

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 6347

To provide for the protection of health and safety during certain disasters.

---

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 5, 2006

Mr. BARTON of Texas introduced the following bill; which was referred to the  
Committee on Energy and Commerce

---

## A BILL

To provide for the protection of health and safety during  
certain disasters.

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. PROTECTION OF HEALTH AND SAFETY DURING**  
4       **DISASTERS.**

5       (a) DEFINITIONS.—In this section:

6               (1) CERTIFIED MONITORING PROGRAM.—The  
7       term “certified monitoring program” means a med-  
8       ical monitoring program—

9               (A) in which a participating responder is a  
10       participant as a condition of the employment of  
11       such participating responder; and

1 (B) that the Secretary of Health and  
2 Human Services certifies includes an adequate  
3 baseline medical screening.

4 (2) DISASTER AREA.—The term “disaster area”  
5 means an area in which the President has declared  
6 a major disaster (as that term is defined in section  
7 102 of the Robert T. Stafford Disaster Relief and  
8 Emergency Assistance Act (42 U.S.C. 5122)), dur-  
9 ing the period of such declaration.

10 (3) HIGH EXPOSURE LEVEL.—The term “high  
11 exposure level” means a level of exposure to a sub-  
12 stance of concern that is for such a duration, or of  
13 such a magnitude, that adverse effects on human  
14 health can be reasonably expected to occur, as deter-  
15 mined by the President, acting through the Sec-  
16 retary of Health and Human Services, in accordance  
17 with human monitoring or environmental or other  
18 appropriate indicators.

19 (4) INDIVIDUAL.—The term “individual” in-  
20 cludes—

21 (A) a worker or volunteer who responds to  
22 a disaster, either natural or manmade, involving  
23 any mode of transportation in the United  
24 States or disrupting the transportation system  
25 of the United States, including—

1 (i) a police officer;  
2 (ii) a firefighter;  
3 (iii) an emergency medical technician;  
4 (iv) any participating member of an  
5 urban search and rescue team; and

6 (v) any other relief or rescue worker  
7 or volunteer that the President, acting  
8 through the Secretary of Health and  
9 Human Services, determines to be appro-  
10 priate;

11 (B) a worker who responds to a disaster,  
12 either natural or manmade, involving any mode  
13 of transportation in the United States or dis-  
14 rupting the transportation system of the United  
15 States, by assisting in the cleanup or restora-  
16 tion of critical infrastructure in and around a  
17 disaster area;

18 (C) a person whose place of residence is in  
19 a disaster area, caused by either a natural or  
20 manmade disaster involving any mode of trans-  
21 portation in the United States or disrupting the  
22 transportation system of the United States;

23 (D) a person who is employed in or attends  
24 school, child care, or adult day care in a build-  
25 ing located in a disaster area, caused by either

1 a natural or manmade disaster involving any  
2 mode of transportation in the United States or  
3 disrupting the transportation system of the  
4 United States, of the United States; and

5 (E) any other person that the President,  
6 acting through the Secretary of Health and  
7 Human Services, determines to be appropriate.

8 (5) PARTICIPATING RESPONDER.—The term  
9 “participating responder” means an individual de-  
10 scribed in paragraph (4)(A).

11 (6) PROGRAM.—The term “program” means a  
12 program described in subsection (b) that is carried  
13 out for a disaster area.

14 (7) SUBSTANCE OF CONCERN.—The term “sub-  
15 stance of concern” means a chemical or other sub-  
16 stance that is associated with potential acute or  
17 chronic human health effects, the risk of exposure to  
18 which could potentially be increased as the result of  
19 a disaster, as determined by the President, acting  
20 through the Secretary of Health and Human Serv-  
21 ices, and in coordination with the Agency for Toxic  
22 Substances and Disease Registry, the Environmental  
23 Protection Agency, the Centers for Disease Control  
24 and Prevention, the National Institutes of Health,  
25 the Federal Emergency Management Agency, the

1 Occupational Health and Safety Administration, and  
2 other agencies.

3 (b) PROGRAM.—

4 (1) IN GENERAL.—If the President, acting  
5 through the Secretary of Health and Human Serv-  
6 ices, determines that 1 or more substances of con-  
7 cern are being, or have been, released in an area de-  
8 clared to be a disaster area and disrupts the trans-  
9 portation system of the United States, the Presi-  
10 dent, acting through the Secretary of Health and  
11 Human Services, may carry out a program for the  
12 coordination, protection, assessment, monitoring,  
13 and study of the health and safety of individuals  
14 with high exposure levels to ensure that—

15 (A) the individuals are adequately in-  
16 formed about and protected against potential  
17 health impacts of any substance of concern in  
18 a timely manner;

19 (B) the individuals are monitored and  
20 studied over time, including through baseline  
21 and followup clinical health examinations, for—

22 (i) any short- and long-term health  
23 impacts of any substance of concern; and

24 (ii) any mental health impacts;

1 (C) the individuals receive health care re-  
2 ferrals as needed and appropriate; and

3 (D) information from any such monitoring  
4 and studies is used to prevent or protect  
5 against similar health impacts from future dis-  
6 asters.

7 (2) ACTIVITIES.—A program under paragraph  
8 (1) may include such activities as—

9 (A) collecting and analyzing environmental  
10 exposure data;

11 (B) developing and disseminating informa-  
12 tion and educational materials;

13 (C) performing baseline and followup clin-  
14 ical health and mental health examinations and  
15 taking biological samples;

16 (D) establishing and maintaining an expo-  
17 sure registry;

18 (E) studying the short- and long-term  
19 human health impacts of any exposures through  
20 epidemiological and other health studies; and

21 (F) providing assistance to individuals in  
22 determining eligibility for health coverage and  
23 identifying appropriate health services.

24 (3) TIMING.—To the maximum extent prac-  
25 ticable, activities under any program carried out

1 under paragraph (1) (including baseline health ex-  
2 aminations) shall be commenced in a timely manner  
3 that will ensure the highest level of public health  
4 protection and effective monitoring.

5 (4) PARTICIPATION IN REGISTRIES AND STUD-  
6 IES.—

7 (A) IN GENERAL.—Participation in any  
8 registry or study that is part of a program car-  
9 ried out under paragraph (1) shall be voluntary.

10 (B) PROTECTION OF PRIVACY.—The Presi-  
11 dent, acting through the Secretary of Health  
12 and Human Services, shall take appropriate  
13 measures to protect the privacy of any partici-  
14 pant in a registry or study described in sub-  
15 paragraph (A).

16 (C) PRIORITY.—

17 (i) IN GENERAL.—Except as provided  
18 in clause (ii), the President, acting through  
19 the Secretary of Health and Human Serv-  
20 ices, shall give priority in any registry or  
21 study described in subparagraph (A) to the  
22 protection, monitoring and study of the  
23 health and safety of individuals with the  
24 highest level of exposure to a substance of  
25 concern.

1                   (ii)           MODIFICATIONS.—Notwith-  
2                   standing clause (i), the President, acting  
3                   through the Secretary of Health and  
4                   Human Services, may modify the priority  
5                   of a registry or study described in subpara-  
6                   graph (A), if the President, acting through  
7                   the Secretary of Health and Human Serv-  
8                   ices, determines such modification to be  
9                   appropriate.

10               (5) COOPERATIVE AGREEMENTS.—

11                   (A) IN GENERAL.—The President, acting  
12                   through the Secretary of Health and Human  
13                   Services, may carry out a program under para-  
14                   graph (1) through a cooperative agreement with  
15                   a medical institution, including a local health  
16                   department, or a consortium of medical institu-  
17                   tions.

18                   (B) SELECTION CRITERIA.—To the max-  
19                   imum extent practicable, the President, acting  
20                   through the Secretary of Health and Human  
21                   Services, shall select, to carry out a program  
22                   under paragraph (1), a medical institution or a  
23                   consortium of medical institutions that—

24                               (i) is located near—

1 (I) the disaster area with respect  
2 to which the program is carried out;  
3 and

4 (II) any other area in which  
5 there reside groups of individuals that  
6 worked or volunteered in response to  
7 the disaster; and

8 (ii) has appropriate experience in the  
9 areas of environmental or occupational  
10 health, toxicology, and safety, including ex-  
11 perience in—

12 (I) developing clinical protocols  
13 and conducting clinical health exami-  
14 nations, including mental health as-  
15 sessments;

16 (II) conducting long-term health  
17 monitoring and epidemiological stud-  
18 ies;

19 (III) conducting long-term men-  
20 tal health studies; and

21 (IV) establishing and maintain-  
22 ing medical surveillance programs and  
23 environmental exposure or disease  
24 registries.

25 (6) INVOLVEMENT.—

1 (A) IN GENERAL.—In carrying out a pro-  
2 gram under paragraph (1), the President, act-  
3 ing through the Secretary of Health and  
4 Human Services, shall involve interested and af-  
5 fected parties, as appropriate, including rep-  
6 resentatives of—

7 (i) Federal, State, and local govern-  
8 ment agencies;

9 (ii) groups of individuals that worked  
10 or volunteered in response to the disaster  
11 in the disaster area;

12 (iii) local residents, businesses, and  
13 schools (including parents and teachers);

14 (iv) health care providers;

15 (v) faith based organizations; and

16 (vi) other organizations and persons.

17 (B) COMMITTEES.—Involvement under  
18 subparagraph (A) may be provided through the  
19 establishment of an advisory or oversight com-  
20 mittee or board.

21 (7) PRIVACY.—The President, acting through  
22 the Secretary of Health and Human Services, shall  
23 carry out each program under paragraph (1) in ac-  
24 cordance with regulations relating to privacy promul-  
25 gated under section 264(c) of the Health Insurance

1 Portability and Accountability Act of 1996 (42  
2 U.S.C. 1320d–2 note; Public Law 104–191).

3 (8) EXISTING PROGRAMS.—In carrying out a  
4 program under paragraph (1), the President, acting  
5 through the Secretary of Health and Human Serv-  
6 ices, may—

7 (A) include the baseline clinical health ex-  
8 amination of a participating responder under a  
9 certified monitoring programs; and

10 (B) substitute the baseline clinical health  
11 examination of a participating responder under  
12 a certified monitoring program for a baseline  
13 clinical health examination under paragraph  
14 (1).

15 (c) REPORTS.—Not later than 1 year after the estab-  
16 lishment of a program under subsection (b)(1), and every  
17 5 years thereafter, the President, acting through the Sec-  
18 retary of Health and Human Services, or the medical in-  
19 stitution or consortium of such institutions having entered  
20 into a cooperative agreement under subsection (b)(5), may  
21 submit a report to the Secretary of Homeland Security,  
22 the Secretary of Labor, the Administrator of the Environ-  
23 mental Protection Agency, and appropriate committees of  
24 Congress describing the programs and studies carried out  
25 under the program.

1 (d) NATIONAL ACADEMY OF SCIENCES REPORT ON  
2 DISASTER AREA HEALTH AND ENVIRONMENTAL PROTEC-  
3 TION AND MONITORING.—

4 (1) IN GENERAL.—The Secretary of Health and  
5 Human Services, the Secretary of Homeland Secu-  
6 rity, and the Administrator of the Environmental  
7 Protection Agency shall jointly enter into a contract  
8 with the National Academy of Sciences to conduct a  
9 study and prepare a report on disaster area health  
10 and environmental protection and monitoring.

11 (2) PARTICIPATION OF EXPERTS.—The report  
12 under paragraph (1) shall be prepared with the par-  
13 ticipation of individuals who have expertise in—

14 (A) environmental health, safety, and med-  
15 icine;

16 (B) occupational health, safety, and medi-  
17 cine;

18 (C) clinical medicine, including pediatrics;

19 (D) environmental toxicology;

20 (E) epidemiology;

21 (F) mental health;

22 (G) medical monitoring and surveillance;

23 (H) environmental monitoring and surveil-  
24 lance;

25 (I) environmental and industrial hygiene;

1 (J) emergency planning and preparedness;

2 (K) public outreach and education;

3 (L) State and local health departments;

4 (M) State and local environmental protec-  
5 tion departments;

6 (N) functions of workers that respond to  
7 disasters, including first responders;

8 (O) public health; and

9 (P) family services, such as counseling and  
10 other disaster-related services provided to fami-  
11 lies.

12 (3) CONTENTS.—The report under paragraph  
13 (1) shall provide advice and recommendations re-  
14 garding protecting and monitoring the health and  
15 safety of individuals potentially exposed to any  
16 chemical or other substance associated with potential  
17 acute or chronic human health effects as the result  
18 of a disaster, including advice and recommendations  
19 regarding—

20 (A) the establishment of protocols for mon-  
21 itoring and responding to chemical or substance  
22 releases in a disaster area to protect public  
23 health and safety, including—

24 (i) chemicals or other substances for  
25 which samples should be collected in the

- 1 event of a disaster, including a terrorist at-  
2 tack;
- 3 (ii) chemical- or substance-specific  
4 methods of sample collection, including  
5 sampling methodologies and locations;
- 6 (iii) chemical- or substance-specific  
7 methods of sample analysis;
- 8 (iv) health-based threshold levels to be  
9 used and response actions to be taken in  
10 the event that thresholds are exceeded for  
11 individual chemicals or other substances;
- 12 (v) procedures for providing moni-  
13 toring results to—
- 14 (I) appropriate Federal, State,  
15 and local government agencies;
- 16 (II) appropriate response per-  
17 sonnel; and
- 18 (III) the public;
- 19 (vi) responsibilities of Federal, State,  
20 and local agencies for—
- 21 (I) collecting and analyzing sam-  
22 ples;
- 23 (II) reporting results; and
- 24 (III) taking appropriate response  
25 actions; and

1                   (vii) capabilities and capacity within  
2                   the Federal Government to conduct appro-  
3                   priate environmental monitoring and re-  
4                   sponse in the event of a disaster, including  
5                   a terrorist attack; and

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

10                  (4) AUTHORIZATION OF APPROPRIATIONS.—

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

○