

116TH CONGRESS
2D SESSION

H. R. 6070

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2020

Ms. TORRES SMALL of New Mexico (for herself, Mrs. KIRKPATRICK, Mr. GRIJALVA, Mr. GONZALEZ of Texas, Mr. VELA, Ms. JACKSON LEE, Ms. ESCOBAR, Ms. HAALAND, Mrs. DAVIS of California, and Mr. VARGAS) 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, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Border Health Secu-
3 rity Act of 2020”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) The United States-Mexico border is an
7 interdependent and dynamic region of approximately
8 15,000,000 residents and millions of border cross-
9 ings each year, with significant and unique public
10 health challenges.

11 (2) These challenges include low rates of health
12 insurance coverage, poor access to health care serv-
13 ices, lack of education or access to information, pov-
14 erty, and high rates of dangerous diseases, such as
15 tuberculosis and West Nile virus, as well as other
16 noncommunicable diseases such as cardiovascular
17 disease, asthma, diabetes, and obesity.

18 (3) As the 2020 dengue outbreak in Mexico and
19 many parts of Latin America illustrates, diseases do
20 not respect international boundaries, and a strong
21 public health effort at and along the borders is cru-
22 cial to not only protect and improve the health of
23 Americans but also to help secure the country
24 against threats to biosecurity and other emerging
25 threats.

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

5 (5) In 2016, 66 percent of Canadians lived
6 within 100 miles of the United States border. The
7 2003 epidemic of severe acute respiratory syndrome
8 caused more than 250 illnesses in the Greater To-
9 ronto Area, just 80 miles from New York.

10 (6) The recent coronavirus outbreak has high-
11 lighted the need for continued coordination of re-
12 sources, effective communication, and information
13 sharing between countries to address emerging pub-
14 lic health crises.

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

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

19 (1) in section 3—

20 (A) in paragraph (1), by striking “; and”
21 and inserting “;”;

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

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

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

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

8 (2) in section 5—

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

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

13 “(d) PROVIDING ADVICE AND RECOMMENDATIONS.—
14 Members of the Commission and the Council may at any
15 time provide advice or recommendations to the Secretary,
16 Congress, or any Member of Congress concerning issues
17 that are considered by the Commission or Council. Such
18 advice or recommendations may be provided regardless of
19 whether a request for such is made and regardless of
20 whether the member or individual is authorized to provide
21 such advice or recommendations by the Commission or
22 Council or any other Federal official.”;

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

24 (4) by striking section 7 and inserting the fol-
25 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, Trib-
5 al organization, urban Indian organization, nonprofit
6 health organization, trauma center, critical access hospital
7 or other hospital that serves rural or other vulnerable com-
8 munities and populations, faith-based entity, or commu-
9 nity health center receiving assistance under section 330
10 of the Public Health Service Act (42 U.S.C. 254b), that
11 is located in the United States-Mexico border area or the
12 United States-Canada border area.

13 “(b) AUTHORIZATION.—From amounts appropriated
14 under section 11, the Secretary, in consultation with mem-
15 bers of the Commission and Council and in coordination
16 with the Office of Global Affairs, shall award grants to
17 eligible entities to address priorities and recommendations
18 outlined by the strategic plan and operational work plan
19 of the Commission and the Council, as authorized under
20 section 9, to improve the health of United States-Mexico
21 border area and United States-Canada border area resi-
22 dents.

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

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

4 “(1) Programs relating to any one or more of
5 the following:

6 “(A) Maternal and child health.

7 “(B) Primary care and preventative health.

8 “(C) Infectious disease testing, monitoring,
9 and surveillance.

10 “(D) Public health and public health infra-
11 structure.

12 “(E) Health promotion, health literacy,
13 and health education.

14 “(F) Oral health.

15 “(G) Behavioral and mental health.

16 “(H) Substance abuse prevention and
17 harm reduction.

18 “(I) Health conditions that have a high
19 prevalence in the United States-Mexico border
20 area or United States-Canada border area.

21 “(J) Medical and health services research.

22 “(K) Workforce training and development.

23 “(L) Community health workers and
24 promotoras.

1 “(M) Health care infrastructure problems
2 in the United States-Mexico border area or
3 United States-Canada border area (including
4 planning and construction grants).

5 “(N) Health disparities in the United
6 States-Mexico border area or United States-
7 Canada border area.

8 “(O) Environmental health.

9 “(P) Bioterrorism and zoonosis.

10 “(Q) Outreach and enrollment services
11 with respect to Federal programs (including
12 programs authorized under titles XIX and XXI
13 of the Social Security Act (42 U.S.C. 1396 et
14 seq.; 42 U.S.C. 1397aa et seq.)).

15 “(R) Trauma care.

16 “(S) Health research with an emphasis on
17 infectious disease, such as measles, and press-
18 ing issues related to noncommunicable diseases.

19 “(T) Epidemiology and health research.

20 “(U) Cross-border health surveillance co-
21 ordinated with Mexican Health Authorities or
22 Canadian Health Authorities.

23 “(V) Chronic diseases, such as diabetes
24 and obesity, particularly childhood obesity.

1 “(W) Community-based participatory re-
2 search on border health issues.

3 “(X) Domestic violence and violence pre-
4 vention.

5 “(Y) Cross-border public health prepared-
6 ness.

7 “(2) Other programs as the Secretary deter-
8 mines appropriate.

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

14 **“SEC. 8. GRANTS FOR EARLY WARNING INFECTIOUS DIS-**
15 **EASE SURVEILLANCE IN THE BORDER AREA.**

16 “(a) ELIGIBLE ENTITY DEFINED.—In this section,
17 the term ‘eligible entity’ means a State, local government,
18 Indian Tribe, Tribal organization, urban Indian organiza-
19 tion, trauma center, regional trauma center coordinating
20 entity, or public health entity.

21 “(b) AUTHORIZATION.—From funds appropriated
22 under section 11, the Secretary shall award grants for
23 Early Warning Infectious Disease Surveillance to eligible
24 entities for infectious disease surveillance activities in the

1 United States-Mexico border area or United States-Can-
2 ada border area.

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

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

11 “(1) develop and implement infectious disease
12 surveillance plans and networks and public health
13 emergency and readiness assessments and prepared-
14 ness plans, and purchase items necessary for such
15 plans;

16 “(2) coordinate infectious disease surveillance
17 planning and interjurisdictional risk assessments in
18 the region with appropriate United States-based
19 agencies and organizations and appropriate authori-
20 ties in Mexico or Canada;

21 “(3) improve infrastructure, including surge ca-
22 pacity, syndromic surveillance, and isolation and de-
23 contamination capacity, and policy preparedness, in-
24 cluding for mutual assistance and for the sharing of
25 information and resources;

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

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

10 “(6) educate and train clinicians, epidemiolo-
11 gists, laboratories, and emergency management per-
12 sonnel;

13 “(7) implement electronic data and infrastruc-
14 ture inventory systems to coordinate the triage,
15 transportation, and treatment of multicasualty inci-
16 dent victims;

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

20 “(9) carry out such other activities identified by
21 the Secretary, members of the Commission, members
22 of the Council, State or local public health authori-
23 ties, representatives of border health offices, or au-
24 thorities at the United States-Mexico or United
25 States-Canada borders.

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

2 “(a) STRATEGIC PLAN.—

3 “(1) IN GENERAL.—Not later than 2 years
4 after the date of enactment of this section, and every
5 5 years thereafter, the Commission (including the
6 participation of members representing both the
7 United States and Mexican sections) and the Coun-
8 cil (including the participation of members rep-
9 resenting both the United States and Canada) shall
10 each prepare a binational strategic plan to guide the
11 operations of the Commission and the Council and
12 submit such plan to the Secretary and Congress.

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 or Council, as applicable;

18 “(B) recommendations for goals, objec-
19 tives, strategies, and actions designed to ad-
20 dress 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 or Council, as
25 applicable.

1 “(b) WORK PLAN.—Not later than January 1, 2023,
2 and every 2 years thereafter, the Commission and the
3 Council shall develop and approve an operational work
4 plan and budget based on the strategic plan under sub-
5 section (a).

6 “(c) GAO REVIEW.—Not later than January 1,
7 2024, and every 2 years thereafter, the Comptroller Gen-
8 eral of the United States shall conduct an evaluation of
9 the activities conducted by the Commission and the Coun-
10 cil based on the operational work plans described in sub-
11 section (b) for the previous year and the output and out-
12 come indicators included in the strategic plan described
13 in subsection (a). The evaluation shall include a request
14 for written evaluations from members of the Commission
15 and the Council about barriers and facilitators to exe-
16 cuting successfully the work plans of the Commission and
17 the Council.

18 “(d) BIENNIAL REPORTING.—The Commission and
19 Council shall each issue a biannual report to the Secretary
20 that provides independent policy recommendations related
21 to border health issues. Not later than 3 months following
22 receipt of each such biannual report, the Secretary shall
23 provide to Congress the report and any studies or other
24 materials produced independently by the Commission and
25 Council.

1 “(e) AUDITS.—The Secretary shall annually prepare
2 an audited financial report to account for all appropriated
3 assets expended by the Commission and Council to ad-
4 dress both the strategic and operational work plans for
5 the year involved.

6 “(f) BY-LAWS.—Not later than 6 months after the
7 date of enactment of this section, the Commission and
8 Council shall develop and approve by-laws to provide fully
9 for compliance with the requirements of this section.

10 “(g) TRANSMITTAL TO CONGRESS.—The Commission
11 and Council shall submit copies of the operational work
12 plan and by-laws to Congress. The Comptroller General
13 of the United States shall submit a copy of each evaluation
14 completed under subsection (c) to Congress.

15 **“SEC. 10. COORDINATION.**

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

22 “(b) COORDINATION OF HEALTH SERVICES AND
23 SURVEILLANCE.—The Secretary, acting through the As-
24 sistant Secretary for Preparedness and Response, when

1 appropriate, may coordinate with the Secretary of Home-
2 land Security in establishing a health alert system that—

3 “(1) alerts clinicians and public health officials
4 of emerging disease clusters and syndromes along
5 the United States-Mexico border area and United
6 States-Canada border area; and

7 “(2) warns of health threats, extreme weather
8 conditions, disasters of mass scale, bioterrorism, and
9 other emerging threats along the United States-Mex-
10 ico border area and United States-Canada border
11 area.

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

13 “There is authorized to be appropriated to carry out
14 this Act \$10,500,000 for fiscal year 2021 and each suc-
15 ceeding year, subject to the availability of appropriations
16 for such purpose, of which \$7,000,000 shall be made avail-
17 able to fund operationally feasible functions, activities, and
18 grants with respect to the United States-Mexico border
19 and the border health activities under cooperative agree-
20 ments with the border health offices of the States of Cali-
21 fornia, Arizona, New Mexico, and Texas, and \$3,500,000
22 shall be allocated for the administration of United States
23 activities under this Act on the United States-Canada bor-
24 der and the border health authorities, acting through the

1 Canada-United States Pan-Border Public Health Pre-
2 paredness Council.”; and

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

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

6 (B) by inserting after paragraph (2), the
7 following:

8 “(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-
9 ZATION; URBAN INDIAN ORGANIZATION.—The terms
10 ‘Indian’, ‘Indian Tribe’, ‘Tribal organization’, and
11 ‘urban Indian organization’ have the meanings given
12 such terms in section 4 of the Indian Health Care
13 Improvement Act (25 U.S.C. 1603).”; and

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

16 “(5) UNITED STATES-CANADA BORDER AREA.—
17 The term ‘United States-Canada border area’ means
18 the area located in the United States and Canada
19 within 100 kilometers of the border between the
20 United States and Canada.”.

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