

109TH CONGRESS
1ST SESSION

H. R. 3850

To amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of residents, workers, volunteers, and others in a disaster area.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 21, 2005

Mrs. MALONEY (for herself, Mr. SHAYS, and Mr. BISHOP of New York) 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

A BILL

To amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of residents, workers, volunteers, and others in a disaster area.

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 “Disaster Area Health
5 and Environmental Monitoring Act of 2005”.

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 A DISASTER AREA.**

8 “(a) DEFINITIONS.—In this section:

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

11 “(A) a worker or volunteer who responds
12 to a disaster, including—

13 “(i) a police officer;

14 “(ii) a firefighter;

15 “(iii) an emergency medical techni-
16 cian;

17 “(iv) any participating member of an
18 urban search and rescue team; and

19 “(v) any other relief or rescue worker
20 or volunteer that the President determines
21 to be appropriate;

22 “(B) a worker who responds to a disaster
23 by assisting in the cleanup or restoration of
24 critical infrastructure in and around a disaster
25 area;

1 “(C) a person whose place of residence is
2 in a disaster area;

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

6 “(E) any other person that the President
7 determines to be appropriate.

8 “(2) PROGRAM.—The term ‘program’ means a
9 program described in subsection (b) that is carried
10 out for a disaster area.

11 “(3) SUBSTANCE OF CONCERN.—The term
12 ‘substance of concern’ means a chemical or other
13 substance that is associated with potential acute or
14 chronic human health effects, the risk of exposure to
15 which could potentially be increased as the result of
16 a disaster, as determined by the President.

17 “(b) PROGRAM.—

18 “(1) IN GENERAL.—If the President determines
19 that 1 or more substances of concern are being, or
20 have been, released in an area declared to be a dis-
21 aster area under this Act, the President may carry
22 out a program for the protection, assessment, moni-
23 toring, and study of the health and safety of individ-
24 uals to ensure that—

1 “(A) the individuals are adequately in-
2 formed about and protected against potential
3 health impacts of any substance of concern and
4 potential mental health impacts in a timely
5 manner;

6 “(B) the individuals are monitored and
7 studied over time, including through baseline
8 and followup clinical health examinations, for—

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

11 “(ii) any mental health impacts;

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

14 “(D) information from any such moni-
15 toring and studies is used to prevent or protect
16 against similar health impacts from future dis-
17 asters.

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

20 “(A) collecting and analyzing environ-
21 mental exposure data;

22 “(B) developing and disseminating infor-
23 mation and educational materials;

1 “(C) performing baseline and followup clin-
2 ical health and mental health examinations and
3 taking biological samples;

4 “(D) establishing and maintaining an ex-
5 posure registry;

6 “(E) studying the short- and long-term
7 human health impacts of any exposures through
8 epidemiological and other health studies; and

9 “(F) providing assistance to individuals in
10 determining eligibility for health coverage and
11 identifying appropriate health services.

12 “(3) TIMING.—To the maximum extent prac-
13 ticable, activities under any program established
14 under paragraph (1) (including baseline health ex-
15 aminations) shall be commenced in a timely manner
16 that will ensure the highest level of public health
17 protection and effective monitoring.

18 “(4) PARTICIPATION IN REGISTRIES AND STUD-
19 IES.—

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

23 “(B) PROTECTION OF PRIVACY.—The
24 President shall take appropriate measures to

1 protect the privacy of any participant in a reg-
2 istry or study described in subparagraph (A).

3 “(5) COOPERATIVE AGREEMENTS.—

4 “(A) IN GENERAL.—The President may
5 carry out a program under paragraph (1)
6 through a cooperative agreement with a medical
7 institution, including a local health department,
8 or a consortium of medical institutions.

9 “(B) SELECTION CRITERIA.—To the max-
10 imum extent practicable, the President shall se-
11 lect to carry out a program under paragraph
12 (1) a medical institution or a consortium of
13 medical institutions that—

14 “(i) is located near—

15 “(I) the disaster area with re-
16 spect to which the program is carried
17 out; and

18 “(II) any other area in which
19 there reside groups of individuals that
20 worked or volunteered in response to
21 the disaster; and

22 “(ii) has appropriate experience in the
23 areas of environmental or occupational
24 health, toxicology, and safety, including ex-
25 perience in—

1 “(I) developing clinical protocols
2 and conducting clinical health exami-
3 nations, including mental health as-
4 sessments;

5 “(II) conducting long-term health
6 monitoring and epidemiological stud-
7 ies;

8 “(III) conducting long-term men-
9 tal health studies; and

10 “(IV) establishing and maintain-
11 ing medical surveillance programs and
12 environmental exposure or disease
13 registries.

14 “(6) INVOLVEMENT.—

15 “(A) IN GENERAL.—In establishing and
16 maintaining a program under paragraph (1),
17 the President shall involve interested and af-
18 fected parties, as appropriate, including rep-
19 resentatives of—

20 “(i) Federal, State, and local govern-
21 ment agencies;

22 “(ii) groups of individuals that worked
23 or volunteered in response to the disaster
24 in the disaster area;

1 “(iii) local residents, businesses, and
2 schools (including parents and teachers);

3 “(iv) health care providers; and

4 “(v) other organizations and persons.

5 “(B) COMMITTEES.—Involvement under
6 subparagraph (A) may be provided through the
7 establishment of an advisory or oversight com-
8 mittee or board.

9 “(7) PRIVACY.—The President shall carry out
10 each program under paragraph (1) in accordance
11 with regulations relating to privacy promulgated
12 under section 264(c) of the Health Insurance Port-
13 ability and Accountability Act of 1996 (42 U.S.C.
14 1320d–2 note; Public Law 104–191).

15 “(c) REPORTS.—Not later than 1 year after the es-
16 tablishment of a program under subsection (b)(1), and
17 every 5 years thereafter, the President, or the medical in-
18 stitution or consortium of such institutions having entered
19 into a cooperative agreement under subsection (b)(5),
20 shall submit to the Secretary of Homeland Security, the
21 Secretary of Health and Human Services, the Secretary
22 of Labor, the Administrator of the Environmental Protec-
23 tion Agency, and appropriate committees of Congress a
24 report on programs and studies carried out under the pro-
25 gram.”.

1 **SEC. 3. NATIONAL ACADEMY OF SCIENCES REPORT ON DIS-**
2 **ASTER AREA HEALTH AND ENVIRONMENTAL**
3 **PROTECTION AND MONITORING.**

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

11 (b) EXPERTISE.—The report under subsection (a)
12 shall be prepared with the participation of individuals who
13 have expertise in—

- 14 (1) environmental health, safety, and medicine;
- 15 (2) occupational health, safety, and medicine;
- 16 (3) clinical medicine, including pediatrics;
- 17 (4) toxicology;
- 18 (5) epidemiology;
- 19 (6) mental health;
- 20 (7) medical monitoring and surveillance;
- 21 (8) environmental monitoring and surveillance;
- 22 (9) environmental and industrial hygiene;
- 23 (10) emergency planning and preparedness;
- 24 (11) public outreach and education;
- 25 (12) State and local health departments;

1 (13) State and local environmental protection
2 departments;

3 (14) functions of workers that respond to disas-
4 ters, including first responders; and

5 (15) public health and family services.

6 (c) CONTENTS.—The report under subsection (a)
7 shall provide advice and recommendations regarding pro-
8 tecting and monitoring the health and safety of individuals
9 potentially exposed to any chemical or other substance as-
10 sociated with potential acute or chronic human health ef-
11 fects as the result of a disaster, including advice and rec-
12 ommendations regarding—

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

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

20 (B) chemical- or substance-specific meth-
21 ods of sample collection, including sampling
22 methodologies and locations;

23 (C) chemical- or substance-specific meth-
24 ods of sample analysis;

1 (D) health-based threshold levels to be
2 used and response actions to be taken in the
3 event that thresholds are exceeded for indi-
4 vidual chemicals or other substances;

5 (E) procedures for providing monitoring
6 results to—

7 (i) appropriate Federal, State, and
8 local government agencies;

9 (ii) appropriate response personnel;
10 and

11 (iii) the public;

12 (F) responsibilities of Federal, State and
13 local agencies for—

14 (i) collecting and analyzing samples;

15 (ii) reporting results; and

16 (iii) taking appropriate response ac-
17 tions; and

18 (G) capabilities and capacity within the
19 Federal Government to conduct appropriate en-
20 vironmental monitoring and response in the
21 event of a disaster, including a terrorist attack;
22 and

23 (2) other issues as specified by the Secretary of
24 Homeland Security, the Secretary of Health and

1 Human Services, and the Administrator of the Envi-
2 ronmental Protection Agency.

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

6 **SEC. 4. PREDISASTER HAZARD MITIGATION.**

7 Section 203(m) of the Robert T. Stafford Disaster
8 Relief and Emergency Assistance Act (42 U.S.C.
9 5133(m)) is amended by striking “December 31, 2003”
10 and inserting “September 30, 2007”.

○