

112TH CONGRESS
1ST SESSION

H. R. 2298

To establish grant programs to improve the health of border area residents and for all hazards preparedness in the border area including bioterrorism and infectious disease, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2011

Mr. REYES (for himself, Mr. GENE GREEN of Texas, Mr. FILNER, Mr. CUELLAR, Mr. GRIJALVA, and Mr. HINOJOSA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish grant programs to improve the health of border area residents and for all hazards preparedness in the border area including bioterrorism and infectious disease, 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 “Border Health Secu-
5 rity Act of 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The United States-Mexico border is an
4 interdependent and dynamic region of 14,538,209
5 people with significant and unique public health
6 challenges.

7 (2) These challenges include low rates of health
8 insurance coverage, poor access to health care serv-
9 ices, and high rates of dangerous diseases, such as
10 tuberculosis, diabetes, and obesity.

11 (3) As the 2009 novel influenza A (H1N1) out-
12 break illustrates, diseases do not respect inter-
13 national boundaries, therefore, a strong public
14 health effort at and along the United States-Mexico
15 border is crucial to not only protect and improve the
16 health of Americans but also to help secure the
17 United States against biosecurity threats.

18 (4) For 11 years, the United States-Mexico
19 Border Health Commission has served as a crucial
20 bi-national institution to address these unique and
21 truly cross-border health issues.

22 (5) Two initiatives resulting from the United
23 States-Mexico Border Health Commission's work
24 speak to the importance of an infrastructure that fa-
25 cilitates cross border communication at the ground
26 level. First, the Early Warning Infectious Disease

1 Surveillance (EWIDS), started in 2004, surveys in-
2 fectious diseases passing among border States allow-
3 ing for early detection and intervention. Second, the
4 Ventanillas de Salud program, allows Mexican con-
5 sulates, in collaboration with United States non-
6 profit health organizations, to provide information
7 and education to Mexican citizens living and working
8 in the United States through a combination of Mexi-
9 can state funds and private grants. This program
10 reaches an estimated 1,500,000 people in the United
11 States.

12 (6) As the United States-Mexico Border Health
13 Commission enters its second decade, and as these
14 issues grow in number and complexity, the Commis-
15 sion requires additional resources and modifications
16 which will allow it to provide stronger leadership to
17 optimize health and quality of life along the United
18 States-Mexico border.

19 **SEC. 3. UNITED STATES-MEXICO BORDER HEALTH COMMIS-**
20 **SION ACT AMENDMENTS.**

21 The United States-Mexico Border Health Commis-
22 sion Act (22 U.S.C. 290n et seq.) is amended—

23 (1) in section 3—

24 (A) in paragraph (1), by striking “and” at
25 the end;

1 (B) in paragraph (2), by striking the pe-
2 riod and inserting “; and”; and

3 (C) by adding at the end the following:

4 “(3) to serve as an independent and objective
5 body to both recommend and implement initiatives
6 that solve border health issues”;

7 (2) in section 5—

8 (A) in subsection (b), by striking “should
9 be the leader” and inserting “shall be the
10 Chair”; and

11 (B) by adding at the end the following:

12 “(d) PROVIDING ADVICE AND RECOMMENDATIONS
13 TO CONGRESS.—A member of the Commission may at any
14 time provide advice or recommendations to Congress con-
15 cerning issues that are considered by the Commission.
16 Such advice or recommendations may be provided whether
17 or not a request for such is made by a member of Congress
18 and regardless of whether the member or individual is au-
19 thorized to provide such advice or recommendations by the
20 Commission or any other Federal official.”;

21 (3) by redesignating section 8 as section 13;

22 (4) by striking section 7 and inserting the fol-
23 lowing:

1 **“SEC. 7. BORDER HEALTH GRANTS.**

2 “(a) ELIGIBLE ENTITY DEFINED.—In this section,
3 the term ‘eligible entity’ means a State, public institution
4 of higher education, local government, Indian tribe, tribal
5 organization, urban Indian organization, nonprofit health
6 organization, trauma center, or community health center
7 receiving assistance under section 330 of the Public
8 Health Service Act (42 U.S.C. 254b), that is located in
9 the United States-Mexico Border Area.

10 “(b) AUTHORIZATION.—From amounts appropriated
11 under section 12, the Secretary of Health and Human
12 Services, acting through the members of the Commission,
13 shall award grants to eligible entities to address priorities
14 and recommendations outlined by the strategic plan under
15 section 9(a) and operational work plan under section 9(b)
16 to improve the health of individuals residing in the United
17 States-Mexico Border Area.

18 “(c) APPLICATION.—An eligible entity that desires a
19 grant under subsection (b) shall submit an application to
20 the Secretary of Health and Human Services at such time,
21 in such manner, and containing such information as the
22 Secretary may require.

23 “(d) USE OF FUNDS.—An eligible entity that receives
24 a grant under subsection (b) shall use the grant funds
25 for—

26 “(1) programs relating to—

- 1 “(A) maternal and child health;
- 2 “(B) primary care and preventative health;
- 3 “(C) infectious disease testing and moni-
- 4 toring;
- 5 “(D) public health and public health infra-
- 6 structure;
- 7 “(E) health promotion;
- 8 “(F) oral health;
- 9 “(G) behavioral and mental health;
- 10 “(H) substance abuse;
- 11 “(I) health conditions that have a high
- 12 prevalence in the United States-Mexico Border
- 13 Area;
- 14 “(J) medical and health services research;
- 15 “(K) workforce training and development;
- 16 “(L) community health workers or
- 17 promotoras;
- 18 “(M) health care infrastructure problems
- 19 in the United States-Mexico Border Area (in-
- 20 cluding planning and construction grants);
- 21 “(N) health disparities in the United
- 22 States-Mexico Border Area;
- 23 “(O) environmental health;
- 24 “(P) health education;

1 “(Q) outreach and enrollment services with
2 respect to Federal programs (including pro-
3 grams authorized under titles XIX and XXI of
4 the Social Security Act (42 U.S.C. 1396 and
5 1397aa));

6 “(R) trauma care;

7 “(S) health research with an emphasis on
8 infectious disease;

9 “(T) epidemiology and health research;

10 “(U) cross-border health surveillance co-
11 ordinated with Mexican Health Authorities;

12 “(V) obesity, particularly childhood obe-
13 sity;

14 “(W) crisis communication, domestic vio-
15 lence, substance abuse, health literacy, and can-
16 cer; or

17 “(X) community-based participatory re-
18 search on border health issues, as defined by
19 the Secretary of Health and Human Services;
20 or

21 “(2) other programs determined appropriate by
22 the Secretary of Health and Human Services.

23 “(e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-
24 vided to an eligible entity awarded a grant under sub-
25 section (b) shall be used to supplement and not supplant

1 other funds available to the eligible entity to carry out the
2 activities described in subsection (d).

3 **“SEC. 8. GRANTS FOR EARLY WARNING INFECTIOUS DIS-**
4 **EASE SURVEILLANCE (EWIDS) PROJECTS IN**
5 **THE BORDER AREA.**

6 “(a) **ELIGIBLE ENTITY DEFINED.**—In this section,
7 the term ‘eligible entity’ means a State, local government,
8 Indian tribe, tribal organization, urban Indian organiza-
9 tion, trauma center, regional trauma center coordinating
10 entity, or public health entity, that is located in the United
11 States-Mexico Border Area.

12 “(b) **AUTHORIZATION.**—From amounts appropriated
13 under section 12, the Secretary of Health and Human
14 Services shall award grants under the Early Warning In-
15 fectious Disease Surveillance (EWIDS) project to eligible
16 entities for infectious disease surveillance activities in the
17 United States-Mexico Border Area.

18 “(c) **APPLICATION.**—An eligible entity that desires a
19 grant under this section shall submit an application to the
20 Secretary of Health and Human Services at such time,
21 in such manner, and containing such information as the
22 Secretary may require.

23 “(d) **USES OF FUNDS.**—An eligible entity that re-
24 ceives a grant under subsection (b) shall use the grant
25 funds to, in coordination with State and local all hazards

1 programs, as specified by the Secretary of Health and
2 Human Services—

3 “(1) develop and implement infectious disease
4 surveillance plans and readiness assessments and
5 purchase items necessary for such plans;

6 “(2) coordinate infectious disease surveillance
7 planning in the region with appropriate United
8 States-based agencies and organizations as well as
9 appropriate authorities in Mexico or Canada;

10 “(3) improve infrastructure, including surge ca-
11 pacity, syndromic surveillance, laboratory capacity,
12 and isolation/decontamination capacity;

13 “(4) create a health alert network, including
14 risk communication and information dissemination;

15 “(5) educate and train clinicians, epidemiolo-
16 gists, laboratories, and emergency personnel;

17 “(6) implement electronic data systems to co-
18 ordinate the triage, transportation, and treatment of
19 multi-casualty incident victims;

20 “(7) provide infectious disease testing in the
21 United States-Mexico Border Area; and

22 “(8) carry out such other activities identified by
23 the Secretary of Health and Human Services, the
24 United States-Mexico Border Health Commission,
25 State and local public health offices, and border

1 health offices at the United States-Mexico or United
2 States-Canada borders.

3 **“SEC. 9. PLANS, REPORTS, AUDITS, AND BY-LAWS.**

4 “(a) STRATEGIC PLAN.—

5 “(1) IN GENERAL.—Not later than 5 years
6 after the date of enactment of this section, and every
7 5 years thereafter, the Commission (including the
8 participation of members of both the United States
9 and Mexican sections) shall prepare a binational
10 strategic plan to guide the operations of the Com-
11 mission and submit such plan to the Secretary and
12 Congress (and the Mexican legislature).

13 “(2) REQUIREMENTS.—The binational strategic
14 plan under paragraph (1) shall include—

15 “(A) health-related priority areas deter-
16 mined most important by the full membership
17 of the Commission;

18 “(B) recommendations for goals, objec-
19 tives, strategies and actions designed to address
20 such priority areas; and

21 “(C) a proposed evaluation framework with
22 output and outcome indicators appropriate to
23 gauge progress toward meeting the objectives
24 and priorities of the Commission.

1 “(b) WORK PLAN.—Not later than January 1, 2012,
2 and every other January 1 thereafter, the Commission
3 shall develop and approve an operational work plan and
4 budget based on the strategic plan under subsection (a).
5 At the end of each such work plan cycle, the Government
6 Accountability Office shall conduct an evaluation of the
7 activities conducted by the Commission based on output
8 and outcome indicators included in the strategic plan. The
9 evaluation shall include a request for written evaluations
10 from the commissioners about barriers and facilitators to
11 executing successfully the Commission work plan.

12 “(c) BIENNIAL REPORTING.—The Commission shall
13 issue a biannual report to the Secretary of Health and
14 Human Services which provides independent policy rec-
15 ommendations related to border health issues. Not later
16 than 3 months following receipt of each such biannual re-
17 port, the Secretary shall provide the report and any stud-
18 ies or other material produced independently by the Com-
19 mission to Congress.

20 “(d) AUDITS.—The Secretary of Health and Human
21 Services shall annually prepare an audited financial report
22 to account for all appropriated assets expended by the
23 Commission to address both the strategic and operational
24 work plans for the year involved.

1 “(e) BY-LAWS.—Not less than 6 months after the
2 date of enactment of this section, the Commission shall
3 develop and approve bylaws to provide fully for compliance
4 with the requirements of this section.

5 “(f) TRANSMITTAL TO CONGRESS.—The Commission
6 shall submit copies of the work plan and by-laws to Con-
7 gress. The Government Accountability Office shall submit
8 a copy of the evaluation to Congress.

9 **“SEC. 10. BINATIONAL HEALTH INFRASTRUCTURE AND**
10 **HEALTH INSURANCE.**

11 “(a) IN GENERAL.—The Secretary of Health and
12 Human Services shall enter into a contract with the Insti-
13 tute of Medicine for the conduct of a study concerning
14 binational health infrastructure, with respect to the
15 United States and Mexico and with respect to the United
16 States and Canada (including trauma and emergency
17 care) and health insurance efforts. In conducting such
18 study, the Institute shall solicit input from border health
19 experts, as specified by the Secretary of Health and
20 Human Services, and health insurance issuers.

21 “(b) REPORT.—Not later than 1 year after the date
22 on which the Secretary enters into the contract under sub-
23 section (a), the Institute of Medicine shall submit to the
24 Secretary and the appropriate committees of Congress a
25 report concerning the study conducted under such con-

1 tract. Such report shall include the recommendations of
2 the Institute on ways to establish, expand, or improve bi-
3 national health infrastructure and health insurance ef-
4 forts.

5 **“SEC. 11. COORDINATION.**

6 “(a) IN GENERAL.—To the extent practicable and
7 appropriate, plans, systems, and activities to be funded (or
8 supported) under this Act for all hazard preparedness, as
9 defined by the Secretary of Health and Human Services,
10 and general areas of health of individuals residing in the
11 United States-Mexico Border area, should be coordinated
12 with Federal, State, and local authorities in Mexico and
13 the United States.

14 “(b) COORDINATION OF HEALTH SERVICES AND
15 SURVEILLANCE.—The Secretary of Health and Human
16 Services may coordinate with the Secretary of Homeland
17 Security in establishing a health alert system that—

18 “(1) alerts clinicians and public health officials
19 of emerging disease clusters and syndromes along
20 the United States-Mexico Border Area; and

21 “(2) is alerted to signs of health threats, disas-
22 ters of mass scale, or bioterrorism along the United
23 States-Mexico Border Area.

1 **“SEC. 12. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated to carry out
3 this Act \$31,000,000 for fiscal year 2012 and each suc-
4 ceeding fiscal year. Of the amount appropriated for each
5 fiscal year, at least \$1,000,000 shall be made available
6 to fund operationally feasible functions and activities with
7 respect to Mexico. The remaining funds shall be allocated
8 for the administration of United States activities under
9 this Act, border health activities under cooperative agree-
10 ments with the border health offices of the States of Cali-
11 fornia, Arizona, New Mexico, and Texas, the border health
12 and EWIDS grant programs under sections 7 and 8, re-
13 spectively, and the Institute of Medicine and Government
14 Accountability Office reports under this Act.”; and

15 (5) in section 13 (as so redesignated)—

16 (A) by redesignating paragraphs (3) and
17 (4) as paragraphs (4) and (5), respectively; and

18 (B) by inserting after paragraph (2), the
19 following:

20 “(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-
21 ZATION; URBAN INDIAN ORGANIZATION.—The terms
22 ‘Indian’, ‘Indian tribe’, ‘tribal organization’, and
23 ‘urban Indian organization’ have the meanings given
24 such terms in section 4 of the Indian Health Care
25 Improvement Act (25 U.S.C. 1603).”.

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