

117TH CONGRESS
1ST SESSION

S. 2570

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 SENATE OF THE UNITED STATES

JULY 29, 2021

Mr. LUJÁN (for himself and Mr. HEINRICH) 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 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Border Health Secu-
5 rity Act of 2021”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The United States-Mexico border is an
4 interdependent and dynamic region of approximately
5 15,000,000 residents and millions of border cross-
6 ings each year, with significant and unique public
7 health challenges.

8 (2) These challenges include low rates of health
9 insurance coverage, poor access to health care serv-
10 ices, lack of education or access to information, pov-
11 erty-related illness, including undernutrition, and
12 high rates of infectious diseases, such as tuber-
13 culosis, West Nile virus, and Zika virus, as well as
14 other noncommunicable diseases such as cardio-
15 vascular disease, asthma, diabetes, and obesity.

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

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

1 (5) The COVID–19 pandemic outbreak has also
2 highlighted the need for continued coordination of
3 resources, effective communication, and information
4 sharing between countries to address emerging pub-
5 lic health crises.

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

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

10 (1) in section 3—

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

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

14 (B) in paragraph (1), by striking “; and”
15 and inserting “;”;

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

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

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

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

4 (E) by adding after paragraph (4) (as
 5 added by subparagraph (D) of this paragraph)
 6 the following:

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

10 “(1) provide reports and recommendations to,
 11 and consult with, the Secretary and Congress on the
 12 matters described in subsection (a)(3); and

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

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

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

20 (4) by striking section 7 and inserting the fol-
 21 lowing:

22 **“SEC. 7. BORDER HEALTH GRANTS.**

23 “(a) ELIGIBLE ENTITY DEFINED.—In this section,
 24 the term ‘eligible entity’ means a State, public institution
 25 of higher education, local government, Indian Tribe, Trib-

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

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

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

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

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

3 “(A) Maternal and child health.

4 “(B) Primary care and preventative health.

5 “(C) Infectious disease testing, monitoring,
6 and surveillance.

7 “(D) Public health and public health infra-
8 structure.

9 “(E) Health promotion, health literacy,
10 and health education.

11 “(F) Oral health.

12 “(G) Behavioral and mental health.

13 “(H) Substance abuse prevention and
14 harm reduction.

15 “(I) Health conditions that have a high
16 prevalence in the United States-Mexico border
17 area or United States-Canada border area.

18 “(J) Medical and health services research
19 in border communities.

20 “(K) Workforce training and development.

21 “(L) Community health workers and
22 promotoras.

23 “(M) Health care infrastructure problems
24 in the United States-Mexico border area or

1 United States-Canada border area (including
2 planning and construction grants).

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

6 “(O) Environmental health.

7 “(P) Bioterrorism and zoonosis.

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

13 “(R) Trauma care.

14 “(S) Health research with an emphasis on
15 infectious disease, such as measles, in the bor-
16 der areas, as well as other pressing issues, in-
17 cluding noncommunicable diseases such as dia-
18 betes and obesity.

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) Community-based participatory re-
24 search on border health issues.

1 “(W) Domestic violence and violence pre-
2 vention.

3 “(X) Cross-border public health prepared-
4 ness.

5 “(2) Other programs as the Secretary deter-
6 mines appropriate.

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

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

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

19 “(b) AUTHORIZATION.—From funds appropriated
20 under section 11, the Secretary shall award grants for
21 Early Warning Infectious Disease Surveillance to eligible
22 entities for infectious disease surveillance activities in the
23 United States-Mexico border area or United States-Can-
24 ada border area.

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

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

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

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

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

24 “(4) improve laboratory capacity, in order to
25 maintain and enhance capability and capacity to de-

1 tect potential infectious disease, whether naturally
 2 occurring or the result of terrorism;

3 “(5) create and maintain a health alert net-
 4 work, including risk communication and information
 5 dissemination that is culturally competent and takes
 6 into account the needs of at-risk populations;

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

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

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

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

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

24 “(a) STRATEGIC PLAN.—

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

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

13 “(A) health-related priority areas identified
14 by the full membership of the Commission or
15 Council, as applicable;

16 “(B) recommendations for goals, objec-
17 tives, strategies, and actions designed to ad-
18 dress such priority areas; and

19 “(C) a proposed evaluation framework with
20 output and outcome indicators appropriate to
21 gauge progress toward meeting the objectives
22 and priorities of the Commission or Council, as
23 applicable.

24 “(b) WORK PLAN.—Not later than January 1, 2024,
25 and every 2 years thereafter, the Commission and the

1 Council shall develop and approve an operational work
 2 plan and budget based on the strategic plan under sub-
 3 section (a).

4 “(c) GAO REVIEW.—Not later than January 1,
 5 2025, and every 2 years thereafter, the Comptroller Gen-
 6 eral of the United States shall conduct an evaluation of
 7 the activities conducted by the Commission and the Coun-
 8 cil based on the operational work plans described in sub-
 9 section (b) for the previous year and the output and out-
 10 come indicators included in the strategic plan described
 11 in subsection (a). The evaluation shall include a request
 12 for written evaluations from members of the Commission
 13 and the Council about barriers and facilitators to exe-
 14 cuting successfully the work plans of the Commission and
 15 the Council.

16 “(d) BIENNIAL REPORTING.—

17 “(1) REPORTING BY COMMISSION AND COUN-
 18 CIL.—The Commission and Council shall each issue
 19 a biennial report to the Secretary that—

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

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

1 “(2) REPORTING BY SECRETARY.—Not later
2 than 3 months following receipt of each such bian-
3 nual report, the Secretary shall provide to Congress
4 the report and any studies or other materials pro-
5 duced independently by the Commission and Coun-
6 cil.

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

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

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

21 **“SEC. 10. COORDINATION.**

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

1 disease, shall be coordinated with Federal, State, and local
2 authorities in Mexico, Canada, and the United States.

3 “(b) COORDINATION OF HEALTH SERVICES AND
4 SURVEILLANCE.—The Secretary, acting through the As-
5 sistant Secretary for Preparedness and Response, when
6 appropriate, may coordinate with the Secretary of Home-
7 land Security in establishing a health alert system that—

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

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

17 “(3) is coordinated with other systems and
18 agencies to avoid duplication.

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

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

23 “(1) \$14,000,000 shall be made available to
24 fund operationally feasible functions, activities, and
25 grants with respect to the United States-Mexico bor-

der and the border health activities under cooperative agreements with the border health offices of the States of California, Arizona, New Mexico, and Texas; and

“(2) \$6,000,000 shall be made available for the administration of United States activities under this Act on the United States-Canada border and the border health authorities, acting through the Canada-United States Pan-Border Public Health Preparedness Council.”; and

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

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

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

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

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

“(5) UNITED STATES-CANADA BORDER AREA.—The term ‘United States-Canada border area’ means

1 the area located in the United States and Canada
2 within 100 kilometers of the border between the
3 United States and Canada.”.

○