116TH CONGRESS
1ST SESSION

H. R. 3525

To amend the Homeland Security Act of 2002 to direct the Commissioner of U.S. Customs and Border Protection to establish uniform processes for medical screening of individuals interdicted between ports of entry, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES
JUNE 27, 2019

Ms. UNDERWOOD introduced the following bill; which was referred to the Committee on Homeland Security

A BILL
To amend the Homeland Security Act of 2002 to direct the Commissioner of U.S. Customs and Border Protection to establish uniform processes for medical screening of individuals interdicted between ports of entry, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “U.S. Border Patrol Medical Screening Standards Act”.
SEC. 2. UNIFORM PROCESSES FOR MEDICAL SCREENING
OF INDIVIDUALS INTERDICTED BETWEEN
PORTS OF ENTRY.

(a) In General.—Subtitle C of title IV of the Homeland Security Act of 2002 (6 U.S.C. 231) is amended by adding at the end the following new section:

“SEC. 437. MEDICAL SCREENING OF INDIVIDUALS INTER-
DICTED BETWEEN PORTS OF ENTRY.

“(a) In General.—To improve border security and the processing of individuals and families interdicted by the U.S. Border Patrol between ports of entry, the Commissioner of U.S. Customs and Border Protection, in coordination with the Chief Medical Officer of the Department, shall establish uniform processes and training to ensure consistent and efficient medical screening of all individuals so interdicted within 12 hours of such interdiction.

“(b) Screening Process Components.—At a minimum, the uniform processes and training established under subsection (a) shall include the following:

“(1) Requirements for initial screening that includes documentation of the following:

“(A) Current medical complaints and concerns.

“(B) A brief medical history to identify current medications and any chronic or past illnesses.
“(C) Basic vital statistics.

“(2) Criteria for determining when to make a referral to higher medical care and a process to execute such referral.

“(3) Recordkeeping requirements.

“(c) DISSEMINATION AND TRAINING.—The uniform processes and training shall be made available to appropriate personnel of U.S. Customs and Border Protection and other Department components, offices, and contractors, as appropriate.”.

(b) CLERICAL AMENDMENT.—The table of contents in section 1(b) of the Homeland Security Act of 2002 is amended by inserting after the item relating to section 436 the following new item:

“Sec. 437. Medical screening of individuals interdicted between ports of entry.”.

SEC. 3. RESEARCH REGARDING PROVISION OF MEDICAL SCREENING OF INDIVIDUALS INTERDICTED BY U.S. CUSTOMS AND BORDER PROTECTION BETWEEN PORTS OF ENTRY.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Homeland Security, acting through the Under Secretary for Science and Technology of the Department of Homeland Security, in coordination with the Commissioner of U.S. Customs and Border Protection and the Chief Medical Officer of the Department, shall research innovative ap-
proaches to address capability gaps regarding the provision of medical screening of individuals interdicted by U.S. Customs and Border Protection between ports of entry and issue to the Secretary recommendations for any necessary corrective actions.

(b) Consultation.—In carrying out the research required under subsection (a), the Under Secretary for Science and Technology of the Department of Homeland Security shall consult with appropriate national professional associations with expertise in emergency, nursing, and other medical care, including expertise in pediatric care.

(c) Report.—The Secretary of Homeland Security shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a report containing the recommendations referred to in subsection (a), together with information relating to what actions, if any, the Secretary plans to take in response to such recommendations.

SEC. 4. ELECTRONIC HEALTH RECORDS INTEROPERABILITY ASSESSMENT AND IMPLEMENTATION PLAN.

(a) Assessment.—
(1) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Chief Information Officer of the Department of Homeland Security shall submit to the Secretary of Homeland Security an assessment of the challenges to achieving interoperability of electronic health records, with appropriate privacy and other safeguards, within the Department’s information technology systems of individuals who receive medical screening after being interdicted by U.S. Customs and Border protection between ports of entry in accordance with section 437 of the Homeland Security Act of 2002 (as added by section 2).

(2) CONTENTS.—The assessment required under paragraph (1) shall include information on programmatic, policy, and operational options to overcome challenges described in such assessment and a cost and benefit analyses for each such option.

(b) IMPLEMENTATION PLAN.—Not later than 120 days after receipt of the assessment required under subsection (a), the Secretary of Homeland Security shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate an implemen-
1 tation plan, including benchmarks and metrics, for achieving the interoperability described in such subsection.