

117TH CONGRESS
1ST SESSION

S. _____

To establish a program to oversee the global COVID–19 response and prepare for future pandemics, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. MERKLEY (for himself and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To establish a program to oversee the global COVID–19 response and prepare for future pandemics, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nullifying Opportuni-
5 ties for Variants to Infect and Decimate Act” or the
6 “NOVID Act”.

7 **SEC. 2. SENSE OF CONGRESS.**

8 It is the sense of Congress that—

1 (1) the United States has made tremendous
2 progress towards ending the COVID–19 pandemic
3 within its borders, thanks to an unprecedented and
4 highly successful vaccination campaign spearheaded
5 by the Biden Administration;

6 (2) the COVID–19 pandemic continues to rage
7 unchecked across much of the world as global vac-
8 cination efforts have struggled to keep pace;

9 (3) if current trends continue, many middle-in-
10 come countries may not achieve widespread vaccina-
11 tion until late 2022, and the world’s poorest nations
12 will not reach widespread vaccination coverage be-
13 fore 2023, if at all;

14 (4) the situation overseas threatens progress to-
15 ward ending the COVID–19 pandemic in the United
16 States, since unchecked transmission of COVID–19
17 gives rise to new variants, many of which show vac-
18 cine resistance;

19 (5) the most concerning of these variants has
20 been shown to reduce vaccine efficacy by as much as
21 20 to 40 percent; and

22 (6) the United States should take up the man-
23 tle of global leadership in the fight to end the
24 COVID–19 pandemic—

1 (A) to protect United States citizens from
2 the emergence of new vaccine-resistant
3 coronavirus variants; and

4 (B) to prevent the kind of humanitarian
5 catastrophe currently occurring in South Asia,
6 South America, and elsewhere.

7 **SEC. 3. PANDEMIC PREPAREDNESS AND RESPONSE PRO-**
8 **GRAM.**

9 (a) ESTABLISHMENT.—There is established the Pan-
10 demic Preparedness and Response Program (referred to
11 in this as the “Program”)—

12 (1) to oversee the United States government-
13 wide global health response to the COVID–19 pan-
14 demic; and

15 (2) to protect Americans from the emergence of
16 COVID–19 variants and other pathogens with pan-
17 demic potential.

18 (b) DIRECTOR.—The President shall appoint the Di-
19 rector of the Program (referred to in this Act as the “Di-
20 rector”), who shall be responsible for coordinating among
21 the Federal departments and agencies listed in subsection
22 (c)(1) and coordinating the role of the United States in
23 the work of international nongovernmental organizations,
24 development banks, civil society, and foreign governments,
25 with respect to the global health response to the COVID–

1 19 pandemic and the prevention of the emergence of
2 variants or of other pathogens with pandemic potential.

3 (c) FEDERAL DEPARTMENTS AND AGENCIES.—The
4 Federal departments and agencies listed in this subsection
5 are—

6 (1) the Department of State;

7 (2) the United States Agency for International
8 Development;

9 (3) the Centers for Disease Control and Preven-
10 tion;

11 (4) the Food and Drug Administration;

12 (5) the Biomedical Advanced Research and De-
13 velopment Authority and the Health Resources and
14 Services Administration of the Department of
15 Health and Human Services;

16 (6) the Department of Defense;

17 (7) the Peace Corps;

18 (8) the Department of Labor; and

19 (9) any other department or agency the Presi-
20 dent determines appropriate.

21 (d) COMPREHENSIVE STRATEGY.—

22 (1) IN GENERAL.—Not later than 30 days after
23 the date of the enactment of this Act, the Director
24 shall develop a comprehensive strategy to end the
25 COVID–19 pandemic worldwide and to prevent fu-

1 ture pandemics, which shall include specific achiev-
2 able goals to accomplish the objectives described in
3 paragraph (2) with respect to the COVID–19 pan-
4 demic.

5 (2) OBJECTIVES.—The strategy developed pur-
6 suant to paragraph (1) shall address issues relating
7 to—

8 (A) the shortages of vaccines, vaccine com-
9 ponents, any raw materials necessary to pro-
10 ducing such articles, and other supplies nec-
11 essary to carrying out a global vaccination cam-
12 paign, to ensure that there is an adequate sup-
13 ply of vaccines and other necessary articles for
14 all countries;

15 (B) the end-to-end delivery and adminis-
16 tration of vaccines in low- and middle-income
17 countries to ensure that at least 60 percent of
18 the populations in the 92 low- and middle-in-
19 come countries identified by the COVAX initia-
20 tive are vaccinated as soon as possible and not
21 later than the beginning of the second quarter
22 of 2022; and

23 (C) preventing future pandemics by coordi-
24 nating and integrating disease surveillance and
25 early-warning systems, harmonizing early crisis

1 response measures around the world, and lim-
2 iting the potential for spillover events before
3 they happen.

4 (e) AUTHORIZATION OF APPROPRIATIONS.—

5 (1) AUTHORIZATION.—There is authorized to
6 be appropriated \$34,000,000,000 to carry out the
7 Program established under this section.

8 (2) COORDINATION.—Amounts made available
9 to any Federal department or agency for providing
10 global health assistance or other forms of foreign as-
11 sistance may be made available to the Program, sub-
12 ject to the oversight and coordination of the Direc-
13 tor.

14 (3) SENSE OF CONGRESS.—It is the sense of
15 Congress that—

16 (A) approximately \$25,000,000,000 of the
17 amount appropriated pursuant to paragraph (1)
18 should be made available to scale vaccine manu-
19 facturing capacity and produce vaccines;

20 (B) approximately \$8,500,000,000 of such
21 funds should be made available to cover the
22 cost of end-to-end delivery and administration
23 of vaccines in target countries; and

24 (C) approximately \$500,000,000 should be
25 made available to establish a global disease sur-

1 veillance network to protect against future
2 pandemics.

3 **SEC. 4. IMPLEMENTATION OF COMPREHENSIVE STRATEGY.**

4 (a) IMPLEMENTATION.—In implementing the strat-
5 egy developed pursuant to section 3(d)—

6 (1) the Director shall—

7 (A) ensure the immediate release of the
8 80,000,000 doses of vaccine that the United
9 States has already committed to send abroad;

10 (B) reassess the United States vaccine
11 stockpile with regard to domestic vaccination
12 objectives and trends to determine whether fur-
13 ther vaccines can be sent abroad;

14 (C) coordinate with the Biomedical Ad-
15 vanced Research and Development Authority of
16 the Department of Health and Human Services
17 (referred to in this section as “BARDA”) to
18 rapidly scale manufacturing capacity in the
19 United States and in regional manufacturing
20 hubs to whatever degree necessary and wher-
21 ever necessary, to produce 8,000,000,000 vac-
22 eine doses as soon as possible, in addition to ex-
23 isting manufacturing capacity;

24 (D) consider the potential benefit of re-
25 gional manufacturing hubs in South America,

1 Africa, and South Asia for the future of global
2 health, especially the potential benefit for ad-
3 dressing future pandemics through the global
4 disease surveillance network implemented pur-
5 suant to paragraph (3);

6 (E) encourage and facilitate technology
7 sharing and the licensing of intellectual prop-
8 erty as much as is necessary to ensure an ade-
9 quate and timely supply of necessary articles;

10 (F) in collaboration with COVAX, ensure
11 equitable access to vaccines, especially vaccines
12 produced through the efforts of BARDA and
13 the Program described in subparagraph (C) and
14 paragraph (2);

15 (G) work with international partners to
16 provide enough vaccines to lower- and middle-
17 income countries to fully vaccinate at least 60
18 percent of their respective populations, with
19 special attention to the 92 lower- and middle-
20 income countries identified by the COVAX ini-
21 tiative as being the most in need of assistance;
22 and

23 (H) consider the central and necessary role
24 that community engagement and public aware-
25 ness will play in ensuring the voluntary uptake

1 of vaccines by at least 60 percent of the popu-
2 lations in target countries;

3 (2) the Program shall—

4 (A) work closely with host governments,
5 international partners, and other nongovern-
6 mental organizations to develop in-country in-
7 frastructure, personnel, and other assets suffi-
8 cient to deliver vaccines where they are needed
9 and when they are needed, and to administer
10 the vaccines to appropriate target populations;

11 (B) build on existing healthcare delivery
12 infrastructure and relationships developed
13 through the President's Emergency Plan For
14 AIDS Relief and other pre-existing, bilateral
15 humanitarian aid programs between the United
16 States and the target countries, and through
17 pre-existing multilateral relationships and ini-
18 tiatives in target countries;

19 (C) develop country operational plans tar-
20 getted primarily at lower- and middle-income
21 countries without the infrastructure to manu-
22 facture, acquire, or administer vaccines;

23 (D) monitor how many people in such tar-
24 get countries received inoculations, the infection

1 rate, and vaccine manufacture status, including
2 as a result of the activities of the Program; and

3 (E) monitor and prepare daily updates re-
4 garding the overall progress in non-targeted
5 countries toward vaccinating their populations
6 and ending the COVID-19 pandemic within
7 their borders, to ensure that the Director re-
8 mains aware of overall global progress toward
9 vaccinating the global population and ending
10 the COVID-19 pandemic worldwide; and

11 (3) following the end or the abatement of the
12 COVID-19 pandemic, the Program should shift to
13 protect against future pandemics by coordinating a
14 global disease surveillance network to identify and
15 stop pathogens with pandemic potential before they
16 spread uncontrollably by—

17 (A) building on existing surveillance and
18 prevention infrastructure and relationships de-
19 veloped through the National Security Council
20 Directorate on Global Health Security and Bio-
21 defense and other pre-existing surveillance and
22 prevention programs;

23 (B) working with international partners to
24 establish a coordinated disease surveillance sys-
25 tem, directly linked to decision makers in for-

1 eign governments and nongovernmental organi-
2 zations, so that certain agreed early-warning
3 metrics would trigger timely and open commu-
4 nication between relevant decision makers
5 around the world; and

6 (C) in addition to monitoring for early
7 warning signs of potential future pandemics,
8 considering how to prevent or limit the poten-
9 tial for new spillover events by which new
10 pathogens with pandemic potential are first
11 transmitted to humans.

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

14 (1) the United States Government played a cru-
15 cial role in the unprecedented rapid development of
16 the COVID–19 vaccines, substantially funding sev-
17 eral vaccine candidates and closely collaborating with
18 Moderna on the NIH-Moderna vaccine; and

19 (2) in the face of a global health emergency, the
20 United States Government has broad authority, in-
21 cluding under the Defense Production Act (50
22 U.S.C. 4501 et seq.) and chapter 18 of title 35,
23 United States Code (commonly referred to as the
24 “Bayh-Dole Act”), to ensure adequate supply of vac-
25 cines, necessary components, and raw materials

- 1 through technology sharing and direct collaboration
- 2 with manufacturers around the world.