

**AMENDMENT TO H.R. 3525**

**OFFERED BY MS. UNDERWOOD OF ILLINOIS**

Page 2, line 1, insert “, with priority given to children who have not yet attained the age of 18,” after “individuals”.

Page 2, line 3, strike “of such interdiction” and insert “after such interdiction, or six hours in the case of a high priority individual. Such screening should be conducted by a medical professional and should be developed in collaboration with non-governmental experts in the delivery of health care in humanitarian crises and in the delivery of health care to children.”.

Page 2, line 7, insert “in-person” after “initial”.

Page 2, line 13, insert “(including a list of confiscated medications and whether such have been replaced)” after “current medications”.

Page 2, line 16, insert the following:

1                   “(D) A physical examination that includes  
2                   the screening of vital signs such as body tem-  
3                   perature, pulse rate, and blood pressure.”.

Page 2, line 23, insert the following:

1           “(4) Review by a medical professional of any  
2           prescribed medication that is in the detainee’s pos-  
3           session or that was confiscated upon arrival to deter-  
4           mine if such medication may be kept by such de-  
5           tainee for use during detention, properly stored with  
6           appropriate access for use during detention, or  
7           maintained with a detainee’s personal property.

8           “(5) Chaperones for the physical examination of  
9           minors, including, as appropriate, the parent, legal  
10          guardian, or the such minors’ closest present adult  
11          relative, or a U.S. Border Patrol agent of the same  
12          gender.

13          “(c) PEDIATRIC EXPERTISE.—A pediatric medical  
14          expert shall be on site in every U.S. Border Patrol sector,  
15          including at U.S. Border Patrol processing centers and at  
16          U.S. Border Patrol facilities at which 20 percent or more  
17          of detained individuals over the immediately preceding six  
18          month period are minors. The Chief of the U.S. Border  
19          Patrol shall prepare a plan to deploy in-person or tech-  
20          nology-facilitated medical consultation with a licensed  
21          medical professional to U.S. Border Patrol facilities that  
22          experience an increase in apprehensions of children great-  
23          er than 10 percent over the preceding 60 days.

24          “(d) DEFINITION.—In this section, the term ‘high  
25          priority individual’ means an individual who self-identifies

1 as having a medical condition needing prompt attention,  
2 exhibits signs of acute illness, is pregnant, is a child, or  
3 is elderly.”.

Page 3, line 6, insert the following:

4 (b) RULE OF CONSTRUCTION.—Nothing in this sec-  
5 tion or the amendment made by this section may be con-  
6 strued as authorizing U.S. Customs and Border Protec-  
7 tion to detain individuals for longer than 72 hours.

Page 4, line 7, insert “and non-governmental ex-  
perts” after “expertise”.

Page 4, line 8, strike “expertise in”.

Strike page 4, line 18, to end, and insert new section 4

#### **SEC. 4. ELECTRONIC HEALTH RECORDS IMPLEMENTATION**

In General.—Not later than 30 days after the date of enactment of this Act, the Chief Information Officer of the Department of Homeland Security, in coordination with the Chief Medical Officer, shall establish within the Department an electronic health record system that can be accessed by all Departmental components operating along the borders of the United States for individuals in their custody.

Not later than 120 days after the implementation of the electronic health records system, the Chief Information Officer, in coordination with the Chief Medical Officer, will conduct an assessment of the current system to determine system capacity for improvement and interoperability.