

115TH CONGRESS
2D SESSION

S. 2851

To improve regional health care emergency preparedness and response systems, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 15, 2018

Mr. CASEY (for himself and Mr. BURR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve regional health care emergency preparedness and response systems, 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 “Regional Health Care
5 Emergency Preparedness and Response Systems Act”.

6 **SEC. 2. REGIONAL HEALTH CARE EMERGENCY PREPARED-**
7 **NESS AND RESPONSE SYSTEMS.**

8 (a) IN GENERAL.—Part B of title III of the Public
9 Health Service Act (42 U.S.C. 243 et seq.) is amended
10 by inserting after section 319C–2 the following:

1 **“SEC. 319C–3. GUIDELINES FOR REGIONAL HEALTH CARE**
2 **EMERGENCY PREPAREDNESS AND RESPONSE**
3 **SYSTEMS.**

4 “(a) PURPOSE.—It is the purpose of this section to
5 identify and provide guidelines for regional systems of hos-
6 pitals, health care facilities, and other public and private
7 sector entities, with varying levels of capability to treat
8 patients and increase medical surge capacity during, and
9 in advance of, a public health emergency, including threats
10 posed by one or more chemical, biological, radiological,
11 and nuclear agents, including emerging infectious dis-
12 eases.

13 “(b) GUIDELINES.—The Assistant Secretary for Pre-
14 paredness and Response, in consultation with the Director
15 of the Centers for Disease Control and Prevention, the Ad-
16 ministrator of the Centers for Medicare & Medicaid Serv-
17 ices, the Administrator of the Health Resources and Serv-
18 ices Administration, the Commissioner of Food and
19 Drugs, the Assistant Secretary for Mental Health and
20 Substance Use, the Assistant Secretary of Labor for Occu-
21 pational Safety and Health, the Secretary of Veterans Af-
22 fairs, heads of such other Federal agencies as the Sec-
23 retary determines to be appropriate, and State, local, trib-
24 al, and territorial public health officials, shall, not later
25 than 2 years after the date of enactment of this section—

1 “(1) identify and develop a set of guidelines re-
2 lating to practices and protocols for all-hazards pub-
3 lic health emergency preparedness and response for
4 hospitals and health care facilities to provide appro-
5 priate patient care during, in advance of, or imme-
6 diately following, a public health emergency, result-
7 ing from one or more chemical, biological, radio-
8 logical, or nuclear agents, including emerging infec-
9 tious diseases (which may include existing practices,
10 such as trauma care and medical surge capacity and
11 capabilities), with respect to—

12 “(A) a regional approach to identifying
13 hospitals and health care facilities based on
14 varying capabilities and capacity to treat pa-
15 tients affected by such emergency, including—

16 “(i) the manner in which the system
17 will coordinate with and integrate the part-
18 nerships established under section 319C–
19 2(b); and

20 “(ii) informing and educating appro-
21 priate first responders and health care sup-
22 ply chain partners of the regional emer-
23 gency preparedness and response capabili-
24 ties and medical surge capacity of such

1 hospitals and health care facilities in the
2 community;

3 “(B) physical and technological infrastruc-
4 ture, laboratory capacity, staffing, blood supply,
5 and other supply chain needs, taking into ac-
6 count resiliency, geographic considerations, and
7 rural considerations;

8 “(C) protocols or best practices for the
9 safety and personal protection of workers who
10 handle human remains and health care workers
11 (including with respect to protective equipment
12 and supplies, waste management processes, and
13 decontamination), sharing of specialized experi-
14 ence among the health care workforce, behav-
15 ioral health, psychological resilience, and train-
16 ing of the workforce, as applicable;

17 “(D) in a manner that allows for disease
18 containment (within the meaning of section
19 2802(b)(2)(B)), coordinated medical triage,
20 treatment, and transportation of patients, based
21 on patient medical need (including patients in
22 rural areas), to the appropriate hospitals or
23 health care facilities within the regional system
24 or, as applicable and appropriate, between sys-
25 tems in different States or regions; and

1 “(E) the needs of children and other at-
2 risk individuals;

3 “(2) make such guidelines available on the
4 internet website of the Department of Health and
5 Human Services in a manner that does not com-
6 promise national security; and

7 “(3) update such guidelines as appropriate, in-
8 cluding based on input received pursuant to sub-
9 sections (c), (e), and (f), to address new and emerg-
10 ing public health threats.

11 “(c) CONSIDERATIONS.—In identifying, developing,
12 and updating guidelines under subsection (b), the Assist-
13 ant Secretary for Preparedness and Response shall—

14 “(1) include input from hospitals and health
15 care facilities, including health care coalitions under
16 section 319C–2, State, local, tribal, and territorial
17 public health departments, and health care or sub-
18 ject matter experts, including experts with relevant
19 expertise in chemical, biological, radiological, or nu-
20 clear threats, and emerging infectious disease as the
21 Assistant Secretary determines appropriate, to meet
22 the goals under section 2802(b)(3);

23 “(2) consult and engage with appropriate
24 health care providers and professionals, including
25 physicians, nurses, first responders, health care fa-

1 cilities (including hospitals, primary care clinics,
2 community health centers, mental health facilities,
3 ambulatory care facilities, and dental health facili-
4 ties), pharmacies, emergency medical providers,
5 trauma care providers, environmental health agen-
6 cies, public health laboratories, poison control cen-
7 ters, blood banks, and other experts that the Assist-
8 ant Secretary determines appropriate, to meet the
9 goals under section 2802(b)(3);

10 “(3) consider feedback related to financial im-
11 plications for hospitals, health care facilities, public
12 health agencies, laboratories, and other entities en-
13 gaged in regional preparedness planning to imple-
14 ment and follow such guidelines, as applicable; and

15 “(4) consider financial requirements and poten-
16 tial incentives for entities to prepare for, and re-
17 spond to, public health emergencies as part of the
18 regional health care emergency preparedness and re-
19 sponse system.

20 “(d) TECHNICAL ASSISTANCE.—The Assistant Sec-
21 retary for Preparedness and Response, in consultation
22 with the Director of the Centers for Disease Control and
23 Prevention and the Assistant Secretary of Labor for Occu-
24 pational Safety and Health, may provide technical assist-

1 ance and consultation towards meeting the guidelines de-
 2 scribed in subsection (b).

3 “(e) DEMONSTRATION PROJECT FOR REGIONAL
 4 HEALTH CARE PREPAREDNESS AND RESPONSE SYS-
 5 TEMS.—

6 “(1) IN GENERAL.—The Assistant Secretary for
 7 Preparedness and Response may establish a dem-
 8 onstration project pursuant to the development and
 9 implementation of guidelines under subsection (b) to
 10 improve medical surge capacity for all hazards, build
 11 and integrate regional medical response capabilities,
 12 improve specialty care expertise for all-hazards re-
 13 sponse, and coordinate medical preparedness and re-
 14 sponse across State, local, tribal, territorial, and re-
 15 gional jurisdictions.

16 “(2) SUNSET.—The authority under this sub-
 17 section shall expire on September 30, 2023.

18 “(f) GAO REPORT TO CONGRESS.—

19 “(1) REPORT.—Not later than 3 years after the
 20 date of enactment of this section, the Comptroller
 21 General of the United States (referred to in this
 22 subsection as the ‘Comptroller General’) shall submit
 23 to the Committee on Health, Education, Labor, and
 24 Pensions and the Committee on Finance of the Sen-
 25 ate and the Committee on Energy and Commerce

1 and the Committee on Ways and Means of the
2 House of Representatives, a report on the extent to
3 which hospitals and health care facilities have imple-
4 mented the recommended guidelines under sub-
5 section (b), including an analysis and evaluation of
6 any challenges hospitals or health care facilities ex-
7 perience in implementing such guidelines.

8 “(2) CONTENT.—The Comptroller General shall
9 include in the report under paragraph (1)—

10 “(A) data on the preparedness and re-
11 sponse capabilities that have been informed by
12 the guidelines under subsection (b) to improve
13 regional emergency health care preparedness
14 and response capability, including hospital and
15 health care facility capacity and medical surge
16 capabilities to prepare for, and respond to, pub-
17 lic health emergencies; and

18 “(B) recommendations to reduce gaps in
19 incentives for regional health partners, includ-
20 ing hospitals and health care facilities to im-
21 prove capacity and medical surge capabilities to
22 prepare for, and respond to, public health emer-
23 gencies, consistent with subsection (a), which
24 may include consideration of facilities partici-
25 pating in programs under section 319C–2, pro-

1 grams under the Centers for Medicare & Med-
 2 icaid Services (including innovative health care
 3 delivery and payment models), and input from
 4 private sector financial institutions.

5 “(3) CONSULTATION.—In carrying out para-
 6 graphs (1) and (2), the Comptroller General shall
 7 consult with the heads of appropriate Federal agen-
 8 cies, including—

9 “(A) the Assistant Secretary for Prepared-
 10 ness and Response;

11 “(B) the Director of the Centers for Dis-
 12 ease Control and Prevention;

13 “(C) the Administrator of the Centers for
 14 Medicare & Medicaid Services;

15 “(D) the Assistant Secretary for Mental
 16 Health and Substance Use;

17 “(E) the Assistant Secretary of Labor for
 18 Occupational Safety and Health;

19 “(F) the Secretary of Veterans Affairs;
 20 and

21 “(G) the heads of such other Federal agen-
 22 cies as the Secretary determines appropriate.”.

23 (b) ANNUAL REPORTS.—Section 319C–2(i)(1) of the
 24 Public Health Service Act (42 U.S.C. 247d–3b(i)(1)) is
 25 amended by inserting after the first sentence the following

1 “The reports submitted under this paragraph shall also
2 include progress towards the implementation of section
3 319C–3.”.

4 (c) NATIONAL HEALTH SECURITY STRATEGY INCOR-
5 PORATION OF REGIONALIZED EMERGENCY PREPARED-
6 NESS AND RESPONSE.—Section 2802(b)(3) of the Public
7 Health Service Act (42 U.S.C. 300hh–1(b)(3)) is amend-
8 ed—

9 (1) in the matter preceding subparagraph (A),
10 by striking “including mental health” and inserting
11 “including pharmacies, mental health facilities,”;
12 and

13 (2) by amending subparagraph (G) to read as
14 follows:

15 “(G) Optimizing a coordinated and flexible
16 approach to the emergency response and med-
17 ical surge capacity of hospitals, other health
18 care facilities, critical care, trauma care (which
19 may include trauma centers), and emergency
20 medical systems, which may include the imple-
21 mentation of guidelines for regional health care
22 emergency preparedness and response systems
23 under section 319C–3.”.

24 (d) IMPROVING STATE AND LOCAL PUBLIC HEALTH
25 SECURITY.—

1 (1) STATE AND LOCAL SECURITY.—Section
 2 319C–1(e) of the Public Health Service Act (42
 3 U.S.C. 247d–3a(e)) is amended by striking “, and
 4 local emergency plans.” and inserting “, local emer-
 5 gency plans, and any regional health care emergency
 6 preparedness and response system established pursu-
 7 ant to the applicable guidelines under section 319C–
 8 3.”.

9 (2) PARTNERSHIPS.—Section 319C–2(d)(1)(A)
 10 of the Public Health Service Act (42 U.S.C. 247d–
 11 3b(d)(1)(A)) is amended—

12 (A) in clause (i), by striking “; and” and
 13 inserting “;”;

14 (B) by redesignating clause (ii) as clause
 15 (iii); and

16 (C) inserting after clause (i), the following:

17 “(ii) among one or more facilities in a
 18 regional health care emergency system
 19 under section 319C–3; and”.

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