

109<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 4632

To provide for a Chief Medical Officer in the Office of the Secretary of  
Homeland Security, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2005

Mr. LANGEVIN (for himself, Mr. THOMPSON of Mississippi, Mr. ETHERIDGE, and Ms. JACKSON-LEE of Texas) introduced the following bill; which was referred to the Committee on Homeland Security, and in addition to the Committee on Energy and Commerce, 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

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## A BILL

To provide for a Chief Medical Officer in the Office of  
the Secretary of Homeland Security, 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 “Chief Medical Officer  
5       Authorization Act of 2005”.

6       **SEC. 2. CHIEF MEDICAL OFFICER.**

7       (a) ESTABLISHMENT.—Title V of the Homeland Se-  
8       curity Act of 2002 (6 U.S.C. 311 et seq.) is amended—

1           (1) by redesignating the second section 510 as  
2           section 511; and

3           (2) by adding at the end the following:

4   **“SEC. 512. CHIEF MEDICAL OFFICER.**

5           “(a) CHIEF MEDICAL OFFICER.—There is in the Of-  
6   fice of the Secretary of Homeland Security a Chief Med-  
7   ical Officer who shall be an Under Secretary.

8           “(b) GENERAL RESPONSIBILITIES.—Subject to the  
9   direction and control of the Secretary, the responsibilities  
10   of the Chief Medical Officer shall include the following:

11           “(1) To report directly to the Secretary regard-  
12   ing all matters pertaining to the responsibilities list-  
13   ed in this section.

14           “(2) To act as an advisor to the Secretary re-  
15   garding medically-related issues to ensure the accu-  
16   racy of medical messages delivered by the Secretary  
17   and contribute to important decisions being made by  
18   the Secretary that have a foundation in medicine,  
19   medical treatment, or medical response.

20           “(3) To inform the public on medically-related  
21   homeland security issues, including threats and risk  
22   assessment, preparation, and response, and to pro-  
23   vide information on how the public can best protect  
24   itself from such threats.

1           “(4) In consultation with the Secretary of  
2           Health and Human Services, to develop standards,  
3           prepare plans, and evaluate training programs for  
4           emergency medical personnel related to disaster pre-  
5           paredness and to make those findings available to  
6           the Congress and to the emergency medical provider  
7           community.

8           “(5) In consultation with the Assistant Sec-  
9           retary for Grants and Training, to be responsible for  
10          the oversight and management of the Metropolitan  
11          Medical Response System.

12          “(6) To develop and update guidelines to be  
13          distributed to local authorities for medical plans to  
14          respond to natural disasters, industrial or transpor-  
15          tation accidents, or intentional attacks on the United  
16          States involving conventional or unconventional  
17          weapons.

18          “(7) To promote the development of mutual aid  
19          agreements to ensure the effective cooperation of ci-  
20          vilian medical providers and facilities, including the  
21          development of intraregional and interregional co-  
22          ordination plans, interoperable equipment, standard-  
23          ized practices and procedures (including electronic  
24          systems to track patients transported from one loca-

1       tion to another), and robust intraregional and inter-  
2       regional exercises.

3           “(8) In consultation with the Director of the  
4       Office of Science and Technology, to coordinate  
5       medically-related research and development pro-  
6       grams of the Department of Homeland Security with  
7       research and development programs of other Federal  
8       departments and agencies, and with other entities.

9           “(9) To perform such other duties relating to  
10      the responsibilities described in this subsection as  
11      the Secretary may provide.

12      “(c) RESPONSIBILITIES REGARDING NATIONAL RE-  
13      SPONSE PLAN.—Subject to the direction and control of  
14      the Secretary, the responsibilities of the Chief Medical Of-  
15      ficer regarding the National Response Plan created pursu-  
16      ant to Homeland Security Presidential Directive 5 (and  
17      any successor plan) shall include the following:

18           “(1) To direct the operational elements of the  
19      National Disaster Medical System response to an in-  
20      cident of national significance, including by coordi-  
21      nating the activities of the Department of Homeland  
22      Security with the activities of the Department of De-  
23      fense, the Department of Health and Human Serv-  
24      ices, the Department of Veterans Affairs, and any  
25      other relevant Federal departments and agencies.

1           “(2) To submit a report to the Congress, not  
2 later than 6 months after the date of the enactment  
3 of this section, on the viability of expanding the Na-  
4 tional Disaster Medical System by adding a full-  
5 time, ready-to-deploy component and maintaining  
6 the existing system as a reserve component.

7           “(3) In consultation with the Secretary of  
8 Health and Human Services, to ensure that the Na-  
9 tional Response Plan includes a plan to rapidly de-  
10 liver medical supplies from the Strategic National  
11 Stockpile to the site of a natural disaster, industrial  
12 or transportation accident, or intentional attack on  
13 the United States involving conventional or uncon-  
14 ventional weapons, and to acquire the transpor-  
15 tation, logistical, and other assets necessary to carry  
16 out the plan.

17           “(4) In cooperation with the Assistant Sec-  
18 retary for Infrastructure Protection, to ensure that  
19 plans are in place to ensure the continued func-  
20 tioning of the Nation’s critical infrastructure in the  
21 event of a biological incident as defined in the Bio-  
22 logical Incident Annex of the National Response  
23 Plan.

24           “(5) To submit to the Congress, within 30 days  
25 after the date of the enactment of this section—

1           “(A) an analysis of conflicts among the  
2           Homeland Security Act of 2002, Homeland Se-  
3           curity Presidential Directive 10, and the Na-  
4           tional Response Plan and its annexes as to the  
5           respective authorities and responsibilities of the  
6           Department of Homeland Security and the De-  
7           partment of Health and Human Services, when  
8           responding to a biological or medical disaster,  
9           especially if the disaster is declared an incident  
10          of national significance as defined in the Na-  
11          tional Response Plan; and

12           “(B) recommendations on appropriate stat-  
13          utory or other policy changes to address such  
14          conflicts.

15          “(d)   RESPONSIBILITIES   REGARDING   NATIONAL  
16   MEDICAL SURGE CAPACITY.—Subject to the direction and  
17   control of the Secretary, the responsibilities of the Chief  
18   Medical Officer regarding national medical surge capacity  
19   shall include the following:

20           “(1) To conduct periodic assessments of the  
21          needs and capabilities of emergency medical pro-  
22          viders, including governmental and nongovernmental  
23          providers, and to make the findings of such assess-  
24          ments available to the Congress and to the emer-  
25          gency medical provider community.

1           “(2) To conduct surveys, not later than 90 days  
2 after the date of the enactment of this section and  
3 periodically thereafter, on the number of emergency  
4 medical personnel, the number of available hospitals  
5 beds (especially emergency and isolation bed space),  
6 and the production capacity of the United States to  
7 make vaccines, medicines, and medical supplies, and  
8 to make the findings of such surveys available to the  
9 Congress and to the emergency medical provider  
10 community.

11           “(3) Consistent with the findings of the surveys  
12 conducted under paragraph (2), and in consultation  
13 with the Secretary of Health and Human Services  
14 and the Director of the Centers for Disease Control  
15 and Prevention, to ensure that the health care sys-  
16 tem of the United States is ready to respond to an  
17 incident of national significance, including natural  
18 disasters, industrial or transportation accidents, or  
19 intentional attacks on the United States involving  
20 conventional or unconventional weapons.

21           “(4) To focus Federal resources on developing  
22 a national medical surge capacity, including by—

23           “(A) integrating and coordinating the as-  
24 sets of the Department of Homeland Security  
25 with the assets of the Department of Defense,

1 the Department of Health and Human Services,  
2 and the Department of Veterans Affairs;

3 “(B) seeking to acquire and use private  
4 and government hospitals that have or will be  
5 closed, including hospitals that close because of  
6 the closure and realignment of military installa-  
7 tions; and

8 “(C) in partnership with State and local  
9 authorities, generating and disseminating emer-  
10 gency backup plans for treatment and housing  
11 sick or injured citizens if hospital space is un-  
12 available, including identification of sites, num-  
13 ber of patients who can be treated there, and  
14 medical staff and equipment necessary to use  
15 the site as an emergency treatment facility.

16 “(e) RESPONSIBILITIES REGARDING PROJECT BIO-  
17 SHIELD.—Subject to the direction and control of the Sec-  
18 retary, the responsibilities of the Chief Medical Officer re-  
19 garding Project BioShield shall include the following:

20 “(1) To ensure the rapid completion of material  
21 threat assessments and material threat determina-  
22 tions and any other responsibilities incumbent upon  
23 the Department of Homeland Security for Project  
24 BioShield.

1           “(2) To consult with the Department of Health  
2           and Human Services regarding requests for the re-  
3           lease of information, requests for proposals, and the  
4           award of contracts pursuant to such requests by the  
5           Department of Health and Human Services under  
6           Project BioShield.

7           “(3) To serve as one of the representatives  
8           from the Department of Homeland Security on the  
9           Weapons of Mass Destruction Medical Counter-  
10          measures Subcommittee of the National Science and  
11          Technology Council and the Office of Science and  
12          Technology Policy in the Executive Office of the  
13          President.”.

14          (b) CLERICAL AMENDMENT.—The table of contents  
15          in section 1(b) of the Homeland Security Act of 2002 is  
16          amended by adding after the items relating to section 509  
17          the following:

“Sec. 510. Procurement of security countermeasures for strategic national  
stockpile.

“Sec. 511. Urban and other high risk area communications capabilities.

“Sec. 512. Chief Medical Officer.”.

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