

112TH CONGRESS  
1ST SESSION

# S. 1257

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.

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## IN THE SENATE OF THE UNITED STATES

JUNE 22, 2011

Mr. BINGAMAN (for himself and Mrs. HUTCHISON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

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

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

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

20           (5) Two initiatives resulting from the United  
21 States-Mexico Border Health Commission's work  
22 speak to the importance of an infrastructure that fa-  
23 cilitates cross-border communication at the ground  
24 level. First, the Early Warning Infectious Disease  
25 Surveillance (EWIDS), started in 2004, surveys in-

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

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

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

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

22               (1) in section 3—

23                       (A) in paragraph (1), by striking “and” at  
 24                       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 border area.

10       “(b) **AUTHORIZATION.**—From amounts appropriated  
11 under section 12, the Secretary, acting through the Com-  
12 missioners, shall award grants to eligible entities to ad-  
13 dress priorities and recommendations outlined by the  
14 Commission’s Strategic and Operational Plans, as author-  
15 ized under section 9, to improve the health of border area  
16 residents.

17       “(c) **APPLICATION.**—An eligible entity that desires a  
18 grant under subsection (b) shall submit an application to  
19 the Secretary at such time, in such manner, and con-  
20 taining such information as the Secretary may require.

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

24               “(1) programs relating to—

25                       “(A) maternal and child health;

26                       “(B) primary care and preventative health;

1           “(C) infectious disease testing and moni-  
2           toring;

3           “(D) public health and public health infra-  
4           structure;

5           “(E) health promotion;

6           “(F) oral health;

7           “(G) behavioral and mental health;

8           “(H) substance abuse;

9           “(I) health conditions that have a high  
10          prevalence in the border area;

11          “(J) medical and health services research;

12          “(K) workforce training and development;

13          “(L) community health workers or  
14          promotoras;

15          “(M) health care infrastructure problems  
16          in the border area (including planning and con-  
17          struction grants);

18          “(N) health disparities in the border area;

19          “(O) environmental health;

20          “(P) health education;

21          “(Q) outreach and enrollment services with  
22          respect to Federal programs (including pro-  
23          grams authorized under titles XIX and XXI of  
24          the Social Security Act (42 U.S.C. 1396 and  
25          1397aa));

1 “(R) trauma care;

2 “(S) health research with an emphasis on  
3 infectious disease;

4 “(T) epidemiology and health research;

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

7 “(V) obesity, particularly childhood obe-  
8 sity;

9 “(W) crisis communication, domestic vio-  
10 lence, substance abuse, health literacy, and can-  
11 cer; or

12 “(X) community-based participatory re-  
13 search on border health issues; or

14 “(2) other programs determined appropriate by  
15 the Secretary.

16 “(e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-  
17 vided to an eligible entity awarded a grant under sub-  
18 section (b) shall be used to supplement and not supplant  
19 other funds available to the eligible entity to carry out the  
20 activities described in subsection (d).

21 **“SEC. 8. GRANTS FOR EARLY WARNING INFECTIOUS DIS-**  
22 **EASE SURVEILLANCE (EWIDS) PROJECTS IN**  
23 **THE BORDER AREA.**

24 “(a) ELIGIBLE ENTITY DEFINED.—In this section,  
25 the term ‘eligible entity’ means a State, local government,

1 Indian tribe, tribal organization, urban Indian organiza-  
2 tion, trauma centers, regional trauma center coordinating  
3 entity, or public health entity.

4 “(b) AUTHORIZATION.—From funds appropriated  
5 under section 12, the Secretary shall award grants under  
6 the Early Warning Infectious Disease Surveillance  
7 (EWIDS) project to eligible entities for infectious disease  
8 surveillance activities in the border area.

9 “(c) APPLICATION.—An eligible entity that desires a  
10 grant under this section shall submit an application to the  
11 Secretary at such time, in such manner, and containing  
12 such information as the Secretary may require.

13 “(d) USES OF FUNDS.—An eligible entity that re-  
14 ceives a grant under subsection (b) shall use the grant  
15 funds to, in coordination with State and local all hazards  
16 programs—

17 “(1) develop and implement infectious disease  
18 surveillance plans and readiness assessments and  
19 purchase items necessary for such plans;

20 “(2) coordinate infectious disease surveillance  
21 planning in the region with appropriate United  
22 States-based agencies and organizations as well as  
23 appropriate authorities in Mexico or Canada;



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

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

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

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

11          “(7) provide infectious disease testing in the  
12          border area; and

13          “(8) carry out such other activities identified by  
14          the Secretary, the United States-Mexico Border  
15          Health Commission, State and local public health of-  
16          fices, and border health offices at the United States-  
17          Mexico or United States-Canada borders.

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

19          “(a) STRATEGIC PLAN.—

20                 “(1) IN GENERAL.—Not later than 5 years  
21                 after the date of enactment of this section, and every  
22                 5 years thereafter, the Commission (including the  
23                 participation of members of both the United States  
24                 and Mexican sections) shall prepare a binational  
25                 strategic plan to guide the operations of the Com-

1 mission and submit such plan to the Secretary and  
2 Congress (and the Mexican legislature).

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

5 “(A) health-related priority areas deter-  
6 mined most important by the full membership  
7 of the Commission;

8 “(B) recommendations for goals, objec-  
9 tives, strategies and actions designed to address  
10 such priority areas; and

11 “(C) a proposed evaluation framework with  
12 output and outcome indicators appropriate to  
13 gauge progress toward meeting the objectives  
14 and priorities of the Commission.

15 “(b) WORK PLAN.—Not later than January 1, 2012,  
16 and every other January 1 thereafter, the Commission  
17 shall develop and approve an operational work plan and  
18 budget based on the strategic plan under subsection (a).  
19 At the end of each such work plan cycle, the Government  
20 Accountability Office shall conduct an evaluation of the  
21 activities conducted by the Commission based on output  
22 and outcome indicators included in the strategic plan. The  
23 evaluation shall include a request for written evaluations  
24 from the commissioners about barriers and facilitators to  
25 executing successfully the Commission work plan.

1       “(c) BIENNIAL REPORTING.—The Commission shall  
2 issue a biannual report to the Secretary which provides  
3 independent policy recommendations related to border  
4 health issues. Not later than 3 months following receipt  
5 of each such biannual report, the Secretary shall provide  
6 the report and any studies or other material produced  
7 independently by the Commission to Congress.

8       “(d) AUDITS.—The Secretary shall annually prepare  
9 an audited financial report to account for all appropriated  
10 assets expended by the Commission to address both the  
11 strategic and operational work plans for the year involved.

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

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

20 **“SEC. 10. BINATIONAL HEALTH INFRASTRUCTURE AND**  
21 **HEALTH INSURANCE.**

22       “(a) IN GENERAL.—The Secretary shall enter into  
23 a contract with the Institute of Medicine for the conduct  
24 of a study concerning binational health infrastructure (in-  
25 cluding trauma and emergency care) and health insurance

1 efforts. In conducting such study, the Institute shall solicit  
2 input from border health experts and health insurance  
3 issuers.

4 “(b) REPORT.—Not later than 1 year after the date  
5 on which the Secretary enters into the contract under sub-  
6 section (a), the Institute of Medicine shall submit to the  
7 Secretary and the appropriate committees of Congress a  
8 report concerning the study conducted under such con-  
9 tract. Such report shall include the recommendations of  
10 the Institute on ways to establish, expand, or improve bi-  
11 national health infrastructure and health insurance ef-  
12 forts.

13 **“SEC. 11. COORDINATION.**

14 “(a) IN GENERAL.—To the extent practicable and  
15 appropriate, plans, systems and activities to be funded (or  
16 supported) under this Act for all hazard preparedness, and  
17 general border health, should be coordinated with Federal,  
18 State, and local authorities in Mexico and the United  
19 States.

20 “(b) COORDINATION OF HEALTH SERVICES AND  
21 SURVEILLANCE.—The Secretary may coordinate with the  
22 Secretary of Homeland Security in establishing a health  
23 alert system that—

1           “(1) alerts clinicians and public health officials  
2           of emerging disease clusters and syndromes along  
3           the border area; and

4           “(2) is alerted to signs of health threats, disas-  
5           ters of mass scale, or bioterrorism along the border  
6           area.

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

8           “There is authorized to be appropriated to carry out  
9   this Act \$31,000,000 for fiscal year 2012 and each suc-  
10   ceeding year subject to the availability of appropriations  
11   for such purpose. Of the amount appropriated for each  
12   fiscal year, at least \$1,000,000 shall be made available  
13   to fund operationally feasible functions and activities with  
14   respect to Mexico. The remaining funds shall be allocated  
15   for the administration of United States activities under  
16   this Act, border health activities under cooperative agree-  
17   ments with the border health offices of the States of Cali-  
18   fornia, Arizona, New Mexico, and Texas, the border health  
19   and EWIDS grant programs, and the Institute of Medi-  
20   cine and Government Accountability Office reports.”; and

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

22                   (A) by redesignating paragraphs (3) and  
23                   (4) as paragraphs (4) and (5), respectively; and

24                   (B) by inserting after paragraph (2), the  
25           following:

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

○