

H.R. 3263, DHS Medical Countermeasures Act

As passed by the House of Representatives on July 20, 2021

By Fiscal Year, Millions of Dollars	2022	2022-2026	2022-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	1	5	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 3263 would require the Department of Homeland Security (DHS) to establish a medical countermeasures program, led by the Chief Medical Officer, to facilitate the agency's preparedness for a chemical, biological, radiological, or similar attack, disease outbreak, or pandemic. The act would require DHS to maintain a stockpile of countermeasures (including antibiotics, antivirals, and treatment for radiation exposure), ensure deployment of these resources, and provide training to its employees. H.R. 3263 also would require the Chief Medical Officer to establish a countermeasures working group, develop an integrated logistics plan within 120 days, and report to the Congress on implementation of the program within six months.

DHS currently maintains a medical countermeasures stockpile. Using information provided by the agency, CBO estimates DHS would need three new employees to modernize the program and meet the training, oversight, and reporting requirements in H.R. 3263. Furthermore, the agency would require about \$500,000 per year to replace and modernize materials in the stockpile. On that basis, CBO estimates DHS would spend \$5 million over the 2022-2026 period to implement the legislation; such spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Lindsay Wylie. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.