIAN EXEMPTION FOR ENTRY INTO
17 THE UNITED STATES.—

18 (1) IN GENERAL.—Any alien who travels to the
19 United States for the purpose of seeking entry into
20 the United States to avoid persecution or torture in
21 his or her country of origin or most recent residence
22 shall be—

23 (A) considered to be engaging in essential
24 travel;

1 (B) exempted from travel restrictions into
2 the United States; and

3 (C) afforded the right to seek asylum in
4 the United States.

5 (2) CONFORMING AMENDMENTS.—Section 362
6 of the Public Health Service Act (42 U.S.C. 265) is
7 amended—

8 (A) by striking “Whenever” and inserting
9 the following:

10 “(a) IN GENERAL.— Whenever”; and

11 (B) by adding at the end the following new
12 subsection:

13 “(b) HUMANITARIAN EXCEPTIONS.—The Surgeon
14 General shall specify humanitarian exceptions to the travel
15 restrictions authorized under subsection (a) for persons in
16 need of protection from persecution or torture.”.

17 (e) EXTENSION OF FILING OR RE-ENTRY DEAD-
18 LINES.—

19 (1) IN GENERAL.—

20 (A) EXTENSION OF VISA EXPIRATION.—
21 Notwithstanding section 221(c) of the Immigra-
22 tion and Nationality Act (8 U.S.C. 1201(c)) or
23 any other provision of law, including any ac-
24 tions taken pursuant to section 212(f) or
25 215(a) of such Act (8 U.S.C. 1182(f) and

1 1185(a)) or section 362 of the Public Health
2 Service Act (42 U.S.C. 265), if any visa de-
3 scribed in subparagraph (B) expires or expired
4 during the period described in paragraph (3),
5 the period of validity of the visa shall be ex-
6 tended until the date that is 90 days after the
7 last day of the period described in paragraph
8 (3).

9 (B) VISA DESCRIBED.—A visa described in
10 this subparagraph is a visa issued under—

11 (i) section 1059 of the National De-
12 fense Authorization Act for Fiscal Year
13 2006 (Public Law 109–163; 8 U.S.C. 1101
14 note);

15 (ii) section 1244 of the Refugee Crisis
16 in Iraq Act of 2007 (Public Law 110–181;
17 8 U.S.C. 1157 note); or

18 (iii) section 602 of the Afghan Allies
19 Protection Act of 2009 (Public Law 111–
20 8; 8 U.S.C. 1101 note).

21 (2) REFUGEES ADMISSIONS IMPACTED BY
22 COVID–19.—Notwithstanding any other provision of
23 law, including any actions taken pursuant to section
24 212(f) or 215(a) of the Immigration and Nationality

1 Act (8 U.S.C. 1182(f) and 1185(a)) or section 362
2 of the Public Health Service Act (42 U.S.C. 265)—

3 (A) if an alien seeking admission pursuant
4 to section 207 of the Immigration and Nation-
5 ality Act (8 U.S.C. 1157) was designated, at
6 any time during the period described in para-
7 graph (3) as “Ready for Departure” or the
8 equivalent in the Department of State’s World-
9 wide Refugee Admissions Processing System,
10 the period of validity of all required checks for
11 such alien shall be extended until the date that
12 is 90 days after the last day of the period de-
13 scribed in paragraph (3);

14 (B) each alien described in subparagraph
15 (A) shall be counted against the fiscal year
16 2020 numerical limitation for admission of ref-
17 ugees set by the President pursuant to section
18 207(a) of the Immigration and Nationality Act
19 (8 U.S.C. 1157(a)) regardless of the applicant’s
20 allocation within such numerical limitation or
21 the applicant’s date of admission;

22 (C) the period of validity of a travel docu-
23 ment issued pursuant to section 223.1(b) of
24 title 8, Code of Federal Regulations that is
25 scheduled to expire during the period described

1 in paragraph (3) shall be extended until the
2 date that is 90 days after the last day of the
3 period described in paragraph (3);

4 (D) a filing deadline for any application,
5 benefit, or petition filed pursuant to section 207
6 of the Immigration and Nationality Act (8
7 U.S.C. 1157), including a petition to follow to
8 join a relative or an affidavit of relationship,
9 that is scheduled to expire during the period de-
10 scribed in paragraph (3) shall be extended to
11 the date that is 90 days after the last day of
12 the period described in paragraph (3); and

13 (E) upon the termination of the public
14 health emergency declared pursuant to section
15 319 of the Public Health Service Act (42
16 U.S.C. 247d) with respect to the COVID-19
17 pandemic, the Secretary of State, in conjunc-
18 tion with the Secretary of Homeland Security,
19 shall expedite the admission of refugees de-
20 scribed in this subsection to achieve the numer-
21 ical limitation set by the President for fiscal
22 year 2020 pursuant to section 207(a) of the
23 Immigration and Nationality Act (8 U.S.C.
24 1157(a)).

1 (3) PERIOD DESCRIBED.—The period described
2 in this section is the period beginning on the date
3 on which the public health emergency was declared
4 pursuant to section 319 of the Public Health Service
5 Act (42 U.S.C. 247d) with respect to the COVID–
6 19 pandemic and ending 90 days after the termi-
7 nation of such public health emergency.

8 (4) REPORTING REQUIREMENT.—

9 (A) IN GENERAL.—Not later than 30 days
10 after the date of the enactment of this Act and
11 quarterly thereafter until all COVID–19 related
12 travel restrictions, whether domestic or foreign,
13 have been lifted, the Secretary of State, after
14 consultation with the Secretary of Homeland
15 Security, shall submit a report to the Com-
16 mittee on Foreign Relations, the Committee on
17 the Judiciary, and the Committee on Appro-
18 priations of the Senate and the Committee on
19 Foreign Affairs, the Committee on the Judici-
20 ary, and the Committee on Appropriations of
21 the House of Representatives describing the ac-
22 tions taken to ensure that special immigration
23 visa recipients, refugees, and follow-to-join rel-
24 atives approved for resettlement or admission in
25 the United States do not face undue applica-

1 tion-related delays in traveling to the United
2 States.

3 (B) CONTENTS.—Each report required
4 under subparagraph (A) shall—

5 (i) include the number and nationality
6 of special immigrant visa recipients, refu-
7 gees, and follow-to-join relatives who were
8 delayed due to COVID-19;

9 (ii) indicate how many of the individ-
10 uals described in clause (i) have since trav-
11 eled to the United States; and

12 (iii) for such individuals who have not
13 traveled to the United States, the current
14 status of their travel documents and the
15 expected dates on which they will be trav-
16 eling to the United States.

17 (f) DOMESTIC REFUGEE RESETTLEMENT.—

18 (1) AUTHORIZATION OF APPROPRIATIONS.—In
19 addition to amounts otherwise appropriated for such
20 purposes, there is authorized to be appropriated to
21 the Office of Refugee Resettlement of the Depart-
22 ment of Health and Human Services an additional
23 \$642,000,000 for fiscal year 2020 to meet the im-
24 mediate needs of recently arrived refugees and other
25 populations receiving resettlement services due to

1 the public health and economic crises caused by the
2 COVID–19 pandemic.

3 (2) USE OF FUNDS.—Amounts appropriated
4 pursuant to paragraph (1) shall be used—

5 (A) to increase the period during which in-
6 dividuals described in paragraph (1) shall re-
7 ceive Refugee Cash Assistance and Refugee
8 Medical Assistance benefits from 8 months to
9 18 months to provide such individuals, during
10 the extent of such crises, with needed housing,
11 food, and medical assistance;

12 (B) to provide an additional \$2,000 for all
13 current and future individuals enrolled in the
14 Matching Grant program—

15 (i) to ensure that rent and utilities for
16 such individuals are paid for at least 180
17 days; and

18 (ii) to waive or suspend the non-Fed-
19 eral matching requirement for this addi-
20 tional funding;

21 (C) to expand by 200 percent the Pre-
22 ferred Communities Program to provide emer-
23 gency assistance, such as food, housing, and
24 health needs, to the individuals benefitting from
25 such program;

1 (D) to ensure that—

2 (i) resettlement agencies are able to
3 maintain their infrastructure and capacity
4 at a level to continue to serve newly ar-
5 rived refugees, previously arrived refugees,
6 and other populations of concern who re-
7 main statutorily eligible for integration
8 services; and

9 (ii) there is sufficient capacity for fu-
10 ture arrivals to be adequately served; and

11 (E) to increase the Refugee Support Serv-
12 ices budget by \$200,000,000 to ensure that the
13 program can flexibly meet recipients' immediate
14 and emergency needs, such as housing, food,
15 and unemployment assistance.

16 (3) IMPLEMENTATION OF MIGRATION AND REF-
17 UGEE ASSISTANCE FUNDS.—

18 (A) FINDINGS.—Congress finds that—

19 (i) the infrastructure of the refugee
20 resettlement program is being challenged,
21 particularly in light of the moratorium on
22 refugee arrivals, which inhibits the ability
23 of refugee resettlement agencies to serve
24 newcomers, resettled refugees, Afghan and

1 Iraqi special immigrant visa recipients,
2 asylees, and others; and

3 (ii) it is important to preserve the ca-
4 pacity of overseas infrastructure, including
5 the Resettlement Support Centers over-
6 seas, so that refugee arrivals can resume
7 expeditiously.

8 (B) BUREAU OF POPULATION, REFUGEES,
9 AND MIGRATION.—The Assistant Secretary of
10 State for the Bureau of Population, Refugees,
11 and Migration shall—

12 (i) during the period beginning on the
13 date of the enactment of this Act and end-
14 ing on September 30, 2020, increase recep-
15 tion and placement assistance by \$1,000
16 per person to strengthen direct support for
17 recent and new arrivals, including and be-
18 yond their first 90 days after arrival;

19 (ii) provide \$1,200 in cash assistance
20 directly to each refugee and Afghan and
21 Iraqi special immigrant visa recipient who
22 arrived in the United States during the 12-
23 month period ending on the date of the en-
24 actment of this Act;

1 (iii) ensure that each of the 9 refugee
2 resettlement agencies receive adequate
3 funding to stabilize the refugee resettlement
4 infrastructure required to continue
5 serving refugees, as determined by the Secretary
6 of State, in consultation with such
7 agencies; and

8 (iv) maintain level funding to the
9 overseas resettlement support centers while
10 processing refugees for resettlement to the
11 United States is temporarily suspended.

12 **SEC. 232. HUMANITARIAN ASSISTANCE TO COUNTRIES AF-**
13 **FFECTED BY THE COVID-19 PANDEMIC.**

14 (a) STATEMENT OF POLICY.—It shall be the policy
15 of the United States to—

16 (1) ensure that international assistance, including
17 United States assistance, to address the
18 COVID-19 pandemic reaches all vulnerable populations,
19 including racial and religious minorities, refugees,
20 internally displaced persons, migrants, and
21 stateless persons;

22 (2) ensure that United States assistance addresses
23 the second order effects of the COVID-19
24 pandemic, including specifically ensuring that such
25 assistance meets the needs of those facing starvation

1 and acute food insecurity as a result of the pan-
2 demic; and

3 (3) protect and support humanitarian actors
4 who are essential workers in preventing, mitigating
5 and responding to the spread of COVID–19 among
6 the marginalized and vulnerable groups described in
7 paragraph (1), and ensure such humanitarian actors
8 are exempted from inappropriate and unreasonable
9 travel restrictions to ensure they can effectively un-
10 dertake life-saving assistance.

11 (b) FACILITATING EFFECTIVE AND SAFE HUMANI-
12 TARIAN ASSISTANCE.—The Secretary of State, in coordi-
13 nation with the Administrator of the United States Agen-
14 cy for International Development, shall carry out actions
15 that accomplish the policies set forth in subsection (a),
16 including the following actions:

17 (1) BRANDING.—Prescribing as appropriate,
18 with due consideration for the safety and security of
19 implementing partners and beneficiaries, the use of
20 logos or other insignia of the United States Agency
21 for International Development or the Department of
22 State identity to appropriately identify overseas pro-
23 grams under this Act administered by the United
24 States Agency for International Development and
25 the Department of State.

1 (2) EXCEPTION TO TRAVEL RESTRICTIONS FOR
2 AID WORKERS.—Taking steps to ensure that travel
3 restrictions implemented to help contain the spread
4 of COVID–19 are not applied to individuals author-
5 ized by the United States Government to travel to
6 or reside in a designated country to provide assist-
7 ance related to or otherwise impacted by the
8 COVID–19 outbreak.

9 (3) PROCUREMENT OF PERSONAL PROTECTIVE
10 EQUIPMENT.—Approving the usage of foreign assist-
11 ance funding for the procurement of personal protec-
12 tive equipment by United States Government imple-
13 menting partners from businesses within or nearby
14 the country receiving foreign assistance on an urgent
15 basis and in a manner consistent with efforts to re-
16 spond to the spread of COVID–19 in the United
17 States.

18 (4) AUTHORIZATION FOR AID WORKER EVACU-
19 ATION.—Waiving certain travel restrictions imple-
20 mented to help contain the spread of COVID–19 in
21 order to facilitate the medical evacuation of United
22 States Government implementing partners, regard-
23 less of nationality.

24 (c) REPORT.—

1 (1) IN GENERAL.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 of State and the Administrator of the United States
4 Agency for International Development shall submit
5 to the appropriate congressional committees a report
6 that assesses the global humanitarian response and
7 outlines specific elements of the United States Gov-
8 ernment’s efforts.

9 (2) ELEMENTS.—The report required under
10 paragraph (1) shall include the following elements:

11 (A) A description of humanitarian and
12 health-worker access to crisis-affected areas, in-
13 cluding—

14 (i) restrictions on the arrival of hu-
15 manitarian workers from abroad into the
16 country;

17 (ii) restrictions on the travel within
18 the country of humanitarian workers to
19 reach their areas of operation where popu-
20 lations of concern reside;

21 (iii) access to medical evacuation in
22 the event of a health emergency; and

23 (iv) access to personal protective
24 equipment for United States Government
25 implementing partners.

1 (B) An analysis and description of coun-
2 tries that have expressly prevented vulnerable
3 populations from accessing necessary assistance
4 related to COVID–19, including—

5 (i) their omission from national re-
6 sponse plans;

7 (ii) laws, policies, or practices that re-
8 strict or preclude treatment at public hos-
9 pitals and health facilities; and

10 (iii) exclusion or discrimination in law,
11 policy, or practice that prevents equal ac-
12 cess to food, shelter, and other basic as-
13 sistance.

14 (C) A description of United States Govern-
15 ment efforts to facilitate greater humanitarian
16 access, including—

17 (i) advocacy and diplomatic efforts
18 with relevant foreign governments and
19 multilateral institutions to ensure that vul-
20 nerable populations are included in na-
21 tional response plans and other relevant
22 plans developed in response to the
23 COVID–19 pandemic; and

24 (ii) advocacy and diplomatic efforts
25 with relevant foreign governments to en-

1 sure that relevant travel exemptions are
2 issued for humanitarian and health work-
3 ers responding to the COVID–19 pan-
4 demic.

5 (d) AUTHORIZATION.—

6 (1) IN GENERAL.—Notwithstanding any other
7 provision of law, and consistent with the authorities
8 of section 491 of the Foreign Assistance Act of 1961
9 (22 U.S.C. 2292), there is authorized to be appro-
10 priated to the President \$4,400,000,000 in addi-
11 tional funding for fiscal year 2020, in addition to
12 funds otherwise appropriated or made available for
13 such purpose to provide assistance to meet the ur-
14 gent humanitarian needs of countries directly af-
15 fected by or at imminent risk of being affected by
16 the outbreak of COVID–19, especially to commu-
17 nities hosting significant numbers displaced persons
18 and other vulnerable groups, in accordance with es-
19 tablished international humanitarian principles.

20 (2) INCORPORATION OF GENDER ANALYSIS.—

21 The Secretary of State and the Administrator of the
22 United States Agency for International Development
23 shall ensure that all strategies, programs, and activi-
24 ties undertaken pursuant to this subsection are
25 shaped by a gender analysis as defined by the Wom-

1 en’s Entrepreneurship and Economic Empowerment
2 Act of 2019 (Public Law 115–428).

3 **SEC. 233. ADDRESSING THREATS TO WOMEN AND GIRLS IN**
4 **THE COVID–19 PANDEMIC.**

5 (a) SENSE OF CONGRESS.—It is the sense of Con-
6 gress that—

7 (1) credible research indicates that the COVID–
8 19 pandemic has increased exposure to domestic vio-
9 lence, child marriage, trafficking and other forms of
10 gender-based violence and abuse, and has increased
11 and compounded the risks displaced women and girls
12 face in emergencies;

13 (2) the COVID–19 pandemic is disrupting ac-
14 cess to sexual and reproductive health care, includ-
15 ing antenatal and postnatal care, contraception, and
16 care related to HIV/AIDS and sexually transmitted
17 infections;

18 (3) sexual and reproductive health care must
19 remain essential priorities to ensure women and girls
20 may continue to access these services from the most
21 trusted providers; and

22 (4) the United States Government should fully
23 support the United Nations Population Fund, which
24 is playing a critical role in the pandemic response
25 and is the lead United Nations agency mandated to

1 address sexual and reproductive health needs, as
2 well as coordinating gender-based violence (GBV) re-
3 sponse in humanitarian emergencies.

4 (b) AUTHORIZATION OF ACTIVITIES TO ADDRESS
5 GENDER-BASED VIOLENCE DURING AND AFTER THE
6 PANDEMIC.—The Secretary of State, in coordination with
7 the Administrator of the United States Agency for Inter-
8 national Development, shall carry out activities to prevent,
9 mitigate, and respond to gender-based violence during and
10 following the COVID–19 pandemic, including—

11 (1) providing training, equipment, and capacity
12 building for frontline responders, including health
13 care workers, humanitarian aid personnel, and other
14 service deliverers—

15 (A) to identify and prevent gender-based
16 violence in communities affected by COVID–19;
17 and

18 (B) to support survivors and those at risk
19 through best practices, including—

20 (i) immediate, life-saving assistance,
21 including medical care, hygiene and dignity
22 kits, the clinical management of rape, men-
23 tal health and psychological support, and
24 referral to other services, including case
25 management;

1 (ii) access to justice and community-
2 level reintegration; and

3 (iii) opportunities to earn livelihoods,
4 build skills, and receive an education;

5 (2) ensuring that mechanisms such as domestic
6 abuse hotlines and services for survivors of GBV are
7 considered “essential services” within COVID–19 re-
8 sponse programs and are fully resourced;

9 (3) prioritizing the use of technology and other
10 remote options to maintain contact with and support
11 survivors of violence when movement or access is re-
12 stricted;

13 (4) integrating the prevention of sexual exploi-
14 tation and abuse committed by aid workers or others
15 providing response services into all programs, includ-
16 ing prioritizing appropriate training, monitoring,
17 and accountability mechanisms; and

18 (5) ensuring that frontline workers, including
19 those providing in-person services to address gender-
20 based violence, have the personal protective equip-
21 ment, training, and other safety measures needed to
22 safely provide essential services during the pandemic
23 on an urgent basis and in a manner consistent with
24 efforts to respond to the spread of COVID–19 in the
25 United States.

1 (c) AUTHORIZATION OF ASSISTANCE TO THE UNITED
2 NATIONS POPULATION FUND.—Notwithstanding the Sec-
3 retary of State’s determination on July 8, 2019, made
4 pursuant to the third proviso of title III of the Depart-
5 ment of State, Foreign Operations, and Related Programs
6 Appropriations Act, 2019 (division F of Public Law 116–
7 6), funds authorized under this Act shall be made avail-
8 able to the United Nations Population Fund, including for
9 the following purposes in COVID–19 impacted countries:

10 (1) Improved data collection, coordination, tech-
11 nical expertise and availability of dedicated gender
12 advisors to prevent and respond to gender-based vio-
13 lence in humanitarian settings through the Gender
14 Based Violence Area of Responsibility forum, which
15 is managed by the United Nations Population Fund,
16 and across sectors of humanitarian action, including
17 through training and sensitization of humanitarian
18 aid workers on identification of and care for sur-
19 vivors of gender-based violence, which has spiked
20 globally amid the COVID–19 pandemic.

21 (2) Procurement and distribution of personal
22 protective equipment to assist frontline health care
23 workers on an urgent basis and in a manner con-
24 sistent with efforts to respond to the spread of
25 COVID–19 in the United States.

1 (3) Procurement and distribution of sanitizing
2 agents to assist frontline health care workers in in-
3 fection control.

4 (4) Reduction of preventable maternal deaths
5 by delivering prenatal care, antenatal care, and safe
6 childbirth delivery services.

7 (5) Addressing the unmet need for contracep-
8 tion, by procuring and distributing essential contra-
9 ceptive supplies and by improving the functioning of
10 the supply chain.

11 (6) Coordination and delivery of gender-based
12 violence prevention, mitigation, and education serv-
13 ices.

14 (7) Coordination and delivery of information
15 and services to prevent child marriage and female
16 genital mutilation, the incidence of which has in-
17 creased during the COVID–19 pandemic.

18 **SEC. 234. SAFEGUARDING DEMOCRACY AND HUMAN**

19 **RIGHTS DURING THE COVID-19 PANDEMIC.**

20 (a) SENSE OF CONGRESS.—It is the sense of Con-
21 gress that—

22 (1) governments may be required to take appro-
23 priate but extraordinary actions, during public
24 health emergencies, to halt the spread of disease, in-
25 cluding closing businesses and public events, limiting

1 access to public spaces, and restricting the move-
2 ment of people;

3 (2) authorities in more than 82 countries, in-
4 cluding the United States, have declared states of
5 emergency due to the threat of COVID–19, which
6 the World Health Organization designated a global
7 pandemic on March 11, 2020;

8 (3) governments in certain countries with
9 COVID–19 cases, such as Cambodia, Egypt, Hun-
10 gary, India, Turkey, China and the China Liaison
11 Office in Hong Kong, have taken measures that vio-
12 late the human rights of their citizens without clear
13 public health justification, oversight measures, or
14 sunset provisions;

15 (4) governments in 25 countries, including
16 Kenya, Iran, the Philippines, Thailand, and Jordan,
17 have taken measures that affect expression and re-
18 strict freedom of the press;

19 (5) against a backdrop of rising nationalism,
20 populism, authoritarianism and pushback against
21 human rights in some countries, the crisis can pro-
22 vide a pretext unrelated to the pandemic for govern-
23 ments to engage in repression, including measures
24 that undermine democratic institutions, quash legiti-
25 mate dissent, and attack journalists, activists, and

1 disavored social groups, like refugees and migrants,
2 with far-reaching consequences that outlive the cur-
3 rent crisis;

4 (6) the United States Government, imple-
5 menting emergency policies at home and through its
6 diplomacy and foreign assistance abroad, should as-
7 sertively champion the protection of internationally
8 recognized human rights during and after the
9 COVID–19 pandemic; and

10 (7) during and after the COVID–19 pandemic,
11 the Department of State and the United States
12 Agency for International Development should di-
13 rectly or through nongovernmental organizations or
14 international organizations, provide assistance and
15 implement programs that support democratic insti-
16 tutions, civil society, free media, and internationally
17 recognized human rights.

18 (b) FUNDING FOR CIVIL SOCIETY AND HUMAN
19 RIGHTS DEFENDERS.—

20 (1) PROGRAM PRIORITIES.—Amounts made
21 available for fiscal years 2021 through 2025 to carry
22 out programs authorized under sections 101 and
23 102 of the Foreign Assistance Act of 1961 (22
24 U.S.C. 2151 and 2151–1), including programs to
25 support democratic institutions, human rights de-

1 fenders, civil society, and freedom of the press, shall
2 be particularly targeted, to the extent feasible, at
3 countries in which emergency government measures
4 taken in response to the COVID–19 pandemic vio-
5 lated internationally recognized human rights.

6 (2) ELIGIBLE COUNTRIES.—Countries in which
7 emergency government measures taken in response
8 to the COVID–19 pandemic violated internationally
9 recognized human rights, and civil society organiza-
10 tions serving those countries, shall be eligible to re-
11 ceive funds made available pursuant to sections 101
12 and 102 of the Foreign Assistance Act of 1961 for
13 each of fiscal years 2021 through 2025, for—

14 (A) programs designed to strengthen and
15 support civil society, human rights defenders,
16 and the freedom of the press; and

17 (B) programs to restore democratic institu-
18 tions.

19 (c) SECURITY ASSISTANCE.—

20 (1) IN GENERAL.—Upon the request of the
21 Senate or the House of Representatives by resolu-
22 tion of either such House, or upon the request of the
23 Committee on Foreign Relations of the Senate or
24 the Committee on Foreign Affairs of the House of
25 Representatives, the Secretary of State shall, within

1 thirty days after receipt of such request, transmit to
2 both such committees a statement, prepared with
3 the assistance of the Assistant Secretary of State for
4 Democracy, Human Rights, and Labor, with respect
5 to the country designated in such request, setting
6 forth—

7 (A) all the available information and a de-
8 tailed description of practices the recipient gov-
9 ernment has engaged in or tolerated that vio-
10 late internationally recognized human rights, in-
11 cluding through the use of surveillance tech-
12 nology, in connection with emergency laws or
13 policies implemented in response to, or justified
14 by, the COVID–19 pandemic, or sustained
15 emergency measures that have the effect of cur-
16 tailing human, political and civil rights beyond
17 a purpose or duration reasonably necessary to
18 contain the COVID–19 crisis;

19 (B) the steps the United States has taken
20 to—

21 (i) promote respect for and observance
22 of human rights in that country and dis-
23 courage any practices which are inimical to
24 internationally recognized human rights,
25 and

1 (ii) publicly or privately call attention
2 to, and disassociate the United States and
3 any security assistance provided for such
4 country from, such practices;

5 (C) whether, in the opinion of the Sec-
6 retary of State, notwithstanding any such prac-
7 tices—

8 (i) extraordinary circumstances exist
9 which necessitate a continuation of security
10 assistance (as defined in section 502B of
11 the Foreign Assistance Act (22 U.S.C.
12 2304)) or security cooperation for such
13 country, and, if so, a description of such
14 circumstances and the extent to which
15 such assistance should be continued, and

16 (ii) on all the facts it is in the na-
17 tional interest of the United States to pro-
18 vide such assistance; and

19 (D) such other information that the Sec-
20 retary of State deems important to include.

21 (2) EXPEDITED PROCEDURES.—A resolution of
22 request shall be considered in the Senate in accord-
23 ance with the provisions of section 601(b) of the
24 International Security Assistance and Arms Export
25 Control Act of 1976.

1 (d) REPORTING REQUIREMENTS.—

2 (1) INITIAL REPORT.—Not later than 60 days
3 after the date of the enactment of this Act, the Sec-
4 retary of State shall publish a report that includes—

5 (A) for each country and territory included
6 in the annual Country Reports on Human
7 Rights Practices, whether and how each country
8 or territory has adhered to the principles set
9 forth in the Universal Declaration of Human
10 Rights and the International Covenant on Civil
11 and Political Rights in responding to the
12 COVID–19 pandemic;

13 (B) with regard to each country in which
14 the response to the COVID–19 pandemic vio-
15 lated internationally recognized human rights in
16 a manner inconsistent with the principles of
17 limitation and derogation—

18 (i) the actions of the United States
19 Government to voice concern about such
20 violations; and

21 (ii) any efforts made by each country
22 to respond to and resolve such human
23 rights concerns;

24 (C) with regard to each country in which
25 the response to the COVID–19 pandemic vio-

1 lated internationally recognized human rights,
2 the impact of noncompliant policies on—

3 (i) the population’s access to health
4 care services; and

5 (ii) the government’s efforts to control
6 the pandemic;

7 (D) a description of actions taken by the
8 Global Engagement Center established under
9 section 1287 of the National Defense Author-
10 ization Act for Fiscal Year 2017 (22 U.S.C.
11 2656 note) to counter disinformation related to
12 COVID–19; and

13 (E) a description of the United States
14 Government’s efforts around the world—

15 (i) to counter disinformation related
16 to the COVID–19 pandemic; and

17 (ii) to disseminate accurate informa-
18 tion about the pandemic.

19 (2) MONTHLY REPORTS.—Not later than 30
20 days after the publication of the report required
21 under paragraph (1), and monthly thereafter until
22 the date that is 60 days after the date on which the
23 President declares that the COVID–19 pandemic
24 has ended, the Secretary of State and the Adminis-
25 trator of the United States Agency for International

1 Development shall provide to the appropriate con-
2 gressional committees a list of the countries that
3 have removed COVID–19-related emergency restric-
4 tions impacting internationally recognized human
5 rights, including details regarding the restrictions
6 that were removed.

7 (3) FINAL REPORT.—Not later than 90 days
8 after the date on which the President declares that
9 the COVID–19 pandemic has ended, the Secretary
10 of State shall submit a report to the appropriate
11 congressional committees that—

12 (A) lists the countries whose emergency
13 measures limiting internationally recognized
14 human rights in a manner inconsistent with the
15 principles of limitation and derogation extended
16 beyond the end of the global pandemic;

17 (B) describes such countries' emergency
18 measures, including a description of how such
19 procedures violate internationally recognized
20 human rights and an analysis of the impact of
21 such measures on access to health care and ef-
22 forts to control the pandemic within the coun-
23 try;

24 (C) describes—

- 1 (i) any surveillance measures imple-
2 mented during the COVID–19 pandemic;
3 (ii) the extent to which such measures
4 have been, or have not been, rolled back;
5 and
6 (iii) whether and how such measures
7 impact internationally recognized human
8 rights; and
9 (D) includes a strategic plan by the De-
10 partment of State and the United States Agen-
11 cy for International Development that address-
12 es, through diplomacy and foreign assistance,
13 the persistent issues related to internationally
14 recognized human rights in the aftermath of
15 the COVID–19 response.

16 **Subtitle D—Other Regional** 17 **Matters**

18 **SEC. 241. ASSISTANCE FOR THE WEST BANK AND GAZA RE-** 19 **LATED TO THE COVID–19 PANDEMIC.**

20 (a) **FINDING.**—Congress finds that Israel, the West
21 Bank, and Gaza are experiencing outbreaks of COVID–
22 19, and recognizes the interconnection of public health,
23 public safety, and security.

24 (b) **HUMANITARIAN ASSISTANCE.**—Notwithstanding
25 any other provision of law, the United States Government

1 may use funds appropriated for international disaster as-
2 sistance to provide rapid awards of humanitarian assist-
3 ance, including through previously vetted United States
4 organizations, in furtherance of health-related COVID-19
5 response efforts in the West Bank and Gaza.

6 **SEC. 242. PREVENTING THE SPREAD OF COVID-19 AT THE**
7 **UNITED STATES-MEXICO BORDER.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) In January 2019, the Department of Home-
11 land Security began implementing the Migrant Pro-
12 tection Protocols, which require foreign nationals en-
13 tering or seeking admission to the United States
14 from Mexico, without proper documentation, to be
15 returned to Mexico for the duration of their immi-
16 gration proceedings.

17 (2) Approximately 60,000 foreign nationals who
18 have been subjected to the Migrant Protection Pro-
19 tocols are temporarily residing in Mexican commu-
20 nities close to the border between the United States
21 and Mexico, and some of them are living in encamp-
22 ments that lack basic health and sanitation infra-
23 structure.

24 (b) SENSE OF CONGRESS.—It is the sense of Con-
25 gress that—

1 (B) Mexican nationals, who have been sent
2 back to Mexico; and

3 (C) Haitian nationals, who have been sent
4 back to Haiti.

5 (2) Some of the people referred to in paragraph
6 (1) have tested positive for COVID–19 upon arrival
7 in their country of origin.

8 (3) In 2019, the Secretary of Homeland Secu-
9 rity signed Asylum Cooperative Agreements with the
10 Governments of Guatemala, of Honduras, and of El
11 Salvador to transfer asylum seekers from the United
12 States.

13 (4) The public health systems of Guatemala,
14 Haiti, Honduras, El Salvador, and other countries
15 have limited capacity for handling severe or critical
16 cases of COVID–19, as documented by United
17 States Embassies in each country.

18 (b) SENSE OF CONGRESS.—It is the sense of Con-
19 gress that—

20 (1) deporting foreign nationals suffering from
21 COVID–19 to countries that lack sufficient public
22 health capacity to address the pandemic increases
23 the risk for uncontrolled outbreaks of COVID–19 in
24 foreign countries;

1 (2) uncontrolled outbreaks of COVID–19 in for-
2 eign countries increase the risk that COVID–19 will
3 be reintroduced into the United States in the future;

4 (3) the Secretary of Homeland Security must
5 test all foreign nationals for COVID–19 before de-
6 porting them to their respective countries of origin;
7 and

8 (4) the transfer of asylum seekers from the
9 United States to Guatemala, Honduras, and El Sal-
10 vador poses unnecessary risks to the health and
11 safety of the individuals being transferred and com-
12 munities in recipient countries while the COVID–19
13 pandemic remains uncontrolled.

14 (c) **LIMITATION ON REMOVALS.**—Notwithstanding
15 any other provision of law, the Secretary of Homeland Se-
16 curity is prohibited from removing foreign nationals from
17 the United States to their respective countries of origin
18 until after the Secretary of Homeland Security and the
19 Secretary of State jointly certify to the Committee on For-
20 eign Relations and the Committee on the Judiciary of the
21 Senate and the Committee on Foreign Affairs and the
22 Committee on the Judiciary of the House of Representa-
23 tives that—

24 (1) the Secretary of Homeland Security has de-
25 veloped and implemented a protocol to ensure that

1 all foreign nationals with an order of removal from
2 the United States will be tested for COVID–19 be-
3 fore being removed from the United States; and

4 (2) the Secretary of Homeland Security and the
5 Secretary of State have provided appropriate foreign
6 governments with information about the COVID–19
7 testing protocol developed by the Secretary of Home-
8 land Security for foreign nationals who are removed
9 from the United States.

10 **SEC. 244. SENSE OF CONGRESS ON ENSURING THAT SANC-**
11 **TIONS DO NOT INHIBIT THE PROVISION OF**
12 **HUMANITARIAN RELIEF TO IRAN.**

13 It is the sense of Congress that—

14 (1) the President should—

15 (A) take steps to ensure that sanctions im-
16 posed by the United States do not inhibit the
17 delivery and availability of humanitarian relief,
18 including medicine and medical equipment, for
19 the people of Iran;

20 (B) publicly clarify to financial institutions
21 and other entities that United States law does
22 not penalize medical or other humanitarian
23 transactions meant to combat COVID–19 in
24 Iran and publicly promote ways that financial

1 institutions and governments around the world
2 can help fight the pandemic in Iran;

3 (C) work quickly with the governments of
4 other countries to set up humanitarian channels
5 for entities to provide assistance related to com-
6 bating COVID–19 to Iran, modeled on the
7 Swiss Humanitarian Trade Arrangement;

8 (D) ensure that entities are not penalized
9 or subject to sanctions if they are legitimately
10 providing humanitarian or medical supplies that
11 will help the people of Iran combat the spread
12 and effects of COVID–19 in Iran; and

13 (E) temporarily raise the ceiling on the
14 amount of funds permitted to be sent to Iran
15 for humanitarian aid under General License E,
16 issued under part 560 of title 31, Code of Fed-
17 eral Regulations, and relating to authorizing
18 certain services in support of nongovernmental
19 organizations' activities in Iran, or specify that
20 payments related to combating the COVID–19
21 pandemic are not counted for purposes of that
22 ceiling; and

23 (2) the Government of Iran should take imme-
24 diate steps to promote the health and safety of peo-
25 ple in Iran by releasing from prison all politically

1 held dual nationals who may be at increased risk for
2 contracting or suffering from complications from
3 COVID–19.

4 **SEC. 245. SENSE OF CONGRESS ON CLARIFYING THAT**
5 **SANCTIONS DO NOT INHIBIT THE PROVISION**
6 **OF HUMANITARIAN RELIEF TO VENEZUELA.**

7 It is the sense of Congress that—

8 (1) the President should—

9 (A) take all necessary steps to ensure and
10 clarify that sanctions imposed by the United
11 States do not inhibit the delivery and avail-
12 ability of humanitarian relief, including medi-
13 cine and medical equipment, for the people of
14 Venezuela;

15 (B) publicly clarify to financial institutions
16 and other entities that United States law does
17 not penalize medical or humanitarian trans-
18 actions meant to combat COVID–19 in Ven-
19 ezuela, including by updating and republishing
20 the document of the Office of Foreign Assets
21 Control of the Department of the Treasury en-
22 titled “Guidance Related to the Provision of
23 Humanitarian Assistance and Support to the
24 Venezuelan People”, and dated August 6, 2019;
25 and

1 (C) publicly promote ways that inter-
2 national organizations and governments around
3 the world can best respond to the spread of the
4 COVID–19 pandemic in Venezuela; and

5 (2) the regime of Nicolás Maduro should imme-
6 diately—

7 (A) permit the delivery of international hu-
8 manitarian assistance, including agricultural
9 commodities and medical equipment, for the
10 people of Venezuela; and

11 (B) release all political prisoners who may
12 be at increased risk of contracting or suffering
13 from complications from COVID–19.

14 **SEC. 246. SENSE OF CONGRESS ON ENSURING THAT SANC-**
15 **TIONS DO NOT INHIBIT THE PROVISION OF**
16 **HUMANITARIAN RELIEF TO THE DEMO-**
17 **CRATIC PEOPLE’S REPUBLIC OF NORTH**
18 **KOREA.**

19 It is the sense of Congress that—

20 (1) the President should—

21 (A) take steps to ensure that sanctions im-
22 posed by the United States do not inhibit the
23 delivery and availability of humanitarian relief,
24 including medicine and medical equipment, for

1 the people of the Democratic People’s Republic
2 of North Korea (DPRK);

3 (B) publicly clarify to the United Nations,
4 financial institutions, and other entities that
5 United States law does not penalize medical or
6 other humanitarian transactions meant to com-
7 bat COVID–19 in the DPRK, and publicly pro-
8 mote ways that financial institutions and gov-
9 ernments around the world can help fight the
10 pandemic in the DPRK;

11 (C) work quickly with the governments of
12 other countries to set up humanitarian channels
13 for entities to provide assistance related to com-
14 bating COVID–19 to the DPRK, including for
15 travel for effective aid delivery and program
16 monitoring; and

17 (D) ensure that entities are not penalized
18 or subject to sanctions if they are legitimately
19 providing humanitarian or medical supplies that
20 will help the people of the DPRK combat the
21 spread and effects of COVID–19 in the DPRK;
22 and

23 (2) the Government of the DPRK should take
24 immediate steps to promote the health and safety of
25 people in the DPRK by, among other measures, re-

1 leasing from prison all political prisoners held at po-
2 litical prison and reeducation camps run by the
3 State Security Department and the Ministry for
4 People’s Security who may be at increased risk for
5 contracting or suffering from complications from
6 COVID–19.

7 **SEC. 247. SENSE OF CONGRESS ON RELATIONS WITH THE**
8 **EUROPEAN UNION.**

9 It is the sense of Congress that—

10 (1) the European Union is a close ally of the
11 United States, and the President should express soli-
12 darity with the European Union and work closely
13 with Brussels to lead an international response to
14 the humanitarian and economic implications of the
15 COVID–19 pandemic;

16 (2) the United States Government should close-
17 ly coordinate international humanitarian and devel-
18 opment assistance efforts with the European Union’s
19 “Team Europe” campaign as the developing world
20 contends with significant challenges associated with
21 the COVID–19 pandemic;

22 (3) the United States Government and the Eu-
23 ropean Union should coordinate efforts to leverage
24 the wealth and experience of the private sector in
25 providing assistance and expertise to address the hu-

1 manitarian economic implications of the COVID–19
2 pandemic;

3 (4) scientists from the United States should co-
4 ordinate closely with scientists from European Union
5 member states to develop effective treatments and a
6 vaccine for COVID–19;

7 (5) the United States Government and the Eu-
8 ropean Union and its member states should enhance
9 intelligence cooperation to counter Chinese and Rus-
10 sian disinformation efforts with respect to the
11 COVID–19 pandemic;

12 (6) the United States Government and the Eu-
13 ropean Union should coordinate on joint strategies
14 to diminish reliance on the medical and pharma-
15 ceutical supply chain from China in the wake of the
16 COVID–19 pandemic;

17 (7) the United States Government and the Eu-
18 ropean Union should coordinate efforts to provide
19 assistance and directly engage with the political
20 leadership of EU Eastern Partnership countries and
21 EU aspirant countries, especially those in the West-
22 ern Balkans; and

23 (8) the United States Government and the Eu-
24 ropean Union should closely coordinate to mitigate
25 the effects of anti-democratic forces seeking to erode

1 our democratic institutions and shared values
2 throughout the pandemic.

3 **SEC. 248. INTERNATIONAL FINANCIAL INSTITUTION AS-**
4 **SISTANCE FOR COVID-19 RECOVERY EF-**
5 **FORTS IN SUDAN.**

6 (a) AUTHORIZATION.—Notwithstanding any other
7 provision of law, the Secretary of the Treasury may in-
8 struct the United States executive director of an inter-
9 national financial institution to use the voice and vote of
10 the United States to support assistance by such institu-
11 tion, including any loan, credit, or guarantee, for Sudan,
12 provided that such assistance must be related to Sudan’s
13 response or recovery from the COVID–19 pandemic.

14 (b) INTERNATIONAL FINANCIAL INSTITUTION DE-
15 FINED.—In this section, the term “international financial
16 institution” means the International Bank for Reconstruc-
17 tion and Development, the International Development As-
18 sociation, the International Finance Corporation, the
19 Inter-American Development Bank, the International
20 Monetary Fund, the International Fund for Agricultural
21 Development, the Asian Development Fund, the Inter-
22 American Investment Corporation, the North American
23 Development Bank, the European Bank for Reconstruc-
24 tion and Development, the African Development Bank, the

1 African Development Fund, and the Multilateral Invest-
2 ment Guarantee Agency.

3 **TITLE III—UNITED STATES GOV-
4 ERNMENT ORGANIZATION
5 AND AUTHORITIES**

6 **Subtitle A—Enhancing United
7 States Government Response to
8 Pandemics**

9 **SEC. 301. ROLES FOR UNITED STATES AGENCY FOR INTER-
10 NATIONAL DEVELOPMENT, DEPARTMENT OF
11 STATE, AND THE CENTERS FOR DISEASE
12 CONTROL AND PREVENTION.**

13 (a) DESIGNATION OF LEAD AGENCIES FOR COORDI-
14 NATION OF UNITED STATES RESPONSE TO INFECTIOUS
15 DISEASE OUTBREAKS WITH PANDEMIC POTENTIAL.—In
16 the event of an infectious disease outbreak outside the
17 United States with pandemic potential, the President shall
18 designate agencies to lead response efforts as follows:

19 (1) The United States Agency for International
20 Development shall serve as the lead agency for the
21 United States' international response, relief, and re-
22 covery efforts associated with the potential pandemic
23 outbreak. In this capacity, the United States Agency
24 for International Development shall—

1 (A) support activities, as necessary and ap-
2 propriate, including immediate disaster assist-
3 ance and humanitarian response needs in highly
4 affected countries, including testing, treatment,
5 and assistance with preventative care units and
6 community care facilities; provision of supplies
7 such as personal protective, screening, and
8 treatment equipment; community outreach and
9 communication and mobilization efforts; and lo-
10 gistics support; and

11 (B) lead the coordination of funding alloca-
12 tions, in coordination with the Department of
13 State, the International Development Finance
14 Corporation, the Millennium Challenge Cor-
15 poration, the Inter-American Foundation, and
16 the United States African Development Foun-
17 dation, to address the secondary economic and
18 social impacts of the pandemic outbreak, such
19 as food insecurity to economic destabilization
20 and insecurity.

21 (2) The Department of State shall serve as the
22 lead for diplomatic engagement regarding relief and
23 recovery efforts associated with the potential pan-
24 demic outbreak. In this capacity, the Department of
25 State shall promote biosecurity practices and miti-

1 gate the risk of illicit acquisition of any pandemic
2 virus or disease.

3 (3) The Centers for Disease Control and Pre-
4 vention shall serve as the medical lead for the inter-
5 national response to the potential pandemic out-
6 break. In this capacity, the Centers for Disease Con-
7 trol and Prevention shall work to prevent, prepare
8 for, and respond to the outbreak of a pandemic dis-
9 ease through activities, including—

10 (A) infection control, contact tracing and
11 laboratory surveillance and training;

12 (B) building up emergency operation cen-
13 ters; and

14 (C) providing education and outreach and,
15 in the conduct of clinical trials in affected coun-
16 tries, assessing the safety and efficacy of vac-
17 cine and treatment candidates.

18 **SEC. 302. ENHANCED SUPPORT FOR GLOBAL HEALTH SE-**
19 **CURITY.**

20 (a) STATEMENT OF POLICY.—It is the policy of the
21 United States—

22 (1) to improve the ability of countries to pre-
23 vent, detect, and respond to health crises, including
24 outbreaks of infectious diseases with epidemic and
25 pandemic potential, such as COVID–19 and Ebola;

1 (2) to advance the Global Health Security
2 Agenda by promoting global health security as a
3 core national and human security interest;

4 (3) to collaborate with other countries to detect
5 and mitigate outbreaks of infectious diseases with
6 epidemic and pandemic potential early in order to
7 prevent the spread of disease;

8 (4) to encourage other countries to invest in
9 basic health care systems; and

10 (5) to improve the understanding of and re-
11 sponse to intersections of human, animal, and envi-
12 ronmental health to—

13 (A) prevent and mitigate infectious disease
14 outbreaks; and

15 (B) combat the growing threat of anti-
16 microbial resistance.

17 (b) SPECIAL ADVISOR TO THE PRESIDENT FOR
18 GLOBAL HEALTH SECURITY.—Section 101 of the Na-
19 tional Security Act of 1947 (50 U.S.C. 3021) is amend-
20 ed—

21 (1) in subsection (b)—

22 (A) in paragraph (3), by striking “; and”
23 and inserting a semicolon;

24 (B) in paragraph (4), by striking the pe-
25 riod at the end and inserting “; and”; and

1 (C) by adding at the end the following new
2 paragraph:

3 “(5) coordinate, without assuming operational
4 authority, the United States Government response to
5 global health security emergencies.”;

6 (2) by redesignating subsection (h) as sub-
7 section (i); and

8 (3) by inserting after subsection (g) the fol-
9 lowing new subsection:

10 “(h) SPECIAL ADVISOR TO THE PRESIDENT FOR
11 GLOBAL HEALTH SECURITY.—

12 “(1) IN GENERAL.—The President shall des-
13 ignate an employee of the National Security Council
14 to be responsible for—

15 “(A) the coordination of the interagency
16 process for preparing for, preventing, detecting,
17 and responding to global health security emer-
18 gencies; and

19 “(B) in consultation with the Global
20 Health Security Agenda Interagency Review
21 Council established pursuant to ‘section 302(c)
22 of the COVID–19 International Response and
23 Recovery Act of 2020’ and in coordination with
24 the Administrator of the United States Agency
25 for International Development, leading the de-

1 velopment of a framework for such a response
2 in countries where there is armed conflict or in-
3 security.

4 “(2) CONGRESSIONAL BRIEFING.—

5 “(A) IN GENERAL.—Not less frequently
6 than semiannually, the employee designated
7 under paragraph (1) shall provide a briefing to
8 the appropriate congressional committees that
9 describes his or her responsibilities and activi-
10 ties under such paragraph.

11 “(B) APPROPRIATE CONGRESSIONAL COM-
12 MITTEES DEFINED.—In this subsection, the
13 term ‘appropriate congressional committees’
14 means—

15 “(i) the Committee on Foreign Rela-
16 tions of the Senate;

17 “(ii) the Committee on Appropriations
18 of the Senate;

19 “(iii) the Committee on Foreign Af-
20 fairs of the House of Representatives; and

21 “(iv) the Committee on Appropria-
22 tions of the House of Representatives.”.

23 (c) ESTABLISHMENT OF THE GLOBAL HEALTH SE-
24 CURITY AGENDA INTERAGENCY REVIEW COUNCIL.—

1 (1) IN GENERAL.—The President shall direct
2 the National Security Council to establish a Global
3 Health Security Agenda Interagency Review Council
4 (referred to in this section as the “Council”), which
5 shall perform—

6 (A) the general responsibilities described in
7 paragraph (4); and

8 (B) the specific roles and responsibilities
9 described in paragraph (6).

10 (2) CHAIR.—The Special Advisor to the Presi-
11 dent for Global Health Security designated under
12 section 101(h)(1) of the National Security Act of
13 1947, as added by subsection (b), shall serve as the
14 Chair of the Council.

15 (3) MEETINGS.—The Council shall meet not
16 less frequently than 4 times per year to advance its
17 mission and fulfill its responsibilities.

18 (4) GENERAL RESPONSIBILITIES.—

19 (A) IN GENERAL.—The Council shall—

20 (i) provide, by consensus, policy-level
21 guidance to participating agencies on
22 GHSA goals, objectives, and implementa-
23 tion;

1 (ii) facilitate interagency, multi-sec-
2 toral engagement to carry out GHSA im-
3 plementation;

4 (iii) provide a forum for raising and
5 working to resolve interagency disagree-
6 ments concerning the GHSA;

7 (iv) review the progress toward, and
8 work to resolve challenges in, achieving
9 United States commitments under the
10 GHSA, including commitments to assist
11 other countries in achieving GHSA targets;

12 (v) consider, among other issues—

13 (I) the status of United States fi-
14 nancial commitments to the GHSA in
15 the context of commitments by other
16 donors, and the contributions of part-
17 ner countries to achieve GHSA tar-
18 gets;

19 (II) the progress toward the mile-
20 stones outlined in GHSA national
21 plans for countries in which the
22 United States Government has com-
23 mitted to assist in implementing the
24 GHSA and in annual work plans out-

1 lining agency priorities for imple-
2 menting the GHSA; and

3 (III) the Joint External Evalua-
4 tions of United States and partner
5 country capabilities to address infec-
6 tious disease threats, including the
7 ability to achieve the targets outlined
8 within the World Health Organiza-
9 tion's Joint External Evaluation tool,
10 and gaps identified by such external
11 evaluations;

12 (vi) develop an annual report regard-
13 ing the progress achieved, and the chal-
14 lenges faced, concerning the United States
15 Government's ability to advance GHSA
16 across priority countries that—

17 (I) includes recommendations to
18 resolve, mitigate, or otherwise address
19 the challenges identified in the report;
20 and

21 (II) is submitted to the President
22 and to the appropriate congressional
23 committees and is made publicly avail-
24 able;

1 (vii) not later than September 1,
2 2020, complete a GHSA review that—

3 (I) is submitted to the President
4 and to the appropriate congressional
5 committees;

6 (II) includes an evaluation of the
7 progress achieved during the 5-year
8 period of the initiative, and any chal-
9 lenges faced in carrying out the initia-
10 tive; and

11 (III) includes recommendations
12 on the future direction of the initia-
13 tive; and

14 (viii) develop a framework for the
15 United States Government to respond to
16 health emergencies amid insecure settings,
17 such as the Ebola outbreak in the Demo-
18 cratic Republic of the Congo in conflict.

19 (B) FORM.—The annual report developed
20 under subparagraph (A)(vi), the review com-
21 pleted under subparagraph (A)(vii), and the
22 framework developed under subparagraph
23 (A)(viii) shall be submitted in unclassified form,
24 but may contain a classified annex.

1 (C) NON-INTERFERENCE IN FOREIGN AF-
2 FAIRS RESPONSIBILITIES.—The Council may
3 not perform any activities or functions that
4 interfere with the foreign affairs responsibilities
5 of the Secretary of State, including the respon-
6 sibility to oversee the implementation of pro-
7 grams and policies that advance the GHSA
8 within foreign countries.

9 (5) PARTICIPATION.—The Council shall consist
10 of representatives, serving at the Assistant Secretary
11 level or higher, from—

12 (A) the Department of State;

13 (B) the Department of Defense;

14 (C) the Department of Justice;

15 (D) the Department of Agriculture;

16 (E) the Department of Health and Human
17 Services;

18 (F) the Department of Homeland Security;

19 (G) the Office of Management and Budget;

20 (H) the United States Agency for Inter-
21 national Development;

22 (I) the Environmental Protection Agency;

23 (J) the Centers for Disease Control and
24 Prevention;

1 (K) the Office of Science and Technology
2 Policy, and

3 (L) such other agencies as the representa-
4 tives from the agencies referred to in subpara-
5 graphs (A) through (K) determine, by con-
6 sensus, to be appropriate.

7 (6) SPECIFIC ROLES AND RESPONSIBILITIES.—

8 (A) IN GENERAL.—The heads of agencies
9 described in paragraph (5) shall—

10 (i) make the GHSA and its implemen-
11 tation a high priority within their respec-
12 tive agencies, and include GHSA-related
13 activities within their respective agencies'
14 strategic planning and budget processes;

15 (ii) designate a senior-level official to
16 be responsible for the implementation of
17 this section;

18 (iii) designate, in accordance with
19 paragraph (5), an appropriate representa-
20 tive at the Assistant Secretary level or
21 higher to participate on the Council;

22 (iv) keep the Council apprised of
23 GHSA-related activities undertaken within
24 their respective agencies;

1 (v) maintain responsibility for agency-
2 related programmatic functions in coordi-
3 nation with host governments, country
4 teams, and GHSA in-country teams, and
5 in conjunction with other relevant agencies;

6 (vi) coordinate with other agencies
7 that are identified in this section to satisfy
8 programmatic goals, and further facilitate
9 coordination of country teams, implemen-
10 ters, and donors in host countries; and

11 (vii) coordinate across GHSA national
12 plans and with GHSA partners to which
13 the United States is providing assistance.

14 (B) ADDITIONAL ROLES AND RESPON-
15 SIBILITIES.—In addition to the roles and re-
16 sponsibilities described in subparagraph (A),
17 the heads of the agencies described in para-
18 graph (5) shall carry out their respective roles
19 and responsibilities described in subsections (b)
20 through (i) of section 3 of Executive Order
21 13747 (81 Fed. Reg. 78701; relating to Ad-
22 vancing the Global Health Security Agenda to
23 Achieve a World Safe and Secure from Infec-
24 tious Disease Threats), as in effect on the day
25 before the date of the enactment of this Act.

1 **SEC. 303. GLOBAL HEALTH SECURITY STRATEGY AND RE-**
2 **PORTS.**

3 (a) STRATEGY.—The Special Advisor to the Presi-
4 dent for Global Health Security designated under section
5 101(h) of the National Security Act of 1947, as added
6 by section 302(b), shall coordinate the development and
7 implementation of a strategy to implement the policy de-
8 scribed in section 302(a), which shall—

9 (1) set specific and measurable goals, bench-
10 marks, timetables, performance metrics, and moni-
11 toring and evaluation plans that reflect international
12 best practices relating to transparency, account-
13 ability, and global health security;

14 (2) support, and be aligned with, country-
15 owned, global health security policy and investment
16 plans developed with input from key stakeholders, as
17 appropriate;

18 (3) facilitate communication and collaboration,
19 as appropriate, among local stakeholders in support
20 of a multi-sectoral approach to global health secu-
21 rity;

22 (4) support the long-term success of programs
23 by building the capacity of local organizations and
24 institutions in target countries and communities and
25 by strengthening health systems;

1 (5) develop community resilience to infectious
2 disease emergencies and threats, such as COVID–19
3 and Ebola;

4 (6) leverage resources and expertise through
5 partnerships with the private sector, health organi-
6 zations, civil society, nongovernmental organizations,
7 and health research and academic institutions; and

8 (7) support appropriate collaboration between
9 United States universities and public and private in-
10 stitutions in target countries and communities to
11 promote health security and innovation.

12 (b) COORDINATION.—The President, acting through
13 the Special Advisor for Global Health Security, shall co-
14 ordinate, through a whole-of-government approach, the ef-
15 forts of relevant Federal departments and agencies in the
16 implementation of the strategy required under subsection
17 (a)—

18 (1) by establishing monitoring and evaluation
19 systems, coherence, and coordination across relevant
20 Federal departments and agencies; and

21 (2) by establishing platforms for regular con-
22 sultation and collaboration with key stakeholders
23 and the appropriate congressional committees.

24 (c) STRATEGY SUBMISSION.—

1 (1) IN GENERAL.—Not later than October 1,
2 2020, the President, in consultation with the head of
3 each relevant Federal department and agency, shall
4 submit the strategy required under subsection (a) to
5 the appropriate congressional committees.

6 (2) IMPLEMENTATION.—The strategy shall pro-
7 vide a detailed description of how the United States
8 intends to implement the policy described in section
9 302(a) and the agency-specific plans described in
10 paragraph (3).

11 (3) AGENCY-SPECIFIC PLANS.—The strategy re-
12 quired under subsection (a) shall include specific im-
13 plementation plans from each relevant Federal de-
14 partment and agency that describes—

15 (A) the anticipated contributions of the de-
16 partment or agency, including technical, finan-
17 cial, and in-kind contributions, to implement
18 the strategy; and

19 (B) the efforts of the department or agen-
20 cy to ensure that the activities and programs
21 carried out pursuant to the strategy are de-
22 signed to achieve maximum impact and long-
23 term sustainability, including specific efforts to
24 strengthen health systems, as relevant.

25 (d) ANNUAL REPORT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the submission of the strategy to the appropriate
3 congressional committees, in accordance with sub-
4 section (e), and not later than October 1 of each
5 year thereafter, the President shall submit a report
6 to the appropriate congressional committees that de-
7 scribes the status of the implementation of the strat-
8 egy required under subsection (a).

9 (2) CONTENTS.—The report required under
10 paragraph (1) shall—

11 (A) contain a summary of the strategy as
12 an appendix;

13 (B) identify any substantial changes made
14 in the strategy during the preceding calendar
15 year;

16 (C) describe the progress made in imple-
17 menting the strategy, with specific information
18 related to the progress on improving countries'
19 ability to detect, respond and prevent the
20 spread of infectious disease threats like
21 COVID-19 and Ebola;

22 (D) identify—

23 (i) the indicators used to establish
24 benchmarks and measure results over time;

25 and

1 (ii) the mechanisms for reporting such
2 results in an open and transparent man-
3 ner;

4 (E) contain a transparent, open, and de-
5 tailed accounting of expenditures by relevant
6 Federal departments and agencies to implement
7 the strategy, including, for each Federal depart-
8 ment and agency—

9 (i) the statutory source of expendi-
10 tures;

11 (ii) the amounts expended;

12 (iii) implementing partners;

13 (iv) targeted beneficiaries; and

14 (v) activities supported;

15 (F) describe how the strategy leverages
16 other United States global health and develop-
17 ment assistance programs;

18 (G) assess efforts to coordinate United
19 States global health security programs, activi-
20 ties, and initiatives with key stakeholders; and

21 (H) incorporate a plan for regularly—

22 (i) reviewing and updating strategies,
23 partnerships, and programs; and

1 (ii) sharing lessons learned with a
2 wide range of stakeholders in an open,
3 transparent manner.

4 (e) FORM.—The strategy required under subsection
5 (a) and the report required under subsection (d) shall be
6 submitted in unclassified form, but may contain a classi-
7 fied annex.

8 **SEC. 304. REQUIREMENT TO CONSULT WITH CONGRESS BE-**
9 **FORE RESTRICTING TRAVEL TO OR FROM**
10 **THE UNITED STATES.**

11 (a) IN GENERAL.—Not later than 5 days before im-
12 posing travel restrictions regarding travel to or from the
13 United States, the President shall consult with the rel-
14 evant congressional committees and provide a notification
15 that includes—

16 (1) a policy and legal justification for the travel
17 restrictions;

18 (2) a record and description of diplomatic noti-
19 fications to countries that would be affected by the
20 travel restrictions; and

21 (3) a description of the expected national secu-
22 rity, health, and economic implications resulting
23 from the restrictions.

1 (b) RELEVANT CONGRESSIONAL COMMITTEES DE-
2 FINED.—In this section, the term “relevant congressional
3 committees” means—

4 (1) the Committee on Foreign Relations and
5 the Committee on Commerce, Science, and Trans-
6 portation of the Senate; and

7 (2) the Committee on Foreign Affairs and the
8 Committee on Transportation and Infrastructure of
9 the House of Representatives.

10 **SEC. 305. SENSE OF CONGRESS ON USING A SCIENTIFIC**
11 **TERM FOR COVID-19.**

12 (a) FINDINGS.—Congress makes the following find-
13 ings:

14 (1) On February 11, 2020, the World Health
15 Organization announced the scientific name of the
16 disease caused by the novel SARS-CoV-2 that
17 emerged in 2019: COVID-19.

18 (2) The World Health Organization rec-
19 ommends the use of scientific names for new human
20 infectious diseases in order to prevent stigma and
21 discrimination against any specific ethnic or racial
22 groups.

23 (3) The Centers for Disease Control and Pre-
24 vention advises addressing COVID-19 in ways that
25 reduce and avoid stigma and discrimination.

1 (4) Some United States Government officials
2 continue to refer to COVID–19 as the “Wuhan
3 virus,” “Chinese virus,” “Kung Flu,” or cognates,
4 rather than the World Health Organization-rec-
5 ommended scientific term.

6 (5) The Federal Bureau of Investigation
7 warned that hate crime incidents against Asian
8 Americans would likely surge as a result of the
9 spread of COVID–19, and, researchers have re-
10 ported an alarming spike in anti-Asian racism in the
11 United States since the COVID–19 outbreak began.

12 (6) Other countries, including Ethiopia, the
13 United Kingdom, and Australia, have reported in-
14 creased levels of harassment and assault directly
15 connected to stigmatization of the virus.

16 (7) International cooperation is essential to ad-
17 dress this pandemic, and the United States’ insist-
18 ence on using alternate terms to refer to “COVID–
19 19” has hampered international efforts, including
20 among the Group of 7, to address this crisis.

21 (b) SENSE OF CONGRESS.—It is the sense of Con-
22 gress that the United States and all of its officers and
23 employees should consistently use the World Health Orga-
24 nization-recommended term “COVID–19” in domestic
25 and international contexts.

1 **Subtitle B—Other United States**
2 **Government Authorities**

3 **SEC. 311. SENSE OF CONGRESS ON PROVISION OF PER-**
4 **SONAL PROTECTIVE EQUIPMENT TO UNITED**
5 **STATES GOVERNMENT PERSONNEL OVER-**
6 **SEAS.**

7 It is the sense of Congress that the President should,
8 on an urgent basis and in a manner consistent with efforts
9 to respond to the spread of COVID–19 in the United
10 States, provide personal protective equipment and
11 COVID–19 testing devices for use by United States Gov-
12 ernment personnel overseas as needed and in relation to
13 the provision of support to United States nationals
14 abroad, or third country nationals connected to such per-
15 sons, or to the diplomatic or development missions of the
16 United States abroad, who are unable to otherwise obtain
17 such services, support, or equipment.

18 **SEC. 312. REPORT ON COVID–19 INFECTION RISK MITIGA-**
19 **TION PROCEDURES.**

20 Not later than 15 days after the date of the enact-
21 ment of this Act, the Secretary of State shall submit to
22 the appropriate congressional committees a report with a
23 comprehensive plan for COVID–19 infection risk mitiga-
24 tion procedures for the Department of State’s overseas
25 employees and first responders.

1 **SEC. 313. EXTENSION OF EXPIRING IMMIGRATION**
2 **STATUSES AND EMPLOYMENT AUTHORIZA-**
3 **TION.**

4 (a) **IN GENERAL.**—Notwithstanding any other provi-
5 sion of law, including the Immigration and Nationality Act
6 (8 U.S.C. 1101 et seq.), the Secretary of Homeland Secu-
7 rity shall automatically extend the immigration status, pe-
8 riod of lawful presence, and employment authorization, as
9 applicable, of an alien described in subsection (b) for not
10 less than the same period for which the status, period of
11 lawful presence, and employment authorization were ini-
12 tially granted.

13 (b) **ALIEN DESCRIBED.**—An alien described in this
14 subsection is an alien (as defined in section 101(a) of the
15 Immigration and Nationality Act (8 U.S.C. 1101(a)))
16 whose nonimmigrant status, temporary protected status,
17 parole, period of authorized stay, deferred action, or em-
18 ployment authorization expired or will expire during the
19 covered period.

20 (c) **CONTINUOUS PRESENCE REQUIREMENTS FOR**
21 **LAWFUL PERMANENT RESIDENTS.**—With respect to any
22 alien lawfully admitted for permanent residence in the
23 United States who is absent from the United States at
24 any time during the covered period, such absence shall not
25 be considered—

1 (1) to be a break of continuous presence for
2 purposes of naturalization under section 316 of the
3 Immigration and Nationality Act (8 U.S.C. 1427);
4 or

5 (2) in making a determination with respect to
6 whether the alien has abandoned or relinquished
7 lawful permanent resident status.

8 (d) COVERED PERIOD DEFINED.—In this section,
9 the term “covered period” means the period beginning on
10 March 1, 2020, and ending on the later of—

11 (1) the date that is 90 days after the date on
12 which the national emergency declared by the Presi-
13 dent under the National Emergencies Act (50
14 U.S.C. 1601 et seq.) with respect to COVID–19 is
15 rescinded; or

16 (2) one year after the date of the enactment of
17 this Act.

18 **SEC. 314. SENSE OF CONGRESS ON HELPING FOREIGN AS-**
19 **SISTANCE RECIPIENTS MITIGATE EFFECTS**
20 **FROM LOSS OF OPERATIONS AND ECONOMIC**
21 **DISRUPTION RELATED TO THE COVID–19**
22 **PANDEMIC.**

23 It is the sense of Congress that—

24 (1) the guidance issued by the Office of Man-
25 agement and Budget on March 19, 2020, related to

1 the provision of administrative relief for recipients of
2 Federal financial assistance directly impacted by
3 COVID–19 due to loss of operations is consistent
4 with the overall effort to minimize the loss and eco-
5 nomic disruption caused by COVID–19; and

6 (2) the Department of State and the United
7 States Agency for International Development should
8 urgently implement the Office of Management and
9 Budget guidance to ensure the continued flow of
10 funds to partners and other nongovernmental enti-
11 ties receiving foreign assistance funding, such that—

12 (A) programs underway can be appro-
13 priately modified and, if needed, extended;

14 (B) recipients are not penalized for delays;

15 (C) staff can be retained; and

16 (D) programs can expeditiously continue
17 following the easing of restrictions related to
18 the COVID–19 pandemic.

19 **SEC. 315. SENSE OF CONGRESS ON DISINFORMATION**
20 **ABOUT COVID–19.**

21 It is the sense of Congress that—

22 (1) the spread of disinformation, myths, con-
23 spiracies, and misinformation on COVID–19 can re-
24 sult in consequences that harm public security and
25 health;

1 (2) technology companies, particularly social
2 media platforms, share responsibility for ensuring
3 that their platforms are free of disinformation on
4 COVID-19;

5 (3) the United States Agency for Global Media
6 and its grantee networks have a critical mission to
7 inform, engage, and connect people around the world
8 in support of freedom and democracy, and those net-
9 works must adhere to professional journalistic stand-
10 ards and integrity;

11 (4) the Department of State's Global Engage-
12 ment Center's core mission is to direct, lead, syn-
13 chronize, integrate, and coordinate efforts of the
14 United States Government to recognize, understand,
15 expose, and counter foreign state and non-state
16 propaganda and disinformation efforts aimed at un-
17 dermining or influencing the policies, security, or
18 stability of the United States, its allies, and partner
19 nations;

20 (5) State, local, and Federal governmental
21 agencies all have a role to play in educating the
22 United States population and promoting programs
23 that strengthen our communities' resiliency to
24 disinformation campaigns; and

1 (6) such resiliency requires sustained education,
2 a commitment from our leaders to promote credible,
3 scientific information regarding public health, and a
4 free and independent press.

5 **SEC. 316. UNITED STATES AGENCY FOR GLOBAL MEDIA.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) Owing to their reliable reputation, United
9 States Agency for Global Media networks and grant-
10 ees, including Voice of America and Radio Free Eu-
11 rope/Radio Liberty, have seen an increase in traffic
12 on their online platforms.

13 (2) These broadcasting entities have proven val-
14 uable in providing timely and accurate information,
15 particularly in countries in which the free press is
16 under threat.

17 (b) SENSE OF CONGRESS.—It is the sense of Con-
18 gress that—

19 (1) accurate, investigative, and scientific jour-
20 nalism is critical for societies to effectively combat
21 global health; and

22 (2) Congress supports—

23 (A) United States Agency for Global Media
24 network and grantee investigative and scientific
25 reporting on COVID–19; and

1 (B) platforms that help dispel and combat
2 misinformation about the pandemic.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) IN GENERAL.—There is authorized to be
5 appropriated \$10,000,000 to the United States
6 Agency for Global Media for fiscal year 2021, which
7 shall be used by USAGM or its networks—

8 (A) to enhance investigative and special-
9 ized reporting on COVID–19;

10 (B) to expand efforts to counter COVID–
11 19 disinformation in its media markets, which
12 suffer from a lack of objective journalism on
13 the pandemic;

14 (C) to increase staff training in circumven-
15 tion tools and other cyber capabilities; and

16 (D) to increase staff and resources to pro-
17 vide appropriate research and support services.

18 (2) TECHNOLOGY.—There is authorized to be
19 appropriated \$5,000,000 to the United States Agen-
20 cy for Global Media Authorization for fiscal year
21 2021, which shall be used—

22 (A) to enhance the operational capacity of
23 its networks to respond to the COVID–19 pan-
24 demic; and

1 (B) to upgrade information technology in-
2 frastructure, including broadcasting equipment,
3 and enhance telecommunications.

4 (d) VOICE OF AMERICA.—It is the sense of Congress
5 that amounts appropriated pursuant to subsection (c)(1)
6 that are made available to Voice of America should be
7 used—

8 (1) to expand programs, such as POLY-
9 GRAPH.info;

10 (2) to provide critical tools for combating prop-
11 aganda;

12 (3) to assist journalists in providing accurate
13 information to local media outlets; and

14 (4) to hire additional staff, including reporters,
15 writers, and producers; and

16 (5) to contract with language-specific produc-
17 tion companies.

18 (e) OFFICE OF CUBA BROADCASTING.—It is the
19 sense of Congress that—

20 (1) the Office of Cuba Broadcasting should con-
21 tinue its reporting on issues affecting the Cuban
22 people, including COVID-19; and

23 (2) Radio, TV, and Digital Marti should con-
24 tinue to broadcast programs that detect, highlight,
25 and dispel disinformation.

1 (f) RADIO FREE EUROPE/RADIO LIBERTY.—

2 (1) FINDING.—Radio Free Europe/Radio Lib-
3 erty operates in media markets in which nonstate
4 actors and authoritarian states, including Russia,
5 heavily invest in misinformation and disinformation
6 campaigns designed to promote confusion and mis-
7 trust.

8 (2) SENSE OF CONGRESS.—It is the sense of
9 Congress that Radio Free Europe/Radio Liberty
10 should—

11 (A) increase investigative reporting regard-
12 ing—

13 (i) the impacts of COVID–19;

14 (ii) the political and social responses
15 governments are taking in response to
16 COVID–19; and

17 (iii) the lasting impacts such actions
18 will have on key political freedoms; and

19 (B) expand its “digital first” strategy.

20 (g) RADIO FREE ASIA.—

21 (1) FINDING.—Radio Free Asia operates in a
22 media market dominated by powerful state-run
23 media that have invested heavily in media distortion
24 and disinformation.

1 (2) SENSE OF CONGRESS.—It is the sense of
2 Congress that Radio Free Asia should—

3 (A) commission technical experts to bolster
4 efforts to counter social media tools, including
5 bots used by some countries to promote misin-
6 formation;

7 (B) expand digital programming and local
8 coverage to expose China’s media manipulation
9 techniques; and

10 (C) increase English language content to
11 help counter China’s propaganda directed to-
12 ward English-speaking audiences.

13 (h) MIDDLE EAST BROADCASTING NETWORKS.—

14 (1) FINDING.—The Middle East Broadcasting
15 Networks operate largely in closed media markets in
16 which malign state and nonstate actors remain ac-
17 tive.

18 (2) SENSE OF CONGRESS.—It is the sense of
19 Congress that the Middle East Broadcasting Net-
20 works should—

21 (A) continue its plans to expand its inves-
22 tigative news unit; and

23 (B) work to ensure that reporting con-
24 tinues amidst operational challenges on the
25 ground.

1 **SEC. 317. GLOBAL ENGAGEMENT CENTER.**

2 (a) FINDINGS.—Congress finds that the Global En-
3 gagement Center has initiated efforts to combat
4 disinformation related to COVID–19.

5 (b) SENSE OF CONGRESS.—It is the sense of Con-
6 gress that the Global Engagement Center should—

7 (1) be funded entirely through the regular De-
8 partment of State budget instead of through the ex-
9 isting Department of Defense transfer authority
10 mechanism in order to best execute its mission;

11 (2) continue its efforts to expose and counter
12 state and non-state sponsored misinformation re-
13 garding COVID–19, including by coordinating with
14 relevant Federal agencies with expertise in public
15 health and infectious diseases; and

16 (3) prioritize the recruitment of senior foreign
17 service officers into its rank to help integrate the
18 Center’s work into broader Department of State ef-
19 forts.

20 (c) HIRING AUTHORITIES.—For a period not to ex-
21 ceed three years following the date of the enactment of
22 this Act, the Secretary of State may appoint employees
23 to carry out the functions of the Global Engagement Cen-
24 ter, without regard to the provisions of title 5, United
25 States Code, governing appointment in the competitive
26 service, and may fix the basic compensation of such em-

1 ployees without regard to chapter 51 and subchapter III
2 of chapter 53 of such title.

3 **SEC. 318. PANDEMIC UNEMPLOYMENT ASSISTANCE FOR**
4 **PEACE CORPS VOLUNTEERS.**

5 (a) IN GENERAL.—Section 2102 of the CARES Act
6 (Public Law 116–136), is amended—

7 (1) in subsection (a)(3)(A)(ii)—

8 (A) in subclause (I)(kk), by striking “or”
9 at the end;

10 (B) in subclause (II), by striking “and” at
11 the end and inserting “or”; and

12 (C) by inserting after subclause (II) the
13 following new subclause:

14 “(III) is a Peace Corps volunteer
15 whose period of service in the Peace
16 Corps was terminated during the pe-
17 riod beginning on February 1, 2020,
18 and ending on March 21, 2020, as a
19 result of being evacuated from abroad
20 in response to the COVID-19 pan-
21 demic; and”; and

22 (2) in subsection (d)—

23 (A) in paragraph (1), by striking “The as-
24 sistance” and inserting “Except as provided in
25 paragraph (3), the assistance”;

1 (B) by redesignating paragraph (3) as
2 paragraph (4);

3 (C) by inserting after paragraph (2) the
4 following new paragraph:

5 “(3) ASSISTANCE FOR CERTAIN PEACE CORPS
6 VOLUNTEERS.—In the case of a covered individual
7 who is a Peace Corps volunteer described in sub-
8 section (a)(3)(A)(ii)(III), the assistance authorized
9 under subsection (b) for a week of unemployment
10 shall be—

11 “(A)(i) the weekly benefit amount author-
12 ized under the unemployment compensation law
13 of the State where the covered individual re-
14 sides if the individual were a Federal employee
15 earning the maximum rate of basic pay pre-
16 scribed for grade GS-7 of the General Sched-
17 ule; and

18 “(ii) the amount of Federal Pandemic Un-
19 employment Compensation under section 2104;
20 and

21 “(B) in the case of an increase of the
22 weekly benefit amount after the date of enact-
23 ment of this Act, increased in an amount equal
24 to such increase.”; and

25 (D) in paragraph (4), as so redesignated—

1 (i) in the matter preceding subpara-
2 graph (A), by inserting “or paragraph
3 (3)(A)(ii)” after “paragraph (1)(A)(ii)”;
4 and
5 (ii) by inserting “or paragraph
6 (3)(A)(i)” after “paragraph (1)(A)(i)”
7 each place it appears.

8 (b) **EFFECTIVE DATE.**—The amendments made by
9 subsection (a) shall take effect as if enacted on the date
10 of the enactment of the CARES Act (Public Law 116–
11 136; 134 Stat. 281).

12 **SEC. 319. ADDITIONAL PAID LEAVE TO EMPLOYEES OF**
13 **CERTAIN INDEPENDENT AGENCIES IN-**
14 **INVOLVED IN THE CONDUCT OF FOREIGN AF-**
15 **FAIRS.**

16 Section 21007 of division A of the CARES Act (Pub-
17 lic Law 116–136) is amended—

18 (1) by inserting “, the Director of the Peace
19 Corps, the Chief Executive Officer of the Millennium
20 Challenge Corporation, the Chief Executive Officer
21 of the International Development Finance Corpora-
22 tion, the President and Chief Executive Officer of
23 the United States African Development Foundation,
24 the President and Chief Executive Officer of the

1 Inter-American Foundation,” after “the Secretary of
2 State”; and

3 (2) by striking “the Secretary and the Adminis-
4 trator” and inserting “each of the agency heads au-
5 thorized to provide additional paid leave under this
6 section”.

7 **SEC. 320. MILLENNIUM CHALLENGE CORPORATION COM-
8 PACT EXTENSIONS.**

9 Notwithstanding the limitations in sections 609(j)
10 and 616 of the Millennium Challenge Act of 2003 (22
11 U.S.C. 7708(j), 7715), the Millennium Challenge Corpora-
12 tion may extend any compact in effect or assistance pro-
13 vided as of January 29, 2020, for up to one additional
14 year, to account for delays related to COVID–19. The
15 Corporation shall provide the appropriate congressional
16 committees with a justification prior to providing any such
17 extension.

18 **SEC. 321. ANNUAL NATIONAL INTELLIGENCE ESTIMATE
19 AND BRIEFING ON NOVEL DISEASES AND
20 PANDEMIC THREATS.**

21 (a) IN GENERAL.—The National Security Act of
22 1947 (50 U.S.C. 3001 et seq.) is amended by adding at
23 the end the following new section:

1 **“SEC. 1109. ANNUAL NATIONAL INTELLIGENCE ESTIMATE**
2 **AND BRIEFING ON NOVEL DISEASES AND**
3 **PANDEMIC THREATS.**

4 “(a) DEFINITION OF APPROPRIATE COMMITTEES OF
5 CONGRESS.—In this section, the term ‘appropriate com-
6 mittees of Congress’ means—

7 “(1) the Committee on Foreign Relations, the
8 Select Committee on Intelligence, and the Com-
9 mittee on Health, Education, Labor, and Pensions
10 of the Senate; and

11 “(2) the Committee on Foreign Affairs, the
12 Permanent Select Committee on Intelligence, and
13 the Committee on Energy and Commerce of the
14 House of Representatives.

15 “(b) NATIONAL INTELLIGENCE ESTIMATES RE-
16 QUIRED.—

17 “(1) IN GENERAL.—Not later than 90 days
18 after the date of the enactment of this section, and
19 annually thereafter, the National Intelligence Coun-
20 cil shall produce a National Intelligence Estimate re-
21 garding the risk of pandemics from highly infectious
22 and novel diseases.

23 “(2) ELEMENTS.—Each National Intelligence
24 Estimate produced under paragraph (1) shall in-
25 clude the following:

1 “(A) An identification of the countries
2 most likely to be the origin of a disease with
3 pandemic potential.

4 “(B) An assessment of the likelihood of a
5 spread of a disease described in subparagraph
6 (A) to the United States, the Armed Forces or
7 diplomatic or development personnel of the
8 United States abroad, or citizens of the United
9 States abroad in a manner that could lead to
10 an epidemic in the United States that affects
11 the national security or economic prosperity of
12 the United States.

13 “(C) An assessment of the preparedness of
14 countries around the world to detect, prevent,
15 and respond to pandemic threats.

16 “(D) An identification of any gaps in the
17 preparedness of countries described in subpara-
18 graph (C).

19 “(c) SUBMISSION TO CONGRESS.—On December 1
20 following the date on which a National Intelligence Esti-
21 mate is produced under subsection (b)(1), the National In-
22 telligence Council shall submit the Estimate to the appro-
23 priate committees of Congress.

1 “(d) CONGRESSIONAL BRIEFINGS.—On an annual
2 basis, the National Intelligence Council shall brief the ap-
3 propriate committees of Congress on—

4 “(1) the most recent National Intelligence Esti-
5 mate submitted under subsection (c); and

6 “(2) outbreaks of disease with pandemic poten-
7 tial that could lead to an epidemic described in sub-
8 section (b)(2)(B).

9 “(e) PUBLIC AVAILABILITY.—The Director of Na-
10 tional Intelligence shall make publicly available an unclas-
11 sified version of each National Intelligence Estimate pro-
12 duced under subsection (b)(1).”.

13 (b) CLERICAL AMENDMENT.—The table of contents
14 in the matter preceding section 2 of such Act (50 U.S.C.
15 3002) is amended by adding at the end the following new
16 item:

 “1109. Annual National Intelligence Estimate and briefing on novel diseases
 and pandemic threats.”.

17 **SEC. 322. APPLICABILITY OF GOVERNMENT IN THE SUN-**
18 **SHINE ACT.**

19 Each Federal department, agency, corporation, of-
20 fice, or other Federal entity that receives funds for, or un-
21 dertakes any work, project, program, or other activity re-
22 lated to, COVID–19 response shall conduct its operations
23 in accordance with the requirements of section 552b of

1 title 5, United States Code, notwithstanding the member-
2 ship criteria described in subsection (a)(1) of such section.