

114TH CONGRESS  
1ST SESSION

# S. 1537

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

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## IN THE SENATE OF THE UNITED STATES

JUNE 10, 2015

Mr. UDALL (for himself, Mr. HEINRICH, and Mrs. GILLIBRAND) 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, infectious disease, and noncommunicable emerging threats, 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 2015”.

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 more than  
3 15,000,000 people with significant and unique public  
4 health challenges.

5           (2) These challenges include low rates of health  
6 insurance coverage, poor access to health care serv-  
7 ices, high unemployment rates, low educational at-  
8 tainment, and high rates of dangerous diseases, such  
9 as tuberculosis, diabetes, obesity, and other non-  
10 communicable diseases.

11           (3) As the 2009 novel influenza A (H1N1) pan-  
12 demic illustrated, diseases do not respect inter-  
13 national boundaries, and a strong public health ef-  
14 fort at and along the borders is crucial to not only  
15 protect and improve the health of Americans but  
16 also to help secure the country against threats to  
17 biosecurity and other emerging threats.

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

22           (5) More than 75 percent of Canadians live  
23 within 100 miles of the United States border. The  
24 2003 epidemic of severe acute respiratory syndrome

1       caused more than 250 illnesses in the Greater To-  
2       ronto Area, just 80 miles from New York.

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

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

7           (1) in section 3—

8                   (A) in paragraph (1), by striking “; and”  
9                   and inserting “;”;

10                   (B) in paragraph (2), by striking the pe-  
11                   riod and inserting a semicolon; and

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

13                   “(3) to cooperate with the Canada-United  
14                   States Pan-Border Public Health Preparedness  
15                   Council (referred to in this Act as the ‘Council’), as  
16                   appropriate; and

17                   “(4) to serve as an independent and objective  
18                   body to both recommend and implement initiatives  
19                   that solve border health issues.”;

20           (2) in section 5—

21                   (A) in subsection (b), by striking “should  
22                   be the leader” and inserting “shall be the  
23                   Chair”; and

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

1           “(d) PROVIDING ADVICE AND RECOMMENDATIONS.—  
2 Members of the Commission and the Council may at any  
3 time provide advice or recommendations to the Secretary,  
4 Congress, or any Member of Congress concerning issues  
5 that are considered by the Commission or Council. Such  
6 advice or recommendations may be provided regardless of  
7 whether a request for such is made and regardless of  
8 whether the member or individual is authorized to provide  
9 such advice or recommendations by the Commission or  
10 Council or any other Federal official.”;

11           (3) by redesignating section 8 as section 12;

12           (4) by striking section 7 and inserting the fol-  
13           lowing:

14   **“SEC. 7. BORDER HEALTH GRANTS.**

15           “(a) ELIGIBLE ENTITY DEFINED.—In this section,  
16 the term ‘eligible entity’ means a State, public institution  
17 of higher education, local government, Indian tribe, tribal  
18 organization, urban Indian organization, nonprofit health  
19 organization, trauma center, critical access hospital or  
20 other hospital that serves rural or other vulnerable com-  
21 munities and populations, faith-based entity, or commu-  
22 nity health center receiving assistance under section 330  
23 of the Public Health Service Act (42 U.S.C. 254b), that  
24 is located in the United States-Mexico border area or the  
25 United States-Canada border area.

1       “(b) AUTHORIZATION.—From amounts appropriated  
2 under section 11, the Secretary, in consultation with mem-  
3 bers of the Commission and Council and in coordination  
4 with the Office of Global Affairs, shall award grants to  
5 eligible entities to address priorities and recommendations  
6 outlined by the strategic plan and operational work plan  
7 of the Commission and the Council, as authorized under  
8 section 9, to improve the health of United States-Mexico  
9 border area and United States-Canada border area resi-  
10 dents.

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

15       “(d) USE OF FUNDS.—An eligible entity that receives  
16 a grant under subsection (b) shall use the grant funds for  
17 any of the following:

18               “(1) Programs relating to any one or more of  
19 the following:

20                       “(A) Maternal and child health.

21                       “(B) Primary care and preventative health.

22                       “(C) Infectious disease testing, monitoring,  
23 and surveillance.

24                       “(D) Public health and public health infra-  
25 structure.

1           “(E) Health promotion.

2           “(F) Oral health.

3           “(G) Behavioral and mental health.

4           “(H) Substance abuse prevention and  
5           harm reduction.

6           “(I) Health conditions that have a high  
7           prevalence in the United States-Mexico border  
8           area or United States-Canada border area.

9           “(J) Medical and health services research.

10          “(K) Workforce training and development.

11          “(L) Community health workers and  
12          promotoras.

13          “(M) Health care infrastructure problems  
14          in the United States-Mexico border area or  
15          United States-Canada border area (including  
16          planning and construction grants).

17          “(N) Health disparities in the United  
18          States-Mexico border area or United States-  
19          Canada border area.

20          “(O) Environmental health.

21          “(P) Health education.

22          “(Q) Outreach and enrollment services  
23          with respect to Federal programs (including  
24          programs authorized under titles XIX and XXI

1 of the Social Security Act (42 U.S.C. 1396 et  
2 seq. and 1397aa et seq.)).

3 “(R) Trauma care.

4 “(S) Health research with an emphasis on  
5 infectious disease and pressing issues related to  
6 noncommunicable diseases.

7 “(T) Epidemiology and health research.

8 “(U) Cross-border health surveillance co-  
9 ordinated with Mexican Health Authorities or  
10 Canadian Health Authorities.

11 “(V) Obesity, particularly childhood obe-  
12 sity.

13 “(W) Crisis communication, domestic vio-  
14 lence, health literacy, or cancer.

15 “(X) Community-based participatory re-  
16 search on border health issues.

17 “(Y) Violence prevention.

18 “(Z) Cross-border public health prepared-  
19 ness.

20 “(2) Other programs determined appropriate by  
21 the Secretary.

22 “(e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-  
23 vided to an eligible entity awarded a grant under sub-  
24 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) IN THE BOR-**  
5 **DER 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.

11 “(b) **AUTHORIZATION.**—From funds appropriated  
12 under section 11, the Secretary shall award grants for  
13 Early Warning Infectious Disease Surveillance (EWIDS)  
14 to eligible entities for infectious disease surveillance activi-  
15 ties in the United States-Mexico border area or United  
16 States-Canada border area.

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

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



1           “(1) develop and implement infectious disease  
2 surveillance plans and networks and public health  
3 emergency and readiness assessments and prepared-  
4 ness plans, and purchase items necessary for such  
5 plans;

6           “(2) coordinate infectious disease surveillance  
7 planning and interjurisdictional risk assessments in  
8 the region with appropriate United States-based  
9 agencies and organizations and appropriate authori-  
10 ties in Mexico or Canada;

11           “(3) improve infrastructure, including surge ca-  
12 pacity, syndromic surveillance, and isolation/decon-  
13 tamination capacity, and policy preparedness, includ-  
14 ing for mutual assistance and for the sharing of in-  
15 formation and resources;

16           “(4) improve laboratory capacity, in order to  
17 maintain and enhance capability and capacity to de-  
18 tect potential infectious disease, whether naturally  
19 occurring or the result of terrorism;

20           “(5) create and maintain a health alert net-  
21 work, including risk communication and information  
22 dissemination that is culturally competent and takes  
23 into account the needs of at-risk populations, includ-  
24 ing individuals with disabilities;

1           “(6) educate and train clinicians, epidemiolo-  
2           gists, laboratories, and emergency management per-  
3           sonnel;

4           “(7) implement electronic data and infrastruc-  
5           ture inventory systems to coordinate the triage,  
6           transportation, and treatment of multicasualty inci-  
7           dent victims;

8           “(8) provide infectious disease testing in the  
9           United States-Mexico border area or United States-  
10          Canada border area; and

11          “(9) carry out such other activities identified by  
12          the Secretary, members of the Commission, members  
13          of the Council, State or local public health authori-  
14          ties, representatives of border health offices, or au-  
15          thorities at the United States-Mexico or United  
16          States-Canada borders.

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

18          “(a) STRATEGIC PLAN.—

19                 “(1) IN GENERAL.—Not later than 2 years  
20                 after the date of enactment of this section, and every  
21                 5 years thereafter, the Commission (including the  
22                 participation of members representing both the  
23                 United States and Mexican sections) and the Coun-  
24                 cil (including the participation of members rep-  
25                 resenting both the United States and Canada) shall

1 each prepare a binational strategic plan to guide the  
2 operations of the Commission and the Council and  
3 submit such plan to the Secretary and Congress.

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

6 “(A) health-related priority areas deter-  
7 mined most important by the full membership  
8 of the Commission or Council, as applicable;

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

12 “(C) a proposed evaluation framework with  
13 output and outcome indicators appropriate to  
14 gauge progress toward meeting the objectives  
15 and priorities of the Commission or Council, as  
16 applicable.

17 “(b) WORK PLAN.—Not later than January 1, 2017,  
18 and every 2 years thereafter, the Commission and the  
19 Council shall develop and approve an operational work  
20 plan and budget based on the strategic plan under sub-  
21 section (a).

22 “(c) GAO REVIEW.—Not later than January 1,  
23 2018, and every 2 years thereafter, the Comptroller Gen-  
24 eral of the United States shall conduct an evaluation of  
25 the activities conducted by the Commission and the Coun-

1 cil based on the operational work plans described in sub-  
2 section (b) for the previous year and the output and out-  
3 come indicators included in the strategic plan described  
4 in subsection (a). The evaluation shall include a request  
5 for written evaluations from members of the Commission  
6 and the Council about barriers and facilitators to exe-  
7 cuting successfully the work plans of the Commission and  
8 the Council.

9       “(d) BIENNIAL REPORTING.—The Commission and  
10 Council shall each issue a biennial report to the Secretary  
11 that provides independent policy recommendations related  
12 to border health issues. Not later than 3 months following  
13 receipt of each such biennial report, the Secretary shall  
14 provide to Congress the report and any studies or other  
15 materials produced independently by the Commission and  
16 Council.

17       “(e) AUDITS.—The Secretary shall annually prepare  
18 an audited financial report to account for all appropriated  
19 assets expended by the Commission and Council to ad-  
20 dress both the strategic and operational work plans for  
21 the year involved.

22       “(f) BY-LAWS.—Not later than 6 months after the  
23 date of enactment of this section, the Commission and  
24 Council shall develop and approve bylaws to provide fully  
25 for compliance with the requirements of this section.

1       “(g) TRANSMITTAL TO CONGRESS.—The Commission  
2 and Council shall submit copies of the operational work  
3 plan and by-laws to Congress. The Comptroller General  
4 of the United States shall submit a copy of each evaluation  
5 completed under subsection (c) to Congress.

6       **“SEC. 10. COORDINATION.**

7       “(a) IN GENERAL.—To the extent practicable and  
8 appropriate, plans, systems, and activities to be funded (or  
9 supported) under this Act for all hazard preparedness, and  
10 general border health, shall be coordinated with Federal,  
11 State, and local authorities in Mexico, Canada, and the  
12 United States.

13       “(b) COORDINATION OF HEALTH SERVICES AND  
14 SURVEILLANCE.—The Secretary, acting through the As-  
15 sistant Secretary for Preparedness and Response, when  
16 appropriate, may coordinate with the Secretary of Home-  
17 land 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 United  
21 States-Canada border area; and

22               “(2) warns of health threats, extreme weather  
23 conditions, disasters of mass scale, bioterrorism, and  
24 other emerging threats along the United States-Mex-

1       ico border area and United States-Canada border  
2       area.

3       **“SEC. 11. AUTHORIZATION OF APPROPRIATIONS.**

4       “There is authorized to be appropriated to carry out  
5 this Act \$7,000,000 for fiscal year 2017 and each suc-  
6 ceeding year, subject to the availability of appropriations  
7 for such purpose, of which \$4,650,000 shall be made avail-  
8 able to fund operationally feasible functions, activities, and  
9 grants with respect to the United States-Mexico border  
10 and the border health activities under cooperative agree-  
11 ments with the border health offices of the States of Cali-  
12 fornia, Arizona, New Mexico, and Texas, and \$2,350,000  
13 shall be allocated for the administration of United States  
14 activities under this Act on the United States-Canada bor-  
15 der and the border health authorities, acting through the  
16 Canada-United States Pan-Border Public Health Pre-  
17 paredness Council.”; and

18               (5) in section 12 (as so redesignated)—

19                       (A) by redesignating paragraphs (3) and  
20                       (4) as paragraphs (4) and (6), respectively;

21                       (B) by inserting after paragraph (2), the  
22                       following:

23                       “(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-  
24                       ZATION; URBAN INDIAN ORGANIZATION.—The terms  
25                       ‘Indian’, ‘Indian tribe’, ‘tribal organization’, and

1 ‘urban Indian organization’ have the meanings given  
2 such terms in section 4 of the Indian Health Care  
3 Improvement Act (25 U.S.C. 1603).”; and

4 (C) by inserting after paragraph (4), as so  
5 redesignated, the following:

6 “(5) UNITED STATES-CANADA BORDER AREA.—  
7 The term ‘United States-Canada border area’ means  
8 the area located in the United States and Canada  
9 within 100 kilometers of the border between the  
10 United States and Canada.”.

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