

117TH CONGRESS
1ST SESSION

H. R. 4812

To establish grant programs to improve the health of residents along the United States-Mexico and United States-Canada borders and for all hazards preparedness in the border areas, including with respect to bioterrorism, infectious disease, and other emerging biothreats, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 29, 2021

Ms. ESCOBAR (for herself, Mr. TONY GONZALES of Texas, Mrs. KIRKPATRICK, Mr. GRIJALVA, Mr. VARGAS, Mr. VICENTE GONZALEZ of Texas, Mr. CUELLAR, and Mr. VELA) 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 residents along the United States-Mexico and United States-Canada borders and for all hazards preparedness in the border areas, including with respect to bioterrorism, infectious disease, and other emerging biothreats, 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 2021”.

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-related illness, including undernutrition, and
15 high rates of infectious diseases, such as tuber-
16 culosis, West Nile virus, and Zika virus, as well as
17 other noncommunicable diseases such as cardio-
18 vascular disease, asthma, diabetes, and obesity.

19 (3) As the COVID–19 pandemic has illustrated,
20 diseases do not respect international boundaries, and
21 a strong public health effort at and along the United
22 States, Mexico, and Canada borders is crucial to not
23 only protect and improve the health of Americans
24 but also to help secure the country against biosecu-
25 rity and other emerging threats.

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

5 (5) The COVID–19 pandemic has also high-
 6 lighted the need for continued coordination of re-
 7 sources, effective communication, and information
 8 sharing between countries to address emerging pub-
 9 lic health crises.

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

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

14 (1) in section 3—

15 (A) by striking “It should be the duty”
 16 and inserting the following:

17 “(a) IN GENERAL.—It should be the duty”;

18 (B) in paragraph (1), by striking “; and”
 19 and inserting “;”;

20 (C) in paragraph (2)(B), by striking the
 21 period and inserting a semicolon;

22 (D) by adding at the end the following:

23 “(3) to evaluate the Commission’s progress in
 24 carrying out the duties described in paragraphs (1)
 25 and (2) and report on such progress and make rec-

1 ommendations, as appropriate, to the Secretary of
2 Health and Human Services and Congress regarding
3 such duties; and

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

7 (E) by adding at the end the following:

8 “(b) UNITED STATES SECTION MEMBERS.—The
9 members of the United States section of the Commission,
10 acting independently of the Commission overall, may—

11 “(1) provide reports and recommendations to,
12 and consult with, the Secretary of Health and
13 Human Services and Congress on the matters de-
14 scribed in subsection (a)(3); and

15 “(2) cooperate with the Canada-United States
16 Pan Border Public Health Preparedness Council (re-
17 ferred to in this Act as the ‘Council’), as appro-
18 priate.”;

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

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

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, 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 improve the health of residents of the
18 United States-Mexico and United States-Canada border
19 areas with appropriate priority given to grants that ad-
20 dress recommendations outlined by the strategic plan and
21 operational work plan of the Commission and the Council
22 under section 9.

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 in border communities.

23 “(K) Workforce training and development.

24 “(L) Community health workers and
25 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 the prevalence of infectious diseases, such as
18 measles, in the border areas, as well as other
19 pressing health issues, such as noncommu-
20 nicable diseases like diabetes and obesity.

21 “(T) Epidemiology and health research.

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

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

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

5 “(X) 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;

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

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

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

19 “(9) carry out such other activities identified by
20 the Secretary, members of the Commission, members
21 of the Council, State or local public health authori-
22 ties, representatives of border health offices, or au-
23 thorities at the United States-Mexico or United
24 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 identified
16 by the full membership of the Commission or
17 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, 2024,
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 2025, 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.—

19 “(1) BY COMMISSION AND COUNCIL.—The
20 Commission and Council shall each issue a biennial
21 report to the Secretary that—

22 “(A) provides independent policy rec-
23 ommendations related to border health issues;
24 and

1 “(B) details the expenditures of the Com-
2 mission and Council over the reporting period.

3 “(2) BY SECRETARY.—Not later than 3 months
4 following receipt of each such biannual report, the
5 Secretary shall provide to Congress the report and
6 any studies or other materials produced independ-
7 ently by the Commission and Council.

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

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

17 “(g) TRANSMITTAL TO CONGRESS.—The Commission
18 and Council shall submit copies of the operational work
19 plan and by-laws to Congress. The Comptroller General
20 of the United States shall submit a copy of each evaluation
21 completed under subsection (c) to Congress.

22 **“SEC. 10. COORDINATION.**

23 “(a) IN GENERAL.—To the extent practicable and
24 appropriate, plans, systems, and activities to be funded (or
25 supported) under this Act for all hazard preparedness, and

1 general border health, including with respect to infectious
2 disease, shall be coordinated with Federal, State, and local
3 authorities in Mexico, Canada, and the United States.

4 “(b) COORDINATION OF HEALTH SERVICES AND
5 SURVEILLANCE.—

6 “(c) IN GENERAL.—The Secretary, acting through
7 the Assistant Secretary for Preparedness and Response,
8 when appropriate, may coordinate with the Secretary of
9 Homeland Security in establishing a health alert system
10 that—

11 “(1) alerts clinicians and public health officials
12 of emerging disease clusters and syndromes along
13 the United States-Mexico border area and United
14 States-Canada border area;

15 “(2) warns of health threats, extreme weather
16 conditions, disasters of mass scale, bioterrorism, and
17 other emerging threats along the United States-Mex-
18 ico border area and United States-Canada border
19 area; and

20 “(3) is coordinated with other systems and
21 agencies to avoid duplication.

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

23 “There is authorized to be appropriated to carry out
24 this Act \$20,000,000 for fiscal year 2022 and each suc-
25 ceeding year, of which for each such fiscal year—

1 “(1) \$14,000,000 shall be made available to
2 fund operationally feasible functions, activities, and
3 grants with respect to the United States-Mexico bor-
4 der and the border health activities under coopera-
5 tive agreements with the border health offices of the
6 States of California, Arizona, New Mexico, and
7 Texas; and

8 “(2) \$6,000,000 shall be made available for the
9 administration of United States activities under this
10 Act on the United States-Canada border and the
11 border health authorities, acting through the Can-
12 ada-United States Pan-Border Public Health Pre-
13 paredness Council.”; and

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

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

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

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

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

3 “(5) UNITED STATES-CANADA BORDER AREA.—

4 The term ‘United States-Canada border area’ means
5 the area located in the United States and Canada
6 within 100 kilometers of the border between the
7 United States and Canada.”.

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