

116TH CONGRESS
2D SESSION

S. 3436

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 SENATE OF THE UNITED STATES

MARCH 11, 2020

Mr. UDALL (for himself, Mr. HEINRICH, Mrs. GILLIBRAND, Ms. MCSALLY, Ms. SINEMA, and Mr. CORNYN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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 2020”.

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 approximately
3 15,000,000 residents and millions of border cross-
4 ings each year, with significant and unique public
5 health challenges.

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

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

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

1 (5) In 2016, 66 percent of Canadians lived
 2 within 100 miles of the United States border. The
 3 2003 epidemic of severe acute respiratory syndrome
 4 caused more than 250 illnesses in the Greater To-
 5 ronto Area, just 80 miles from New York.

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

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

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

15 (1) in section 3—

16 (A) in paragraph (1), by striking “; and”
 17 and inserting “;”;

18 (B) in paragraph (2)(B), by striking the
 19 period and inserting a semicolon; and

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

21 “(3) to evaluate the Commission’s progress in
 22 carrying out the duties described in paragraphs (1)
 23 and (2) and report on such progress and make rec-
 24 ommendations, as appropriate, to the Secretary of

1 Health and Human Services and Congress regarding
2 such duties;

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

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

10 (2) in section 5(b), by striking “should be the
11 leader” and inserting “shall be the Chair”;

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

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

15 **“SEC. 7. BORDER HEALTH GRANTS.**

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

1 is located in the United States-Mexico border area or the
2 United States-Canada border area.

3 “(b) AUTHORIZATION.—From amounts appropriated
4 under section 11, the Secretary, in consultation with mem-
5 bers of the Commission and Council and in coordination
6 with the Office of Global Affairs, shall award grants to
7 eligible entities to improve the health of residents of the
8 United States-Mexico and United States-Canada border
9 areas with appropriate priority given to grants that ad-
10 dress recommendations outlined by the strategic plan and
11 operational work plan of the Commission and the Council
12 under section 9.

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

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

20 “(1) Programs relating to any one or more of
21 the following:

22 “(A) Maternal and child health.

23 “(B) Primary care and preventative health.

24 “(C) Infectious disease testing, monitoring,
25 and surveillance.

1 “(D) Public health and public health infra-
2 structure.

3 “(E) Health promotion, health literacy,
4 and health education.

5 “(F) Oral health.

6 “(G) Behavioral and mental health.

7 “(H) Substance abuse prevention and
8 harm reduction.

9 “(I) Health conditions that have a high
10 prevalence in the United States-Mexico border
11 area or United States-Canada border area.

12 “(J) Medical and health services research.

13 “(K) Workforce training and development.

14 “(L) Community health workers and
15 promotoras.

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

20 “(N) Health disparities in the United
21 States-Mexico border area or United States-
22 Canada border area.

23 “(O) Environmental health.

24 “(P) Bioterrorism and zoonosis.

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

6 “(R) Trauma care.

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

10 “(T) Epidemiology and health research.

11 “(U) Cross-border health surveillance co-
12 ordinated with Mexican Health Authorities or
13 Canadian Health Authorities.

14 “(V) Chronic diseases, such as diabetes
15 and obesity, particularly childhood obesity.

16 “(W) Community-based participatory re-
17 search on border health issues.

18 “(X) Domestic violence and violence pre-
19 vention.

20 “(Y) Cross-border public health prepared-
21 ness.

22 “(2) Other programs as the Secretary deter-
23 mines appropriate.

24 “(e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-
25 vided to an eligible entity awarded a grant under sub-

1 section (b) shall be used to supplement and not supplant
 2 other funds available to the eligible entity to carry out the
 3 activities described in subsection (d).

4 **“SEC. 8. GRANTS FOR EARLY WARNING INFECTIOUS DIS-**
 5 **EASE SURVEILLANCE IN 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.

11 “(b) **AUTHORIZATION.**—From funds appropriated
 12 under section 11, the Secretary shall award grants for
 13 Early Warning Infectious Disease Surveillance to eligible
 14 entities for infectious disease surveillance activities in the
 15 United States-Mexico border area or United States-Can-
 16 ada 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 and de-
13 contamination capacity, and policy preparedness, in-
14 cluding for mutual assistance and for the sharing of
15 information 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, 2023,
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 2024, 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 biannual 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 biannual 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, including with respect to infectious
11 disease, shall be coordinated with Federal, State, and local
12 authorities in Mexico, Canada, and the 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 \$10,500,000 for fiscal year 2021 and each suc-
6 ceeding year, subject to the availability of appropriations
7 for such purpose, of which \$7,000,000 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 \$3,500,000
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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