

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.

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 “U.S. Border Patrol
5 Medical Screening Standards Act”.

1 **SEC. 2. UNIFORM PROCESSES FOR MEDICAL SCREENING**
2 **OF INDIVIDUALS INTERDICTED BETWEEN**
3 **PORTS OF ENTRY.**

4 (a) IN GENERAL.—Subtitle C of title IV of the
5 Homeland Security Act of 2002 (6 U.S.C. 231) is amend-
6 ed by adding at the end the following new section:

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

9 “(a) IN GENERAL.—To improve border security and
10 the processing of individuals and families interdicted by
11 the U.S. Border Patrol between ports of entry, the Com-
12 missioner of U.S. Customs and Border Protection, in co-
13 ordination with the Chief Medical Officer of the Depart-
14 ment, shall establish uniform processes and training to en-
15 sure consistent and efficient medical screening of all indi-
16 viduals so interdicted within 12 hours of such interdiction.

17 “(b) SCREENING PROCESS COMPONENTS.—At a min-
18 imum, the uniform processes and training established
19 under subsection (a) shall include the following:

20 “(1) Requirements for initial screening that in-
21 cludes documentation of the following:

22 “(A) Current medical complaints and con-
23 cerns.

24 “(B) A brief medical history to identify
25 current medications and any chronic or past ill-
26 nesses.

1 “(C) Basic vital statistics.

2 “(2) Criteria for determining when to make a
3 referral to higher medical care and a process to exe-
4 cute such referral.

5 “(3) Recordkeeping requirements.

6 “(c) DISSEMINATION AND TRAINING.—The uniform
7 processes and training shall be made available to appro-
8 priate personnel of U.S. Customs and Border Protection
9 and other Department components, offices, and contrac-
10 tors, as appropriate.”.

11 (b) CLERICAL AMENDMENT.—The table of contents
12 in section 1(b) of the Homeland Security Act of 2002 is
13 amended by inserting after the item relating to section
14 436 the following new item:

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

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

19 (a) IN GENERAL.—Not later than one year after the
20 date of the enactment of this Act, the Secretary of Home-
21 land Security, acting through the Under Secretary for
22 Science and Technology of the Department of Homeland
23 Security, in coordination with the Commissioner of U.S.
24 Customs and Border Protection and the Chief Medical Of-
25 ficer of the Department, shall research innovative ap-

1 proaches to address capability gaps regarding the provi-
2 sion of medical screening of individuals interdicted by U.S.
3 Customs and Border Protection between ports of entry
4 and issue to the Secretary recommendations for any nec-
5 essary corrective actions.

6 (b) CONSULTATION.—In carrying out the research
7 required under subsection (a), the Under Secretary for
8 Science and Technology of the Department of Homeland
9 Security shall consult with appropriate national profes-
10 sional associations with expertise in emergency, nursing,
11 and other medical care, including expertise in pediatric
12 care.

13 (c) REPORT.—The Secretary of Homeland Security
14 shall submit to the Committee on Homeland Security of
15 the House of Representatives and the Committee on
16 Homeland Security and Governmental Affairs of the Sen-
17 ate a report containing the recommendations referred to
18 in subsection (a), together with information relating to
19 what actions, if any, the Secretary plans to take in re-
20 sponse to such recommendations.

21 **SEC. 4. ELECTRONIC HEALTH RECORDS INTEROPER-**
22 **ABILITY ASSESSMENT AND IMPLEMENTA-**
23 **TION PLAN.**

24 (a) ASSESSMENT.—

1 (1) IN GENERAL.—Not later than 120 days
2 after the date of the enactment of this Act, the
3 Chief Information Officer of the Department of
4 Homeland Security shall submit to the Secretary of
5 Homeland Security an assessment of the challenges
6 to achieving interoperability of electronic health
7 records, with appropriate privacy and other safe-
8 guards, within the Department’s information tech-
9 nology systems of individuals who receive medical
10 screening after being interdicted by U.S. Customs
11 and Border protection between ports of entry in ac-
12 cordance with section 437 of the Homeland Security
13 Act of 2002 (as added by section 2).

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

19 (b) IMPLEMENTATION PLAN.—Not later than 120
20 days after receipt of the assessment required under sub-
21 section (a), the Secretary of Homeland Security shall sub-
22 mit to the Committee on Homeland Security of the House
23 of Representatives and the Committee on Homeland Secu-
24 rity and Governmental Affairs of the Senate an implemen-

- 1 tation plan, including benchmarks and metrics, for achiev-
- 2 ing the interoperability described in such subsection.

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