

(A) include the baseline clinical health examination of a participating responder under a certified monitoring programs;¹ and

(B) substitute the baseline clinical health examination of a participating responder under a certified monitoring program for a baseline clinical health examination under paragraph (1).

(c) Reports

Not later than 1 year after the establishment of a program under subsection (b)(1), and every 5 years thereafter, the President, acting through the Secretary of Health and Human Services, or the medical institution or consortium of such institutions having entered into a cooperative agreement under subsection (b)(5), may submit a report to the Secretary of Homeland Security, the Secretary of Labor, the Administrator of the Environmental Protection Agency, and appropriate committees of Congress describing the programs and studies carried out under the program.

(d) National Academy of Sciences report on disaster area health and environmental protection and monitoring

(1) In general

The Secretary of Health and Human Services, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency shall jointly enter into a contract with the National Academy of Sciences to conduct a study and prepare a report on disaster area health and environmental protection and monitoring.

(2) Participation of experts

The report under paragraph (1) shall be prepared with the participation of individuals who have expertise in—

- (A) environmental health, safety, and medicine;
- (B) occupational health, safety, and medicine;
- (C) clinical medicine, including pediatrics;
- (D) environmental toxicology;
- (E) epidemiology;
- (F) mental health;
- (G) medical monitoring and surveillance;
- (H) environmental monitoring and surveillance;
- (I) environmental and industrial hygiene;
- (J) emergency planning and preparedness;
- (K) public outreach and education;
- (L) State and local health departments;
- (M) State and local environmental protection departments;
- (N) functions of workers that respond to disasters, including first responders;
- (O) public health; and
- (P) family services, such as counseling and other disaster-related services provided to families.

(3) Contents

The report under paragraph (1) shall provide advice and recommendations regarding protecting and monitoring the health and safety of individuals potentially exposed to any

chemical or other substance associated with potential acute or chronic human health effects as the result of a disaster, including advice and recommendations regarding—

(A) the establishment of protocols for monitoring and responding to chemical or substance releases in a disaster area to protect public health and safety, including—

- (i) chemicals or other substances for which samples should be collected in the event of a disaster, including a terrorist attack;
- (ii) chemical- or substance-specific methods of sample collection, including sampling methodologies and locations;
- (iii) chemical- or substance-specific methods of sample analysis;
- (iv) health-based threshold levels to be used and response actions to be taken in the event that thresholds are exceeded for individual chemicals or other substances;
- (v) procedures for providing monitoring results to—
 - (I) appropriate Federal, State, and local government agencies;
 - (II) appropriate response personnel; and
 - (III) the public;
- (vi) responsibilities of Federal, State, and local agencies for—
 - (I) collecting and analyzing samples;
 - (II) reporting results; and
 - (III) taking appropriate response actions; and
- (vii) capabilities and capacity within the Federal Government to conduct appropriate environmental monitoring and response in the event of a disaster, including a terrorist attack; and

(B) other issues specified by the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Administrator of the Environmental Protection Agency.

(4) Authorization of appropriations

There are authorized to be appropriated such sums as are necessary to carry out this subsection.

(Pub. L. 109-347, title VII, §709, Oct. 13, 2006, 120 Stat. 1947.)

Editorial Notes

REFERENCES IN TEXT

Section 264(c) of the Health Insurance Portability and Accountability Act of 1996, referred to in subsec. (b)(7), is section 264(c) of Pub. L. 104-191, which is set out as a note under section 1320d-2 of this title.

CODIFICATION

Section was enacted as part of the Security and Accountability For Every Port Act of 2006, also known as the SAFE Port Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 300hh-15. Volunteer Medical Reserve Corps

(a) In general

Not later than 180 days after December 19, 2006, the Secretary, in collaboration with State,

¹ So in original. Probably should be “program;”.

local, and tribal officials, shall build on State, local, and tribal programs in existence on December 19, 2006, to establish and maintain a Medical Reserve Corps (referred to in this section as the “Corps”) to provide for an adequate supply of volunteers in the case of a Federal, State, local, or tribal public health emergency. The Secretary may appoint a Director to head the Corps and oversee the activities of the Corps chapters that exist at the State, local, Tribal, and territorial levels.

(b) State, local, and tribal coordination

The Corps shall be established using existing State, local, and tribal teams and shall not alter such teams.

(c) Composition

The Corps shall be composed of individuals who—

(1)(A) are health professionals who have appropriate professional training and expertise as determined appropriate by the Director of the Corps; or

(B) are non-health professionals who have an interest in serving in an auxiliary or support capacity to facilitate access to health care services in a public health emergency;

(2) are certified in accordance with the certification program developed under subsection (d);

(3) are geographically diverse in residence;

(4) have registered and carry out training exercises with a local chapter of the Medical Reserve Corps; and

(5) indicate whether they are willing to be deployed outside the area in which they reside in the event of a public health emergency.

(d) Certification; drills

(1) Certification

The Director, in collaboration with State, local, and tribal officials, shall establish a process for the periodic certification of individuals who volunteer for the Corps, as determined by the Secretary, which shall include the completion by each individual of the core training programs developed under section 247d-6 of this title, as required by the Director. Such certification shall not supercede State licensing or credentialing requirements.

(2) Drills

In conjunction with the core training programs referred to in paragraph (1), and in order to facilitate the integration of trained volunteers into the health care system at the local level, Corps members shall engage in periodic training exercises to be carried out at the local level. Such training exercises shall, as appropriate and applicable, incorporate the needs of at-risk individuals in the event of a public health emergency.

(e) Deployment

During a public health emergency, the Secretary shall have the authority to activate and deploy willing members of the Corps to areas of need, taking into consideration the public health and medical expertise required, with the concurrence of the State, local, or tribal officials from the area where the members reside.

(f) Expenses and transportation

While engaged in performing duties as a member of the Corps pursuant to an assignment by the Secretary (including periods of travel to facilitate such assignment), members of the Corps who are not otherwise employed by the Federal Government shall be allowed travel or transportation expenses, including per diem in lieu of subsistence.

(g) Identification

The Secretary, in cooperation and consultation with the States, shall develop a Medical Reserve Corps Identification Card that describes the licensure and certification information of Corps members, as well as other identifying information determined necessary by the Secretary.

(h) Intermittent disaster-response personnel

(1) In general

For the purpose of assisting the Corps in carrying out duties under this section, during a public health emergency, the Secretary may appoint selected individuals to serve as intermittent personnel of such Corps in accordance with applicable civil service laws and regulations. In all other cases, members of the Corps are subject to the laws of the State in which the activities of the Corps are undertaken.

(2) Applicable protections

Subsections (c)(2), (d), and (e) of section 300hh-11 of this title shall apply to an individual appointed under paragraph (1) in the same manner as such subsections apply to an individual appointed under section 300hh-11(c) of this title.

(3) Limitation

State, local, and tribal officials shall have no authority to designate a member of the Corps as Federal intermittent disaster-response personnel, but may request the services of such members.

(i) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$11,200,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title XXVIII, §2813, as added Pub. L. 109-417, title III, §303(a), Dec. 19, 2006, 120 Stat. 2856; amended Pub. L. 113-5, title II, §203(b)(2), Mar. 13, 2013, 127 Stat. 175; Pub. L. 116-22, title III, §301(b), June 24, 2019, 133 Stat. 932.)

Editorial Notes

AMENDMENTS

2019—Subsec. (a). Pub. L. 116-22, §301(b)(1), substituted “The Secretary may appoint a Director to head the Corps and oversee the activities of the Corps chapters that exist at the State, local, Tribal, and territorial levels.” for “The Corps shall be headed by a Director who shall be appointed by the Secretary and shall oversee the activities of the Corps chapters that exist at the State, local, and tribal levels.”

Subsec. (i). Pub. L. 116-22, §301(b)(2), substituted “2019 through 2023” for “2014 through 2018”.

2013—Subsec. (d)(2). Pub. L. 113-5, §203(b)(2)(A), inserted at end “Such training exercises shall, as appropriate and applicable, incorporate the needs of at-risk individuals in the event of a public health emergency.”

Subsec. (i). Pub. L. 113-5, §203(b)(2)(B), substituted “\$11,200,000 for each of fiscal years 2014 through 2018” for “\$22,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011”.

§ 300hh-16. At-risk individuals

The Secretary, acting through such employee of the Department of Health and Human Services as determined by the Secretary and designated publicly (which may, at the discretion of the Secretary, involve the appointment or designation of an individual as the Director of At-Risk Individuals), shall—

(1) monitor emerging issues and concerns as they relate to medical and public health preparedness and response for at-risk individuals in the event of a public health emergency declared by the Secretary under section 247d of this title;

(2) oversee the implementation of the preparedness goals described in section 300hh-1(b) of this title with respect to the public health and medical needs of at-risk individuals in the event of a public health emergency, as described in section 300hh-1(b)(4) of this title;

(3) assist other Federal agencies responsible for planning for, responding to, and recovering from public health emergencies in addressing the needs of at-risk individuals;

(4) provide guidance to and ensure that recipients of State and local public health grants include preparedness and response strategies and capabilities that take into account the medical and public health needs of at-risk individuals in the event of a public health emergency, as described in section 247d-3a(b)(2)(A)(iii) of this title;

(5) ensure that the contents of the strategic national stockpile take into account at-risk populations as described in section 300hh-1(b)(4)(B) of this title;

(6) oversee curriculum development for the public health and medical response training program on medical management of casualties, as it concerns at-risk individuals as described in subparagraphs (A) through (C) of section 247d-6(a)(2) of this title;

(7) disseminate and, as appropriate, update novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies in as timely a manner as is practicable, including from the time a public health threat is identified;

(8) ensure that public health and medical information distributed by the Department of Health and Human Services during a public health emergency is delivered in a manner that takes into account the range of communication needs of the intended recipients, including at-risk individuals; and

(9) facilitate coordination to ensure that, in implementing the situational awareness and biosurveillance network under section 247d-4 of this title, the Secretary considers incorporating data and information from Federal, State, local, Tribal, and territorial public health officials and entities relevant to detecting emerging public health threats that may affect at-risk individuals, such as pregnant

and postpartum women and infants, including adverse health outcomes of such populations related to such emerging public health threats.

(July 1, 1944, ch. 373, title XXVIII, §2814, as added Pub. L. 109-417, title I, §102(d), Dec. 19, 2006, 120 Stat. 2834; amended Pub. L. 113-5, title I, §101(b), Mar. 13, 2013, 127 Stat. 163; Pub. L. 116-22, title III, §303(c), June 24, 2019, 133 Stat. 935.)

Editorial Notes

AMENDMENTS

2019—Par. (9). Pub. L. 116-22 added par. (9).

2013—Par. (1). Pub. L. 113-5, §101(b)(4), added par. (1). Former par. (1) redesignated (2).

Par. (2). Pub. L. 113-5, §101(b)(3), (5), redesignated par. (1) as (2) and amended it generally. Prior to amendment, par. (2) read as follows: “oversee the implementation of the National Preparedness goal of taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency, as described in section 300hh-1(b)(4) of this title;”. Former par. (2) redesignated (3).

Par. (3). Pub. L. 113-5, §101(b)(3), redesignated par. (2) as (3). Former par. (3) redesignated (4).

Par. (4). Pub. L. 113-5, §101(b)(3), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Pub. L. 113-5, §101(b)(2), substituted “300hh-1(b)(4)(B)” for “300hh-10(b)(3)(B)”.

Par. (5). Pub. L. 113-5, §101(b)(1), (3), redesignated par. (4) as (5) and struck out former par. (5) which read as follows: “oversee the progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies established under section 247d-6(b)(2) of this title and make recommendations with a focus on opportunities for action based on the work of the Committee;”.

Pars. (7), (8). Pub. L. 113-5, §101(b)(1), (6), added pars. (7) and (8) and struck out former pars. (7) and (8) which read as follows:

“(7) disseminate novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies; and

“(8) not later than one year after December 19, 2006, prepare and submit to Congress a report describing the progress made on implementing the duties described in this section.”

§ 300hh-17. Emergency response coordination of primary care providers

The Secretary, acting through Administrator¹ of the Health Resources and Services Administration, and in coordination with the Assistant Secretary for Preparedness and Response, shall

(1) provide guidance and technical assistance to health centers funded under section 254b of this title and to State and local health departments and emergency managers to integrate health centers into State and local emergency response plans and to better meet the primary care needs of populations served by health centers during public health emergencies; and

(2) encourage employees at health centers funded under section 254b of this title to participate in emergency medical response programs including the National Disaster Medical System authorized in section 300hh-11 of this title, the Volunteer Medical Reserve Corps authorized in section 300hh-15 of this title, and the Emergency System for Advance Registra-

¹ So in original. Probably should be preceded by “the”.