

112TH CONGRESS
1ST SESSION

H. R. 1411

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

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

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 2011”.

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. 526. 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 acts of terrorism, natural disasters,
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 acts of terrorism, natural disasters, 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 (B), any jurisdiction that re-
16 ceived funds through the Metropolitan Medical
17 Response System Program in fiscal year 2010
18 shall be eligible to receive a grant under this
19 section.

20 “(B) PERFORMANCE REQUIREMENT AFTER
21 FISCAL YEAR 2012.—A jurisdiction shall not be
22 eligible for a grant under this subsection from
23 funds available after fiscal year 2012 unless the
24 Secretary determines that the jurisdiction main-
25 tains a sufficient measured degree of capability

1 in accordance with the performance measures
2 issued under subsection (c).

3 “(4) DISTRIBUTION OF FUNDS.—

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

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

17 “(C) EXCEPTION.—The Administrator
18 may permit a State to provide to a jurisdiction
19 receiving a grant under this section 97 percent
20 of the grant funds awarded if doing so would
21 not result in any jurisdiction eligible for a grant
22 under paragraph (3)(A) receiving less funding
23 than such jurisdiction received in fiscal year
24 2009.

1 “(5) REGIONAL COORDINATION.—The Adminis-
2 trator shall ensure that each jurisdiction that re-
3 ceives a grant under this section, as a condition of
4 receiving such grant, is actively coordinating its pre-
5 paredness efforts with surrounding jurisdictions,
6 with the official with primary responsibility for
7 homeland security (other than the Governor) of the
8 government of the State in which the jurisdiction is
9 located, and with emergency response providers from
10 all relevant disciplines, as determined by the Admin-
11 istrator, to effectively enhance regional prepared-
12 ness.

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

21 “(d) METROPOLITAN MEDICAL RESPONSE SYSTEM
22 WORKING GROUP DEFINED.—In this section, the term
23 ‘National Metropolitan Medical Response System Working
24 Group’ means—

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

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

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

9 “(C) include—

10 “(i) 3 selected by the Administrator;
11 and

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

14 “(2) 3 State officials who are responsible for
15 administration of State programs that are carried
16 out with grants under this section, who shall be se-
17 lected by the Administrator.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated \$41,000,000 to carry out
20 the program for each of fiscal years 2012 through 2016.”.

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

“Sec. 526. Metropolitan Medical Response System Program.”.

1 **SEC. 3. METROPOLITAN MEDICAL RESPONSE PROGRAM RE-**
2 **VIEW.**

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

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

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

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

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

20 (5) how the Metropolitan Medical Response
21 System Program complements and enhances other
22 preparedness programs supported by the Depart-
23 ment of Homeland Security and the Department of
24 Health and Human Services;

25 (6) the degree to which the strategic goals, ob-
26 jectives, and capabilities of the Metropolitan Medical

1 Response System Program are incorporated in State
2 and local homeland security plans;

3 (7) how eligibility for financial assistance, and
4 the allocation of financial assistance, under the Met-
5 ropolitan Medical Response System Program should
6 be determined, including how allocation of assistance
7 could be based on risk;

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

11 (9) the resource requirements of the Metropoli-
12 tan Medical Response System Program.

13 (b) REPORT.—Not later than 1 year after the date
14 of enactment of this Act, the Administrator and the As-
15 sistant Secretary, Office of Health Affairs shall submit to
16 the Committee on Homeland Security of the House of
17 Representatives and the Committee on Homeland Security
18 and Governmental Affairs of the Senate a report on the
19 results of the review under this section.

20 (c) CONSULTATION.—The Administrator of the Fed-
21 eral Emergency Management Agency shall consult with
22 the Secretary of Health and Human Services in the imple-
23 mentation of subsection (a)(5).

24 (d) DEFINITION.—In this section the term “National
25 Metropolitan Medical Response System Working Group”

1 has the meaning that term has in section 526 of the
2 Homeland Security Act of 2002, as added by section 2
3 of this Act.

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

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

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