

115TH CONGRESS
1ST SESSION

H. R. 4572

To direct the Secretary of Health and Human Services to enter into an arrangement with the National Academy of Medicine to evaluate the preparedness of hospitals, long-term care facilities, dialysis centers, and other medical facilities for public health emergencies.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2017

Mrs. DINGELL (for herself and Mr. WEBSTER of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to enter into an arrangement with the National Academy of Medicine to evaluate the preparedness of hospitals, long-term care facilities, dialysis centers, and other medical facilities for public health emergencies.

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 “Worst-Case Scenario
5 Hospital Preparedness Act”.

1 **SEC. 2. NATIONAL ACADEMY OF MEDICINE EVALUATION**
2 **AND REPORT ON THE PREPAREDNESS OF**
3 **HOSPITALS, LONG-TERM CARE FACILITIES,**
4 **DIALYSIS CENTERS, AND OTHER MEDICAL**
5 **FACILITIES FOR PUBLIC HEALTH EMER-**
6 **GENCIES.**

7 (a) EVALUATION.—

8 (1) IN GENERAL.—Not later than 60 days after
9 the date of enactment of this Act, the Secretary of
10 Health and Human Services shall enter into an ar-
11 rangement with the National Academy of Medicine
12 or, if the National Academy declines to enter into
13 such an arrangement, another appropriate entity
14 under which the National Academy (or other appro-
15 priate entity) agrees to evaluate the preparedness of
16 hospitals, long-term care facilities, dialysis centers,
17 and other medical facilities nationwide for public
18 health emergencies, including natural disasters.

19 (2) SPECIFIC MATTERS EVALUATED.—The ar-
20 rangement under paragraph (1) shall require the
21 National Academy of Medicine (or other appropriate
22 entity)—

23 (A) to catalogue, review, and evaluate the
24 efficacy of current rules and regulations for
25 hospitals, long-term care facilities, dialysis cen-

1 ters, and medical facilities regarding emergency
2 preparedness planning;

3 (B) to identify and prioritize options to im-
4 plement policies for hospitals, long-term care
5 facilities, dialysis centers, and other medical fa-
6 cilities nationwide that address future threats;

7 (C) to review all Federal grant programs
8 that affect the preparedness of hospitals, long-
9 term care facilities, dialysis centers, or other
10 medical facilities for public health emergencies
11 and provide recommendations for improving
12 such preparedness by—

13 (i) improving such existing Federal
14 grant programs; or

15 (ii) creating new Federal grant pro-
16 grams;

17 (D) to review, identify, and recommend
18 best practices for improving emergency pre-
19 paredness at hospitals, long-term care facilities,
20 dialysis centers, and other medical facilities;

21 (E) to identify and recommend best
22 sources and guidelines for alternative or emer-
23 gency power systems, including renewable
24 sources, battery storage, and generators; and

1 (F) to identify and recommend best prac-
2 tices and guidelines for emergency preparedness
3 planning at hospitals, long-term care facilities,
4 dialysis centers, and other medical facilities re-
5 lated to access clean water.

6 (b) REPORT.—

7 (1) IN GENERAL.—The arrangement under sub-
8 section (a)(1) shall require the National Academy of
9 Medicine (or other appropriate entity) to submit to
10 the Secretary of Health and Human Services and
11 the Congress, not later than 18 months after the
12 date of enactment of this Act, a report on the re-
13 sults of the evaluation conducted pursuant to this
14 section.

15 (2) CONTENTS.—The report under paragraph
16 (1) shall—

17 (A) describe the findings and conclusions
18 of the evaluation conducted pursuant to this
19 section; and

20 (B) include a strategy for improving the
21 preparedness of hospitals, long-term care facili-
22 ties, dialysis centers, and other medical facili-
23 ties nationwide for public health emergencies,
24 including natural disasters.

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