

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

# H. R. 1805

To amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to provide for the health and safety of certain volunteers and workers in disaster areas, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 29, 2007

Mr. JEFFERSON introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, 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 amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to provide for the health and safety of certain volunteers and workers in disaster areas, 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 “Strengthening Public  
5 Health Protections in Major Disasters and Emergencies  
6 Act of 2007”.

1 **SEC. 2. PROTECTION OF HEALTH AND SAFETY OF INDIVID-**  
2 **UALS IN A DISASTER AREA.**

3 Title IV of the Robert T. Stafford Disaster Relief and  
4 Emergency Assistance Act is amended by inserting after  
5 section 408 (42 U.S.C. 5174) the following:

6 **“SEC. 409. PROTECTION OF HEALTH AND SAFETY OF INDI-**  
7 **VIDUALS IN DISASTER AREA.**

8 “(a) DEFINITIONS.—In this section, the following  
9 definitions apply:

10 “(1) INDIVIDUAL.—The term ‘individual’ in-  
11 cludes—

12 “(A) a worker or volunteer who responded  
13 to Hurricane Katrina or Hurricane Rita or re-  
14 sponds to a major disaster or emergency, in-  
15 cluding—

16 “(i) a police officer;

17 “(ii) a firefighter;

18 “(iii) an emergency medical techni-  
19 cian;

20 “(iv) any participating member of an  
21 urban search and rescue team; and

22 “(v) any other relief or rescue worker  
23 or volunteer that the President determines  
24 to be appropriate;

25 “(B) a worker who responds to a disaster  
26 by assisting in the cleanup or restoration of

1 critical infrastructure in and around a disaster  
2 area;

3 “(C) a person whose place of residence is  
4 in a disaster area;

5 “(D) a person who is employed in or at-  
6 tends school, child care, or adult day care in a  
7 building located in a disaster area; and

8 “(E) any other person that the President  
9 determines to be appropriate.

10 “(2) MEDICAL INSTITUTION.—The term ‘med-  
11 ical institution’ includes a hospital facility (as such  
12 term is defined in section 391 of the Energy Policy  
13 Conservation Act (42 U.S.C. 6371) and an accred-  
14 ited public or nonprofit school of medicine.

15 “(3) PROGRAM.—The term ‘program’ means a  
16 program described in subsection (b) that is carried  
17 out for a disaster area.

18 “(4) SUBSTANCE OF CONCERN.—The term  
19 ‘substance of concern’ means a chemical or other  
20 substance that is associated with potential acute or  
21 chronic human health effects, the risk of exposure to  
22 which could potentially be increased as the result of  
23 a disaster, as determined by the President.

24 “(b) PROGRAM.—

1           “(1) IN GENERAL.—If the President determines  
2           that 1 or more substances of concern are being, or  
3           have been, released in an area declared to be a  
4           major disaster area under this Act, the President  
5           may carry out a program for the protection, assess-  
6           ment, monitoring, and study of the health and safety  
7           of individuals to ensure that—

8                   “(A) the individuals are adequately in-  
9                   formed about and protected against potential  
10                  health impacts of any substance of concern and  
11                  potential mental health impacts in a timely  
12                  manner;

13                  “(B) the individuals are monitored and  
14                  studied over time, including through baseline  
15                  and follow-up clinical health examinations,  
16                  for—

17                          “(i) any short- and long-term health  
18                          impacts of any substance of concern; and

19                          “(ii) any mental health impacts;

20                  “(C) the individuals receive health care re-  
21                  ferrals as needed and appropriate; and

22                  “(D) information from any such moni-  
23                  toring and studies is used to prevent or protect  
24                  against similar health impacts from future dis-  
25                  asters.

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

3           “(A) collecting and analyzing environ-  
4 mental exposure data;

5           “(B) developing and disseminating infor-  
6 mation and educational materials;

7           “(C) performing baseline and follow-up  
8 clinical health and mental health examinations  
9 and taking biological samples;

10          “(D) establishing and maintaining an ex-  
11 posure registry;

12          “(E) studying the short- and long-term  
13 human health impacts of any exposures through  
14 epidemiological and other health studies; and

15          “(F) providing assistance to individuals in  
16 determining eligibility for health coverage and  
17 identifying appropriate health services.

18          “(3) TIMING.—To the maximum extent prac-  
19 ticable, activities under any program established  
20 under paragraph (1) (including baseline health ex-  
21 aminations) shall be commenced in a timely manner  
22 that will ensure the highest level of public health  
23 protection and effective monitoring.

24          “(4) PARTICIPATION IN REGISTRIES AND STUD-  
25 IES.—

1           “(A) IN GENERAL.—Participation in any  
2 registry or study that is part of a program  
3 under paragraph (1) shall be voluntary.

4           “(B) PROTECTION OF PRIVACY.—The  
5 President shall take appropriate measures to  
6 protect the privacy of any participant in a reg-  
7 istry or study described in subparagraph (A).

8           “(5) COOPERATIVE AGREEMENTS.—

9           “(A) IN GENERAL.—The President may  
10 carry out a program under paragraph (1)  
11 through a cooperative agreement with a medical  
12 institution, including a local health department,  
13 or a consortium of medical institutions.

14           “(B) SELECTION CRITERIA.—To the max-  
15 imum extent practicable, the President shall se-  
16 lect to carry out a program under paragraph  
17 (1) a medical institution or a consortium of  
18 medical institutions that—

19                   “(i) is located near—

20                           “(I) the disaster area with re-  
21 spect to which the program is carried  
22 out; and

23                           “(II) any other area in which  
24 there reside groups of individuals that

1 worked or volunteered in response to  
2 the disaster; and

3 “(ii) has appropriate experience in the  
4 areas of environmental or occupational  
5 health, toxicology, and safety, including ex-  
6 perience in—

7 “(I) developing clinical protocols  
8 and conducting clinical health exami-  
9 nations, including mental health as-  
10 sements;

11 “(II) conducting long-term health  
12 monitoring and epidemiological stud-  
13 ies;

14 “(III) conducting long-term men-  
15 tal health studies; and

16 “(IV) establishing and maintain-  
17 ing medical surveillance programs and  
18 environmental exposure or disease  
19 registries.

20 “(6) INVOLVEMENT.—

21 “(A) IN GENERAL.—In establishing and  
22 maintaining a program under paragraph (1),  
23 the President shall involve interested and af-  
24 fected parties, as appropriate, including rep-  
25 resentatives of—

1 “(i) Federal, State, and local govern-  
2 ment agencies;

3 “(ii) groups of individuals that worked  
4 or volunteered in response to the disaster  
5 in the disaster area;

6 “(iii) local residents, businesses, and  
7 schools (including parents and teachers);

8 “(iv) health care providers; and

9 “(v) other organizations and persons.

10 “(B) COMMITTEES.—Involvement under  
11 subparagraph (A) may be provided through the  
12 establishment of an advisory or oversight com-  
13 mittee or board.

14 “(7) PRIVACY.—The President shall carry out  
15 each program under paragraph (1) in accordance  
16 with regulations relating to privacy promulgated  
17 under section 264(c) of the Health Insurance Port-  
18 ability and Accountability Act of 1996 (42 U.S.C.  
19 11320d–2 note; Public Law 104–191).

20 “(c) REPORTS.—Not later than 1 year after the es-  
21 tablishment of a program under subsection (b)(1), and  
22 every 5 years thereafter, the President, or the medical in-  
23 stitution or consortium of such institutions having entered  
24 into a cooperative agreement under subsection (b)(5),  
25 shall submit to the Secretary of Homeland Security, the

1 Secretary of Health and Human Services, the Secretary  
2 of Labor, the Administrator of the Environmental Protec-  
3 tion Agency, and appropriate committees of Congress a  
4 report on programs and studies carried out under the pro-  
5 gram.”.

6 **SEC. 3. NATIONAL ACADEMY OF SCIENCES REPORT ON**  
7 **HURRICANE KATRINA AND RITA DISASTER**  
8 **AREA HEALTH AND ENVIRONMENTAL PRO-**  
9 **TECTION AND MONITORING.**

10 (a) IN GENERAL.—The Secretary of Homeland Secu-  
11 rity, the Secretary of Health and Human Services, and  
12 the Administrator of the Environmental Protection Agen-  
13 cy shall jointly enter into a contract with the National  
14 Academy of Sciences to conduct a study and prepare a  
15 report on disaster area health and environmental protec-  
16 tion and monitoring.

17 (b) EXPERTISE.—The report under subsection (a)  
18 shall be prepared with the participation of individuals who  
19 have expertise in—

- 20 (1) environmental health, safety, and medicine;
- 21 (2) occupational health, safety, and medicine;
- 22 (3) clinical medicine, including pediatrics;
- 23 (4) toxicology;
- 24 (5) epidemiology;
- 25 (6) mental health;

- 1 (7) medical monitoring and surveillance;
- 2 (8) environmental monitoring and surveillance;
- 3 (9) environmental and industrial hygiene;
- 4 (10) emergency planning and preparedness;
- 5 (11) public outreach and education;
- 6 (12) State and local health departments;
- 7 (13) State and local environmental protection
- 8 departments;
- 9 (14) functions of workers that respond to disas-
- 10 ters, including first responders;
- 11 (15) public health and family services;
- 12 (16) environmental justice; and
- 13 (17) health and health care disparities.

14 (c) CONTENTS.—The report under subsection (a)  
15 shall provide advice and recommendations regarding pro-  
16 tecting and monitoring the health and safety of individuals  
17 potentially exposed to any chemical or other substance as-  
18 sociated with potential acute or chronic human health ef-  
19 fects as the result of a disaster, including advice and rec-  
20 ommendations regarding—

21 (1) the establishment of protocols for the moni-  
22 toring of and response to chemical or substance re-  
23 leases in a disaster area for the purpose of pro-  
24 tecting public health and safety, including—

1 (A) chemicals or other substances for  
2 which samples should be collected in the event  
3 of a disaster, including a terrorist attack;

4 (B) chemical- or substance-specific meth-  
5 ods of sample collection, including sampling  
6 methodologies and locations;

7 (C) chemical- or substance-specific meth-  
8 ods of sample analysis;

9 (D) health-based threshold levels to be  
10 used and response actions to be taken in the  
11 event that thresholds are exceeded for indi-  
12 vidual chemicals or other substances;

13 (E) procedures for providing monitoring  
14 results to—

15 (i) appropriate Federal, State, and  
16 local government agencies;

17 (ii) appropriate response personnel;

18 and

19 (iii) the public;

20 (F) responsibilities of Federal, State and  
21 local agencies for—

22 (i) collecting and analyzing samples;

23 (ii) reporting results; and

24 (iii) taking appropriate response ac-  
25 tions; and

1 (G) capabilities and capacity within the  
2 Federal Government to conduct appropriate en-  
3 vironmental monitoring and response in the  
4 event of a disaster, including a terrorist attack;  
5 and

6 (2) other issues as specified by the Secretary of  
7 Homeland Security, the Secretary of Health and  
8 Human Services, and the Administrator of the Envi-  
9 ronmental Protection Agency.

10 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated such sums as are nec-  
12 essary to carry out this section.

13 **SEC. 4. PREDISASTER HAZARD MITIGATION.**

14 Section 203(m) of the Robert T. Stafford Disaster  
15 Relief and Emergency Assistance Act (42 U.S.C.  
16 5133(m)) is amended by striking “December 31, 2008”  
17 and inserting “September 30, 2010”.

18 **SEC. 5. PREVENTIVE HEALTH SERVICES BLOCK GRANTS;**

19 **USE OF ALLOTMENTS.**

20 Section 1904(a)(1) of the Public Health Service Act  
21 (42 U.S.C. 300w-3(a)(1)) is amended—

22 (1) in subparagraph (G)—

23 (A) by striking “through (F)” and insert-  
24 ing “through (G)”; and

1 (B) by redesignating such subparagraph as  
2 subparagraph (H); and

3 (2) by inserting after subparagraph (F), the fol-  
4 lowing:

5 “(G) Community outreach and education  
6 programs and other activities designed to ad-  
7 dress and prevent health and health care dis-  
8 parities.”.

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