112TH CONGRESS  H. R. 1411

1ST SESSION

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

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IN THE HOUSE OF REPRESENTATIVES

APRIL 7, 2011

Mr. BILIRAKIS 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.

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A BILL

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

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Metropolitan Medical Response System Program Act of 2011”.
SEC. 2. METROPOLITAN MEDICAL RESPONSE SYSTEM PROGRAM.

(a) AMENDMENT.—Title V of the Homeland Security Act of 2002 (6 U.S.C. 311 et seq.) is amended by adding at the end the following:

“SEC. 526. METROPOLITAN MEDICAL RESPONSE SYSTEM PROGRAM.

“(a) IN GENERAL.—The Secretary shall conduct a Metropolitan Medical Response System Program, that shall assist State and local governments in preparing for and responding to public health and mass casualty incidents resulting from acts of terrorism, natural disasters, and other man-made disasters.

“(b) FINANCIAL ASSISTANCE.—

“(1) AUTHORIZATION OF GRANTS.—

“(A) IN GENERAL.—The Secretary, through the Administrator of the Federal Emergency Management Agency, may make grants under this section to State and local governments to assist in preparing for and responding to mass casualty incidents resulting from acts of terrorism, natural disasters, and other man-made disasters.

“(B) CONSULTATION.—In developing guidance for grants authorized under this section,
the Administrator shall consult with the Assistant Secretary, Office of Health Affairs.

“(2) USE OF FUNDS.—A grant made under this section may be used to support the integration of emergency management, health, and medical systems into a coordinated response to mass casualty incidents caused by any hazard, including—

“(A) to strengthen medical surge capacity;

“(B) to strengthen mass prophylaxis capabilities including development and maintenance of an initial pharmaceutical stockpile sufficient to protect first responders, their families, and immediate victims from a chemical or biological event;

“(C) to strengthen chemical, biological, radiological, nuclear, and explosive detection, response, and decontamination capabilities;

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

“(E) for planning;

“(F) to support efforts to strengthen information sharing and collaboration capabilities of regional, State, and urban areas in support of public health and medical preparedness;
“(G) for medical supplies management and distribution;

“(H) for training and exercises;

“(I) for integration and coordination of the activities and capabilities of public health personnel and medical care providers with those of other emergency response providers as well as other Federal agencies, the private sector, and nonprofit organizations, for the forward movement of patients; and

“(J) for such other activities as the Administrator provides.

“(3) ELIGIBILITY.—

“(A) In general.—Except as provided in subparagraph (B), any jurisdiction that received funds through the Metropolitan Medical Response System Program in fiscal year 2010 shall be eligible to receive a grant under this section.

“(B) Performance requirement after fiscal year 2012.—A jurisdiction shall not be eligible for a grant under this subsection from funds available after fiscal year 2012 unless the Secretary determines that the jurisdiction maintains a sufficient measured degree of capability
in accordance with the performance measures
issued under subsection (e).

“(4) DISTRIBUTION OF FUNDS.—

“(A) IN GENERAL.—The Administrator
shall distribute grant funds under this section
to the State in which the jurisdiction receiving
a grant under this section is located.

“(B) PASS THROUGH.—Subject to sub-
paragraph (C), not later than 45 days after the
date on which a State receives grant funds
under subparagraph (A), the State shall provide
the jurisdiction receiving the grant 100 percent
of the grant funds, and not later than 45 days
after the State releases the funds, all fiscal
agents shall make the grant funds available for
expenditure.

“(C) EXCEPTION.—The Administrator
may permit a State to provide to a jurisdiction
receiving a grant under this section 97 percent
of the grant funds awarded if doing so would
not result in any jurisdiction eligible for a grant
under paragraph (3)(A) receiving less funding
than such jurisdiction received in fiscal year
2009.
“(5) REGIONAL COORDINATION.—The Administrator shall ensure that each jurisdiction that receives a grant under this section, as a condition of receiving such grant, is actively coordinating its preparedness efforts with surrounding jurisdictions, with the official with primary responsibility for homeland security (other than the Governor) of the government of the State in which the jurisdiction is located, and with emergency response providers from all relevant disciplines, as determined by the Administrator, to effectively enhance regional preparedness.

“(c) PERFORMANCE MEASURES.—The Administrator, in coordination with the Assistant Secretary, Office of Health Affairs, and the National Metropolitan Medical Response System Working Group, shall issue performance measures within one year after the date of enactment of this section that enable objective evaluation of the performance and effective use of funds provided under this section in any jurisdiction.

“(d) METROPOLITAN MEDICAL RESPONSE SYSTEM WORKING GROUP DEFINED.—In this section, the term ‘National Metropolitan Medical Response System Working Group’ means—
“(1) 10 Metropolitan Medical Response System Program grant managers, who shall—

“(A) include one such grant manager from each region of the Agency;

“(B) comprise a population-based cross section of jurisdictions that are receiving grant funds under the Metropolitan Medical Response System Program; and

“(C) include—

“(i) 3 selected by the Administrator;

and

“(ii) 3 selected by the Assistant Secretary, Office of Health Affairs; and

“(2) 3 State officials who are responsible for administration of State programs that are carried out with grants under this section, who shall be selected by the Administrator.

“(e) Authorization of Appropriations.—There is authorized to be appropriated $41,000,000 to carry out the program for each of fiscal years 2012 through 2016.”.

(b) Clerical Amendment.—The table of contents in section 1(b) of such Act is amended by adding at the end of the items relating to title V the following new item:

“Sec. 526. Metropolitan Medical Response System Program.”.
SEC. 3. METROPOLITAN MEDICAL RESPONSE PROGRAM REVIEW.

(a) IN GENERAL.—The Administrator of the Federal Emergency Management Agency, the Assistant Secretary, Office of Health Affairs, and the National Metropolitan Medical Response System Working Group shall conduct a review of the Metropolitan Medical Response System Program authorized under section 526 of the Homeland Security Act of 2002, as added by section 2 of this Act, including an examination of—

(1) the goals and objectives of the Metropolitan Medical Response System Program;

(2) the extent to which the goals and objectives are being met;

(3) the performance metrics that can best help assess whether the Metropolitan Medical Response System Program is succeeding;

(4) how the Metropolitan Medical Response System Program can be improved;

(5) how the Metropolitan Medical Response System Program complements and enhances other preparedness programs supported by the Department of Homeland Security and the Department of Health and Human Services;

(6) the degree to which the strategic goals, objectives, and capabilities of the Metropolitan Medical
Response System Program are incorporated in State and local homeland security plans;

(7) how eligibility for financial assistance, and the allocation of financial assistance, under the Metropolitan Medical Response System Program should be determined, including how allocation of assistance could be based on risk;

(8) whether the Metropolitan Medical Response System Program would be more effective if it were managed as a contractual agreement; and

(9) the resource requirements of the Metropolitan Medical Response System Program.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Administrator and the Assistant Secretary, Office of Health Affairs shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a report on the results of the review under this section.

(c) CONSULTATION.—The Administrator of the Federal Emergency Management Agency shall consult with the Secretary of Health and Human Services in the implementation of subsection (a)(5).

(d) DEFINITION.—In this section the term “National Metropolitan Medical Response System Working Group”
has the meaning that term has in section 526 of the Homeland Security Act of 2002, as added by section 2 of this Act.

SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.

Section 635 of the Post-Katrina Management Reform Act of 2006 (6 U.S.C. 723) is repealed.