

111TH CONGRESS
2D SESSION

H. R. 4580

To amend the Homeland Security Act of 2002 to authorize the Metropolitan Medical Response System Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 2010

Mr. MARKEY of Massachusetts (for himself, Mr. MORAN of Virginia, and Ms. LORETTA SANCHEZ of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Homeland Security, 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 amend the Homeland Security Act of 2002 to authorize the Metropolitan Medical Response System Program, 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 “Metropolitan Medical
5 Response System Act of 2010”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In its January 2010 report card, the Com-
2 mission on the Prevention of Weapons of Mass De-
3 struction Proliferation and Terrorism stated that the
4 Federal Government must “become a stronger advo-
5 cate for citizen, community, state, and regional pre-
6 paredness to effectively respond” to both natural
7 disasters and man-made events.

8 (2) The Metropolitan Medical Response System
9 (MMRS) is the only program at the Federal level
10 that supports the integration of local emergency
11 management, law enforcement, and health and med-
12 ical systems into a coordinated response to a mass
13 casualty event caused by a weapon of mass destruc-
14 tion, an incident involving hazardous materials, an
15 epidemic disease outbreak, or a natural disaster.

16 (3) The MMRS program was established in the
17 wake of the 1995 deadly release of sarin nerve gas
18 in a Tokyo subway, and the 1995 bombing of the Al-
19 fred P. Murrah building in Oklahoma City.

20 (4) The MMRS program aims to improve med-
21 ical response systems, by enhancing the existing
22 local response systems and capabilities of a commu-
23 nity before an incident occurs.

24 (5) The MMRS program provides tangible ben-
25 efits in the form of increased operational capacity

1 and communication, improved personnel training,
2 stockpiled pharmaceuticals, and adequate supplies of
3 personal protective equipment and other specialized
4 response equipment.

5 (6) The MMRS program supports a number of
6 other existing Federal programs, such as the Hos-
7 pital Preparedness Program, the Cities Readiness
8 Initiative, the State Homeland Security Program,
9 and Urban Area Security Initiative.

10 (7) The MMRS program provides funding to
11 124 local jurisdictions in 43 States, covering ap-
12 proximately 70 percent of the United States popu-
13 lation.

14 (8) The MMRS program has become an in-
15 creasingly vital part of our homeland security infra-
16 structure in the wake of recent influenza outbreaks,
17 renewed terrorists threats, and severe weather emer-
18 gencies.

19 **SEC. 3. METROPOLITAN MEDICAL RESPONSE SYSTEM PRO-**
20 **GRAM.**

21 (a) IN GENERAL.—Title V of the Homeland Security
22 Act of 2002 (6 U.S.C. 311 et seq.) is amended by adding
23 at the end the following new section:

1 **“SEC. 525. METROPOLITAN MEDICAL RESPONSE SYSTEM**
2 **PROGRAM.**

3 “(a) IN GENERAL.—There is in the Department a
4 Metropolitan Medical Response System Program (in this
5 section referred to as the ‘Program’).

6 “(b) PURPOSE.—The purpose of the Program shall
7 be to support State and local jurisdictions in preparing
8 for and maintaining all-hazards response capabilities to
9 manage public health and mass casualty incidents result-
10 ing from natural and man-made disasters, acts of ter-
11 rorism, and epidemic disease outbreaks, by systematically
12 enhancing and integrating first responders, public health
13 personnel, emergency management personnel, and other
14 participants in mass casualty management.

15 “(c) PROGRAM ADMINISTRATION.—The Assistant
16 Secretary, Office of Health Affairs shall develop pro-
17 grammatic and policy guidance for the Program in coordi-
18 nation with the Administrator of the Federal Emergency
19 Management Agency.

20 “(d) PERSONNEL COSTS.—The Program shall not be
21 subject to an administrative cap on the hiring of personnel
22 to conduct Program activities.

23 “(e) FINANCIAL ASSISTANCE.—

24 “(1) AUTHORIZATION OF CONTRACTS.—

25 “(A) IN GENERAL.—The Secretary,
26 through the Administrator of the Federal

1 Emergency Management Agency and subject to
2 the availability of appropriations, may enter
3 into contracts under this section with local ju-
4 risdictions to assist in preparing for and re-
5 sponding to mass casualty incidents.

6 “(B) CONSULTATION.—In developing guid-
7 ance for contracts authorized under this sub-
8 section, the Administrator shall consult with the
9 Assistant Secretary, Office of Health Affairs.

10 “(2) USE OF FUNDS.—A contract entered into
11 under this subsection may be used to support the in-
12 tegration of emergency management, health, and
13 medical systems into a coordinated response to mass
14 casualty incidents caused by any hazard, including—

15 “(A) to strengthen medical surge capacity;

16 “(B) to strengthen mass prophylaxis capa-
17 bilities including development and maintenance
18 of an initial pharmaceutical stockpile sufficient
19 to protect first responders, their families, and
20 immediate victims from a chemical or biological
21 event;

22 “(C) to strengthen chemical, biological, ra-
23 diological, nuclear, and explosive detection, re-
24 sponse, and decontamination capabilities;

1 “(D) to develop and maintain mass triage
2 and pre-hospital treatment plans and capabilities;
3 ties;

4 “(E) for planning;

5 “(F) to support efforts to strengthen information sharing and collaboration capabilities of
6 regional, State, and urban areas in support of
7 public health and medical preparedness;

8 “(G) for medical supplies management and
9 distribution;

10 “(H) for training and exercises;

11 “(I) for integration and coordination of the
12 activities and capabilities of public health personnel and medical care providers with those of
13 other emergency response providers as well as
14 other Federal agencies, the private sector, and
15 nonprofit organizations, for the forward movement of patients; and
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19 “(J) for activities aimed at increasing the
20 awareness of the Program to Federal, State
21 and local governments for purposes of further
22 integrating the Program into existing capabilities.
23 ties.

24 “(3) ELIGIBILITY.—

1 “(A) IN GENERAL.—Except as provided in
2 subparagraph (C), any jurisdiction that received
3 funds through the Program for fiscal year 2009
4 shall be eligible for a contract under this sub-
5 section.

6 “(B) ADDITIONAL JURISDICTIONS.—

7 “(i) UNREPRESENTED STATES.—

8 “(I) IN GENERAL.—Except as
9 provided in subparagraph (C), for any
10 State in which no jurisdiction received
11 funds through the Program for fiscal
12 year 2009, or in which funding was
13 received only through another State,
14 the metropolitan statistical area in
15 such State with the largest population
16 of all such areas in such State shall
17 be eligible for a contract under this
18 subsection.

19 “(II) LIMITATION.—For each of
20 fiscal years 2010 through 2014, no
21 jurisdiction that would otherwise be
22 eligible to receive a contract under
23 subclause (I) shall be eligible for a
24 contract under this subsection if it
25 would result in any jurisdiction under

1 subparagraph (A) receiving less fund-
2 ing than such jurisdiction received for
3 fiscal year 2004.

4 “(ii) OTHER JURISDICTIONS.—

5 “(I) IN GENERAL.—Subject to
6 subparagraph (C), the Administrator
7 may determine that additional juris-
8 dictions are eligible for contracts
9 under this subsection.

10 “(II) LIMITATION.—For each of
11 fiscal years 2010 through 2014, the
12 eligibility of any additional jurisdic-
13 tion for contracts under this sub-
14 section is subject to the availability of
15 appropriations beyond that necessary
16 to—

17 “(aa) ensure that each juris-
18 diction eligible for a contract
19 under subparagraph (A) does not
20 receive less funding than such ju-
21 risdiction received for fiscal year
22 2009; and

23 “(bb) provide contracts to
24 jurisdictions eligible under clause
25 (i).

1 “(C) PERFORMANCE REQUIREMENT AFTER
2 FISCAL YEAR 2010.—A jurisdiction shall not be
3 eligible for a contract under this subsection to
4 be funded with amounts available after fiscal
5 year 2010 unless the Secretary determines that
6 the jurisdiction has met the performance meas-
7 ures issued under subsection (f).

8 “(4) DISTRIBUTION OF FUNDS.—

9 “(A) IN GENERAL.—The Administrator
10 shall include in each contract under this sub-
11 section with a local jurisdiction a defined list of
12 performance objectives for which funds will be
13 distributed to the jurisdiction.

14 “(B) PAYMENTS.—Funds shall be distrib-
15 uted by the Administrator under each contract
16 under this subsection directly to the local juris-
17 diction that entered into the contract.

18 “(5) MUTUAL AID.—

19 “(A) AGREEMENTS.—Local jurisdictions
20 receiving assistance under the Program are en-
21 couraged to develop and maintain memoranda
22 of understanding and agreement with neigh-
23 boring jurisdictions to support a system of mu-
24 tual aid among the jurisdictions.

1 “(B) CONTENTS.—A memorandum re-
2 ferred to in subparagraph (A) shall include, at
3 a minimum, policies and procedures to—

4 “(i) enable the timely deployment of
5 Program personnel and equipment across
6 jurisdictions and, if relevant, across State
7 boundaries;

8 “(ii) share information in a consistent
9 and timely manner; and

10 “(iii) notify State authorities of the
11 deployment of Program resources in a
12 manner that ensures coordination with
13 State agencies without impeding the ability
14 of Program personnel and equipment to re-
15 spond rapidly to emergencies in other ju-
16 risdictions.

17 “(f) PERFORMANCE MEASURES.—The Adminis-
18 trator, in coordination with the Assistant Secretary, Office
19 of Health Affairs and the National Metropolitan Medical
20 Response System Working Group and within one year
21 after the date of enactment of this section, shall issue per-
22 formance measures for each local jurisdiction that enters
23 a contract under this section to allow objective evaluation
24 of the performance and effective use of funds provided
25 under the contract.

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out the Program
3 \$75,000,000 for each of the fiscal years 2010 through
4 2014.”.

5 (b) PROGRAM REVIEW.—

6 (1) IN GENERAL.—The Administrator of the
7 Federal Emergency Management Agency, the Assist-
8 ant Secretary, Office of Health Affairs, and the Na-
9 tional Metropolitan Medical Response System Work-
10 ing Group shall jointly conduct a review of the Met-
11 ropolitan Medical Response System Program, includ-
12 ing an examination of—

13 (A) the goals and objectives of the Pro-
14 gram;

15 (B) the extent to which the goals and ob-
16 jectives are being met;

17 (C) the performance metrics that can best
18 help assess whether the Program is succeeding;

19 (D) how the Program can be improved;

20 (E) how the Program complements and en-
21 hances other preparedness programs supported
22 by the Department of Homeland Security and
23 the Department of Health and Human Services;

24 (F) the degree to which the strategic goals,
25 objectives, and capabilities of the Program are

1 incorporated in State and local homeland secu-
2 rity plans;

3 (G) how eligibility for financial assistance,
4 and the allocation of financial assistance, under
5 the Program should be determined, including
6 how allocation of assistance could be based on
7 risk; and

8 (H) the resource requirements of the Pro-
9 gram.

10 (2) REPORT.—Not later than 1 year after the
11 date of enactment of this Act, the Administrator and
12 the Assistant Secretary shall submit to the Commit-
13 tees on Homeland Security and Energy and Com-
14 merce of the House of Representatives and the Com-
15 mittee on Homeland Security and Governmental Af-
16 fairs of the Senate a report on the results of the re-
17 view under this subsection.

18 (3) CONSULTATION.—The Administrator of the
19 Federal Emergency Management Agency shall con-
20 sult with the Secretary of Health and Human Serv-
21 ices in the implementation of paragraph (1)(E).

22 (4) DEFINITION.—In this subsection the term
23 “National Metropolitan Medical Response System
24 Working Group” means a group of 10 local govern-

1 ment agency managers of contracts awarded under
2 the Program, that—

3 (A) represents a population-based cross
4 section of jurisdictions that are receiving con-
5 tract funds under the Program; and

6 (B) includes one local government agency
7 contract manager from each of the 10 regions
8 of the Federal Emergency Management Agency,
9 of whom—

10 (i) 5 shall be appointed by the Admin-
11 istrator of the Federal Emergency Man-
12 agement Agency; and

13 (ii) 5 shall be appointed by the Assist-
14 ant Secretary, Office of Health Affairs.

15 (c) CONFORMING AMENDMENTS.—

16 (1) REPEAL.—Section 635 of the Post-Katrina
17 Management Reform Act of 2006 (6 U.S.C. 723) is
18 repealed.

19 (2) TABLE OF CONTENTS.—The table of con-
20 tents contained in section 1(b) of the Homeland Se-
21 curity Act of 2002 is amended by adding at the end
22 of the items relating to title V the following new
23 item:

“Sec. 525. Metropolitan Medical Response System Program.”.

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