PRIOR PROVISIONS

A prior section 290n, Pub. L. 103–400, § 2, Oct. 22, 1994, 108 Stat. 4169, related to the establishment of the Border Health Commission, prior to repeal by Pub. L. 106–113, div. B, § 1000(a)(4) [title V, § 516(1)], Nov. 29, 1999, 113 Stat. 1535, 1501A–276.

SHORT TITLE

Section 1 of Pub. L. 103–400 provided that: ''This Act [enacting this subchapter] may be cited as the 'United States-Mexico Border Health Commission Act'.''

§ 290n–1. Duties

It should be the duty of the Commission—

(1) to conduct a comprehensive needs assessment in the United States-Mexico Border Area for the purposes of identifying, evaluating, preventing, and resolving health problems and potential health problems that affect the general population of the area; and

(2) to implement the actions recommended by the needs assessment through—

(A) assisting in the coordination and implementation of the efforts of public and private entities to prevent and resolve such health problems, and

(B) assisting in the coordination and implementation of efforts of public and private entities to educate such population, in a culturally competent manner, concerning such health problems.

(Pub. L. 103–400, § 3, Oct. 22, 1994, 108 Stat. 4169; Pub. L. 106–113, div. B, § 1000(a)(4) [title V, § 516(2)], Nov. 29, 1999, 113 Stat. 1535, 1501A–276.)

AMENDMENTS

1999—Par. (1). Pub. L. 106–113, § 1000(a)(4) [title V, § 516(2)(A)], substituted ''; and'' for semicolon at end.

Par. (2)(B). Pub. L. 106–113, § 1000(a)(4) [title V, § 516(2)(B)], substituted period for ''; and'' at end.

Par. (3). Pub. L. 106–113, § 1000(a)(4) [title V, § 516(2)(C)], struck out par. (3) which read as follows: ''to formulate recommendations to the Governments of the United States and Mexico concerning a fair and reasonable method by which the government of one country could reimburse a public or private entity in the other country for the cost of a health care service that the entity furnishes to a citizen of the first country who is unable, through insurance or otherwise, to pay for the service.''

§ 290n–2. Other authorized functions

In addition to the duties described in section 290n–1 of this title, the Commission should be authorized to perform the following functions as the Commission determines to be appropriate—

(1) to conduct or support investigations, research, or studies designed to identify, study, and monitor, on an on-going basis, health problems that affect the general population in the United States-Mexico Border Area;

(2) to conduct or support a binational, public-private effort to establish a comprehensive and coordinated system, which uses advanced technologies to the maximum extent possible, for gathering health-related data and monitoring health problems in the United States-Mexico Border Area; and

(3) to provide financial, technical, or administrative assistance to public or private nonprofit entities who act to prevent or resolve such problems or who educate the population concerning such health problems.

(Pub. L. 103–400, § 4, Oct. 22, 1994, 108 Stat. 4169.)

§ 290n–3. Membership

(a) Number and appointment of United States section

The United States section of the Commission should be composed of 13 members. The section should consist of the following members:

(1) The Secretary of Health and Human Services or the Secretary's delegate.

(2) The commissioners of health or chief health officer from the States of Texas, New Mexico, Arizona, and California or such commissioners' delegates.

(3) Two individuals residing in United States-Mexico Border Area in each of the States of Texas, New Mexico, Arizona, and California who are nominated by the chief executive officer of the respective States and appointed by the President from among individuals who have demonstrated ties to community-based organizations and have demonstrated interest and expertise in health issues of the United States-Mexico Border Area.

(b) Commissioner

The Commissioner of the United States section of the Commission should be the Secretary of Health and Human Services or such individual's delegate to the Commission. The Commissioner should be the leader of the section.

(c) Compensation

Members of the United States section of the Commission who are not employees of the United States or any State—

(1) shall each receive compensation at a rate of not to exceed the daily equivalent of the annual rate of basic pay payable for positions at GS–15 of the General Schedule under section 5332 of title 5 for each day such member is engaged in the actual performance of the duties of the Commission; and

(2) shall be allowed travel expenses, including per diem in lieu of subsistence at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, while away from their homes or regular places of business in the performance of services of the Commission.

(Pub. L. 103–400, § 5, Oct. 22, 1994, 108 Stat. 4170.)

§ 290n–4. Regional offices

The Commission may designate or establish one border health office in each of the States of Texas, New Mexico, Arizona, and California. Such office should be located within the United States-Mexico Border Area, and should be coordinated with—

(1) State border health offices; and

(2) local nonprofit organizations designated by the State's chief executive officer and directly involved in border health issues.

If feasible to avoid duplicative efforts, the Commission offices should be located in existing State or local nonprofit offices. The Commission should provide adequate compensation for cooperative efforts and resources.

(Pub. L. 103–400, § 6, Oct. 22, 1994, 108 Stat. 4170.)