

Comparing the base document H.R. 3525, as reported, with the Rules Committee Print 116-33

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Deletions: One or more sections (or big levels) were deleted from the first document. All deleted sections or big levels are illustrated at the bottom of the comparative print. If the sections before and after a deleted section are still present in the comparative print, the deleted section will also appear between them. If one or more consecutive sections from a series of sections has been deleted, the deleted sections will also appear before the last section of the series if it is still present.

Section 1. Short title

This Act may be cited as the "U.S. Border Patrol Medical Screening Standards Act".

~~[NOTE-- DELETED : Sec. 2. Uniform processes for medical screening of individuals interdicted between ports of entry]~~

Sec. 32. 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 approaches to address capability gaps regarding the provision of comprehensive medical screening of individuals, particularly children, pregnant women, the elderly, and other vulnerable populations, 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 and non-governmental experts in emergency, nursing, and other medical care, including 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. 43. Electronic health records implementation

(a) **IN GENERAL.**— Not later than **390** days after the date of the enactment of this Act, the Chief Information Officer of the Department of Homeland Security, in coordination with the Chief Medical Officer of the Department, 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 the custody of such components.

(b) ASSESSMENT.— 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, shall conduct an assessment of such system to determine system capacity for improvement and interoperability.

Deleted Sections

~~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 interdicted 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, not later than 30 days after the date of the enactment of this section, establish uniform processes and training to ensure consistent and efficient medical screening of all individuals, with priority given to children who have not yet attained the age of 18, so interdicted before transfer from U.S. Customs and Border Protection custody, but in no case longer than 12 hours after such interdiction, or 6 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.~~

~~"(b) SCREENING PROCESS COMPONENTS.— At a minimum, the uniform processes and training established under subsection (a) shall include the following:~~

~~"(1) Requirements for initial in-person screening that includes documentation of the following:~~

~~"(A) Visual assessment of overall physical and behavioral state, including any possible disability.~~

~~"(B) A brief medical history, including demographic information, current medications (including a list of confiscated medications and whether such have been replaced), and any chronic or past illnesses.~~

~~"(C) Any current medical complaints.~~

~~"(D) A physical examination that includes the screening of vital signs such as body temperature, pulse rate, and blood pressure.~~

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

~~"(3) Recordkeeping requirements regarding how information is to be recorded for each initial screening under paragraph (1), including information on the use of interpretation services.~~

~~"(4) Review by a medical professional of any prescribed medication that is in the detainee's possession or that was confiscated upon arrival to determine if such medication may be kept by such detainee for use during detention, properly stored with appropriate access for use during detention, or maintained with a detainee's personal property.~~

~~"(5) Chaperones for the physical examination of minors, including, as appropriate, the parent, legal guardian, or the such minors' closest present adult relative, or a U.S. Border Patrol agent of the same gender.~~

~~"(c) PEDIATRIC EXPERTISE.— A pediatric medical expert shall be on site in every U.S. Border Patrol sector, including at U.S. Border Patrol processing centers and at U.S. Border Patrol facilities at which 20 percent or more of detained individuals over the immediately preceding six month period are minors. The Chief of the U.S. Border Patrol shall prepare a plan to deploy in-person or technology-facilitated medical consultation with a licensed medical professional to U.S. Border Patrol facilities that experience an increase in apprehensions of children greater than 10 percent over the preceding 60 days.~~

~~"(d) DEFINITION.— In this section, the term 'high priority individual' means an individual who self-identifies as having a medical condition needing prompt attention, exhibits signs of acute illness, is pregnant, is a child, or is elderly.~~

~~"(e) TRAINING.— Not later than 60 days after the issuance of the uniform processes and training established under subsection (a), the Commissioner of U.S. Customs and Border Protection shall ensure that any individual~~

~~carrying out medical screening under this section at a U.S. Customs and Border Protection facility of individuals interdicted by the U.S. Border Patrol between ports of entry shall complete training on such uniform processes."~~

~~(b) RULE OF CONSTRUCTION.— Nothing in this section or the amendment made by this section may be construed as authorizing U.S. Customs and Border Protection to detain individuals for longer than 72 hours.~~

~~(c) 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."~~

