

111TH CONGRESS
2D SESSION

H. R. 4492

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

IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2010

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

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 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 Program Act of 2009”.

1 **SEC. 2. METROPOLITAN MEDICAL RESPONSE SYSTEM PRO-**
2 **GRAM.**

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

6 **“SEC. 525. METROPOLITAN MEDICAL RESPONSE SYSTEM**
7 **PROGRAM.**

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

14 “(b) FINANCIAL ASSISTANCE.—

15 “(1) AUTHORIZATION OF GRANTS.—

16 “(A) IN GENERAL.—The Secretary,
17 through the Administrator of the Federal
18 Emergency Management Agency, may make
19 grants under this section to State and local gov-
20 ernments to assist in preparing for and re-
21 sponding to mass casualty incidents resulting
22 from natural disasters, acts of terrorism, and
23 other man-made disasters.

24 “(B) CONSULTATION.—In developing guid-
25 ance for grants authorized under this section,

1 the Administrator shall consult with the Assist-
2 ant Secretary, Office of Health Affairs.

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

8 “(A) to strengthen medical surge capacity;

9 “(B) to strengthen mass prophylaxis capa-
10 bilities including development and maintenance
11 of an initial pharmaceutical stockpile sufficient
12 to protect first responders, their families, and
13 immediate victims from a chemical or biological
14 event;

15 “(C) to strengthen chemical, biological, ra-
16 diological, nuclear, and explosive detection, re-
17 sponse, and decontamination capabilities;

18 “(D) to develop and maintain mass triage
19 and pre-hospital treatment plans and capabili-
20 ties;

21 “(E) for planning;

22 “(F) to support efforts to strengthen infor-
23 mation sharing and collaboration capabilities of
24 regional, State, and urban areas in support of
25 public health and medical preparedness;

1 “(G) for medical supplies management and
2 distribution;

3 “(H) for training and exercises;

4 “(I) for integration and coordination of the
5 activities and capabilities of public health per-
6 sonnel and medical care providers with those of
7 other emergency response providers as well as
8 other Federal agencies, the private sector, and
9 nonprofit organizations, for the forward move-
10 ment of patients; and

11 “(J) for such other activities as the Ad-
12 ministrator provides.

13 “(3) ELIGIBILITY.—

14 “(A) IN GENERAL.—Except as provided in
15 subparagraph (C), any jurisdiction that received
16 funds through the Metropolitan Medical Re-
17 sponse System Program in fiscal year 2009
18 shall be eligible to receive a grant under this
19 section.

20 “(B) ADDITIONAL JURISDICTIONS.—

21 “(i) UNREPRESENTED STATES.—

22 “(I) IN GENERAL.—Except as
23 provided in subparagraph (C), for any
24 State in which no jurisdiction received
25 funds through the Metropolitan Med-

1 ical Response System Program in fis-
2 cal year 2009, or in which funding
3 was received only through another
4 State, the metropolitan statistical area
5 in such State with the largest popu-
6 lation of all such areas in such State
7 shall be eligible to receive a grant
8 under this section.

9 “(II) LIMITATION.—For each of
10 fiscal years 2010 through 2012, no
11 jurisdiction that would otherwise be
12 eligible to receive grants under sub-
13 clause (I) shall receive a grant under
14 this section if it would result in any
15 jurisdiction under subparagraph (A)
16 receiving less funding than such juris-
17 diction received in fiscal year 2009.

18 “(ii) OTHER JURISDICTIONS.—

19 “(I) IN GENERAL.—Subject to
20 subparagraph (C), the Administrator
21 may determine that additional juris-
22 dictions are eligible to receive grants
23 under this section.

24 “(II) LIMITATION.—For each of
25 fiscal years 2010 through 2012, the

1 eligibility of any additional jurisdic-
2 tion to receive grants under this sec-
3 tion is subject to the availability of
4 appropriations beyond that necessary
5 to—

6 “(aa) ensure that each juris-
7 diction eligible to receive a grant
8 under subparagraph (A) does not
9 receive less funding than such ju-
10 risdiction received in fiscal year
11 2009; and

12 “(bb) provide grants to ju-
13 risdictions eligible under clause
14 (i).

15 “(C) PERFORMANCE REQUIREMENT AFTER
16 FISCAL YEAR 2010.—A jurisdiction shall not be
17 eligible for a grant under this subsection from
18 funds available after fiscal year 2010 unless the
19 Secretary determines that the jurisdiction main-
20 tains a sufficient measured degree of capability
21 in accordance with the performance measures
22 issued under subsection (c).

23 “(4) DISTRIBUTION OF FUNDS.—

24 “(A) IN GENERAL.—The Administrator
25 shall distribute grant funds under this section

1 to the State in which the jurisdiction receiving
2 a grant under this section is located.

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

12 “(C) EXCEPTION.—The Administrator
13 may permit a State to provide to a jurisdiction
14 receiving a grant under this section 97 percent
15 of the grant funds awarded if doing so would
16 not result in any jurisdiction eligible for a grant
17 under paragraph (3)(A) receiving less funding
18 than such jurisdiction received in fiscal year
19 2009.

20 “(5) REGIONAL COORDINATION.—The Adminis-
21 trator shall ensure that each jurisdiction that re-
22 ceives a grant under this section, as a condition of
23 receiving such grant, is actively coordinating its pre-
24 paredness efforts with surrounding jurisdictions,
25 with the official with primary responsibility for

1 homeland security (other than the Governor) of the
2 government of the State in which the jurisdiction is
3 located, and with emergency response providers from
4 all relevant disciplines, as determined by the Admin-
5 istrator, to effectively enhance regional prepared-
6 ness.

7 “(c) PERFORMANCE MEASURES.—The Adminis-
8 trator, in coordination with the Assistant Secretary, Office
9 of Health Affairs, and the National Metropolitan Medical
10 Response System Working Group, shall issue performance
11 measures within one year after the date of enactment of
12 this section that enable objective evaluation of the per-
13 formance and effective use of funds provided under this
14 section in any jurisdiction.

15 “(d) METROPOLITAN MEDICAL RESPONSE SYSTEM
16 WORKING GROUP DEFINED.—In this section, the term
17 ‘National Metropolitan Medical Response System Working
18 Group’ means—

19 “(1) 10 Metropolitan Medical Response System
20 Program grant managers, who shall—

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

23 “(B) comprise a population-based cross
24 section of jurisdictions that are receiving grant

1 funds under the Metropolitan Medical Response
2 System Program; and

3 “(C) include—

4 “(i) 3 selected by the Administrator;
5 and

6 “(ii) 3 selected by the Assistant Sec-
7 retary, Office of Health Affairs; and

8 “(2) 3 State officials who are responsible for
9 administration of State programs that are carried
10 out with grants under this section, who shall be se-
11 lected by the Administrator.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated \$75,000,000 to carry out
14 the program for each of fiscal years 2010 through 2014.”.

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

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

18 **SEC. 3. METROPOLITAN MEDICAL RESPONSE PROGRAM RE-**
19 **VIEW.**

20 (a) IN GENERAL.—The Administrator of the Federal
21 Emergency Management Agency, the Assistant Secretary,
22 Office of Health Affairs, and the National Metropolitan
23 Medical Response System Working Group shall conduct
24 a review of the Metropolitan Medical Response System
25 Program authorized under section 525 of the Homeland

1 Security Act of 2002, as added by section 2 of this Act,
2 including an examination of—

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

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

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

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

12 (5) how the Metropolitan Medical Response
13 System Program complements and enhances other
14 preparedness programs supported by the Depart-
15 ment of Homeland Security and the Department of
16 Health and Human Services;

17 (6) the degree to which the strategic goals, ob-
18 jectives, and capabilities of the Metropolitan Medical
19 Response System Program are incorporated in State
20 and local homeland security plans;

21 (7) how eligibility for financial assistance, and
22 the allocation of financial assistance, under the Met-
23 ropolitan Medical Response System Program should
24 be determined, including how allocation of assistance
25 could be based on risk;

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

4 (9) the resource requirements of the Metropoli-
5 tan Medical Response System Program.

6 (b) REPORT.—Not later than 1 year after the date
7 of enactment of this Act, the Administrator and the As-
8 sistant Secretary, Office of Health Affairs shall submit to
9 the Committee on Homeland Security of the House of
10 Representatives and the Committee on Homeland Security
11 and Governmental Affairs of the Senate a report on the
12 results of the review under this subsection.

13 (c) CONSULTATION.—The Administrator of the Fed-
14 eral Emergency Management Agency shall consult with
15 the Secretary of Health and Human Services in the imple-
16 mentation of subsection (a)(5).

17 (d) DEFINITION.—In this section the term “National
18 Metropolitan Medical Response System Working Group”
19 has the meaning that term has in section 525 of the
20 Homeland Security Act of 2002, as amended by this sec-
21 tion.

22 **SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.**

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

○