

111TH CONGRESS  
2D SESSION

# H. R. 4580

To amend the Homeland Security Act of 2002 to authorize the Metropolitan Medical Response System Program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 2010

Mr. MARKEY of Massachusetts (for himself, Mr. MORAN of Virginia, and Ms. LORETTA SANCHEZ of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Homeland Security, 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

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## A BILL

To amend the Homeland Security Act of 2002 to authorize the Metropolitan Medical Response System Program, 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 “Metropolitan Medical  
5 Response System Act of 2010”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) In its January 2010 report card, the Com-  
2 mission on the Prevention of Weapons of Mass De-  
3 struction Proliferation and Terrorism stated that the  
4 Federal Government must “become a stronger advo-  
5 cate for citizen, community, state, and regional pre-  
6 paredness to effectively respond” to both natural  
7 disasters and man-made events.

8           (2) The Metropolitan Medical Response System  
9 (MMRS) is the only program at the Federal level  
10 that supports the integration of local emergency  
11 management, law enforcement, and health and med-  
12 ical systems into a coordinated response to a mass  
13 casualty event caused by a weapon of mass destruc-  
14 tion, an incident involving hazardous materials, an  
15 epidemic disease outbreak, or a natural disaster.

16           (3) The MMRS program was established in the  
17 wake of the 1995 deadly release of sarin nerve gas  
18 in a Tokyo subway, and the 1995 bombing of the Al-  
19 fred P. Murrah building in Oklahoma City.

20           (4) The MMRS program aims to improve med-  
21 ical response systems, by enhancing the existing  
22 local response systems and capabilities of a commu-  
23 nity before an incident occurs.

24           (5) The MMRS program provides tangible ben-  
25 efits in the form of increased operational capacity

1 and communication, improved personnel training,  
2 stockpiled pharmaceuticals, and adequate supplies of  
3 personal protective equipment and other specialized  
4 response equipment.

5 (6) The MMRS program supports a number of  
6 other existing Federal programs, such as the Hos-  
7 pital Preparedness Program, the Cities Readiness  
8 Initiative, the State Homeland Security Program,  
9 and Urban Area Security Initiative.

10 (7) The MMRS program provides funding to  
11 124 local jurisdictions in 43 States, covering ap-  
12 proximately 70 percent of the United States popu-  
13 lation.

14 (8) The MMRS program has become an in-  
15 creasingly vital part of our homeland security infra-  
16 structure in the wake of recent influenza outbreaks,  
17 renewed terrorists threats, and severe weather emer-  
18 gencies.

19 **SEC. 3. METROPOLITAN MEDICAL RESPONSE SYSTEM PRO-**  
20 **GRAM.**

21 (a) IN GENERAL.—Title V of the Homeland Security  
22 Act of 2002 (6 U.S.C. 311 et seq.) is amended by adding  
23 at the end the following new section:

1 **“SEC. 525. METROPOLITAN MEDICAL RESPONSE SYSTEM**  
2 **PROGRAM.**

3 “(a) IN GENERAL.—There is in the Department a  
4 Metropolitan Medical Response System Program (in this  
5 section referred to as the ‘Program’).

6 “(b) PURPOSE.—The purpose of the Program shall  
7 be to support State and local jurisdictions in preparing  
8 for and maintaining all-hazards response capabilities to  
9 manage public health and mass casualty incidents result-  
10 ing from natural and man-made disasters, acts of ter-  
11 rorism, and epidemic disease outbreaks, by systematically  
12 enhancing and integrating first responders, public health  
13 personnel, emergency management personnel, and other  
14 participants in mass casualty management.

15 “(c) PROGRAM ADMINISTRATION.—The Assistant  
16 Secretary, Office of Health Affairs shall develop pro-  
17 grammatic and policy guidance for the Program in coordi-  
18 nation with the Administrator of the Federal Emergency  
19 Management Agency.

20 “(d) PERSONNEL COSTS.—The Program shall not be  
21 subject to an administrative cap on the hiring of personnel  
22 to conduct Program activities.

23 “(e) FINANCIAL ASSISTANCE.—

24 “(1) AUTHORIZATION OF CONTRACTS.—

25 “(A) IN GENERAL.—The Secretary,  
26 through the Administrator of the Federal

1           Emergency Management Agency and subject to  
2           the availability of appropriations, may enter  
3           into contracts under this section with local ju-  
4           risdictions to assist in preparing for and re-  
5           sponding to mass casualty incidents.

6           “(B) CONSULTATION.—In developing guid-  
7           ance for contracts authorized under this sub-  
8           section, the Administrator shall consult with the  
9           Assistant Secretary, Office of Health Affairs.

10          “(2) USE OF FUNDS.—A contract entered into  
11          under this subsection may be used to support the in-  
12          tegration of emergency management, health, and  
13          medical systems into a coordinated response to mass  
14          casualty incidents caused by any hazard, including—

15               “(A) to strengthen medical surge capacity;

16               “(B) to strengthen mass prophylaxis capa-  
17               bilities including development and maintenance  
18               of an initial pharmaceutical stockpile sufficient  
19               to protect first responders, their families, and  
20               immediate victims from a chemical or biological  
21               event;

22               “(C) to strengthen chemical, biological, ra-  
23               diological, nuclear, and explosive detection, re-  
24               sponse, and decontamination capabilities;

1           “(D) to develop and maintain mass triage  
2           and pre-hospital treatment plans and capabili-  
3           ties;

4           “(E) for planning;

5           “(F) to support efforts to strengthen infor-  
6           mation sharing and collaboration capabilities of  
7           regional, State, and urban areas in support of  
8           public health and medical preparedness;

9           “(G) for medical supplies management and  
10          distribution;

11          “(H) for training and exercises;

12          “(I) for integration and coordination of the  
13          activities and capabilities of public health per-  
14          sonnel and medical care providers with those of  
15          other emergency response providers as well as  
16          other Federal agencies, the private sector, and  
17          nonprofit organizations, for the forward move-  
18          ment of patients; and

19          “(J) for activities aimed at increasing the  
20          awareness of the Program to Federal, State  
21          and local governments for purposes of further  
22          integrating the Program into existing capabili-  
23          ties.

24          “(3) ELIGIBILITY.—

1           “(A) IN GENERAL.—Except as provided in  
2           subparagraph (C), any jurisdiction that received  
3           funds through the Program for fiscal year 2009  
4           shall be eligible for a contract under this sub-  
5           section.

6           “(B) ADDITIONAL JURISDICTIONS.—

7           “(i) UNREPRESENTED STATES.—

8           “(I) IN GENERAL.—Except as  
9           provided in subparagraph (C), for any  
10          State in which no jurisdiction received  
11          funds through the Program for fiscal  
12          year 2009, or in which funding was  
13          received only through another State,  
14          the metropolitan statistical area in  
15          such State with the largest population  
16          of all such areas in such State shall  
17          be eligible for a contract under this  
18          subsection.

19          “(II) LIMITATION.—For each of  
20          fiscal years 2010 through 2014, no  
21          jurisdiction that would otherwise be  
22          eligible to receive a contract under  
23          subclause (I) shall be eligible for a  
24          contract under this subsection if it  
25          would result in any jurisdiction under

1           subparagraph (A) receiving less fund-  
2           ing than such jurisdiction received for  
3           fiscal year 2004.

4           “(ii) OTHER JURISDICTIONS.—

5                   “(I) IN GENERAL.—Subject to  
6           subparagraph (C), the Administrator  
7           may determine that additional juris-  
8           dictions are eligible for contracts  
9           under this subsection.

10                   “(II) LIMITATION.—For each of  
11           fiscal years 2010 through 2014, the  
12           eligibility of any additional jurisdic-  
13           tion for contracts under this sub-  
14           section is subject to the availability of  
15           appropriations beyond that necessary  
16           to—

17                   “(aa) ensure that each juris-  
18           diction eligible for a contract  
19           under subparagraph (A) does not  
20           receive less funding than such ju-  
21           risdiction received for fiscal year  
22           2009; and

23                   “(bb) provide contracts to  
24           jurisdictions eligible under clause  
25           (i).



1           “(C) PERFORMANCE REQUIREMENT AFTER  
2 FISCAL YEAR 2010.—A jurisdiction shall not be  
3 eligible for a contract under this subsection to  
4 be funded with amounts available after fiscal  
5 year 2010 unless the Secretary determines that  
6 the jurisdiction has met the performance meas-  
7 ures issued under subsection (f).

8           “(4) DISTRIBUTION OF FUNDS.—

9           “(A) IN GENERAL.—The Administrator  
10 shall include in each contract under this sub-  
11 section with a local jurisdiction a defined list of  
12 performance objectives for which funds will be  
13 distributed to the jurisdiction.

14           “(B) PAYMENTS.—Funds shall be distrib-  
15 uted by the Administrator under each contract  
16 under this subsection directly to the local juris-  
17 diction that entered into the contract.

18           “(5) MUTUAL AID.—

19           “(A) AGREEMENTS.—Local jurisdictions  
20 receiving assistance under the Program are en-  
21 couraged to develop and maintain memoranda  
22 of understanding and agreement with neigh-  
23 boring jurisdictions to support a system of mu-  
24 tual aid among the jurisdictions.

1           “(B) CONTENTS.—A memorandum re-  
2           ferred to in subparagraph (A) shall include, at  
3           a minimum, policies and procedures to—

4                   “(i) enable the timely deployment of  
5           Program personnel and equipment across  
6           jurisdictions and, if relevant, across State  
7           boundaries;

8                   “(ii) share information in a consistent  
9           and timely manner; and

10                   “(iii) notify State authorities of the  
11           deployment of Program resources in a  
12           manner that ensures coordination with  
13           State agencies without impeding the ability  
14           of Program personnel and equipment to re-  
15           spond rapidly to emergencies in other ju-  
16           risdictions.

17           “(f) PERFORMANCE MEASURES.—The Adminis-  
18           trator, in coordination with the Assistant Secretary, Office  
19           of Health Affairs and the National Metropolitan Medical  
20           Response System Working Group and within one year  
21           after the date of enactment of this section, shall issue per-  
22           formance measures for each local jurisdiction that enters  
23           a contract under this section to allow objective evaluation  
24           of the performance and effective use of funds provided  
25           under the contract.

1       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out the Program  
3 \$75,000,000 for each of the fiscal years 2010 through  
4 2014.”.

5       (b) PROGRAM REVIEW.—

6           (1) IN GENERAL.—The Administrator of the  
7 Federal Emergency Management Agency, the Assist-  
8 ant Secretary, Office of Health Affairs, and the Na-  
9 tional Metropolitan Medical Response System Work-  
10 ing Group shall jointly conduct a review of the Met-  
11 ropolitan Medical Response System Program, includ-  
12 ing an examination of—

13           (A) the goals and objectives of the Pro-  
14 gram;

15           (B) the extent to which the goals and ob-  
16 jectives are being met;

17           (C) the performance metrics that can best  
18 help assess whether the Program is succeeding;

19           (D) how the Program can be improved;

20           (E) how the Program complements and en-  
21 hances other preparedness programs supported  
22 by the Department of Homeland Security and  
23 the Department of Health and Human Services;

24           (F) the degree to which the strategic goals,  
25 objectives, and capabilities of the Program are

1 incorporated in State and local homeland secu-  
2 rity plans;

3 (G) how eligibility for financial assistance,  
4 and the allocation of financial assistance, under  
5 the Program should be determined, including  
6 how allocation of assistance could be based on  
7 risk; and

8 (H) the resource requirements of the Pro-  
9 gram.

10 (2) REPORT.—Not later than 1 year after the  
11 date of enactment of this Act, the Administrator and  
12 the Assistant Secretary shall submit to the Commit-  
13 tees on Homeland Security and Energy and Com-  
14 merce of the House of Representatives and the Com-  
15 mittee on Homeland Security and Governmental Af-  
16 fairs of the Senate a report on the results of the re-  
17 view under this subsection.

18 (3) CONSULTATION.—The Administrator of the  
19 Federal Emergency Management Agency shall con-  
20 sult with the Secretary of Health and Human Serv-  
21 ices in the implementation of paragraph (1)(E).

22 (4) DEFINITION.—In this subsection the term  
23 “National Metropolitan Medical Response System  
24 Working Group” means a group of 10 local govern-

1       ment agency managers of contracts awarded under  
2       the Program, that—

3               (A) represents a population-based cross  
4               section of jurisdictions that are receiving con-  
5               tract funds under the Program; and

6               (B) includes one local government agency  
7               contract manager from each of the 10 regions  
8               of the Federal Emergency Management Agency,  
9               of whom—

10               (i) 5 shall be appointed by the Admin-  
11               istrator of the Federal Emergency Man-  
12               agement Agency; and

13               (ii) 5 shall be appointed by the Assist-  
14               ant Secretary, Office of Health Affairs.

15       (c) CONFORMING AMENDMENTS.—

16               (1) REPEAL.—Section 635 of the Post-Katrina  
17       Management Reform Act of 2006 (6 U.S.C. 723) is  
18       repealed.

19               (2) TABLE OF CONTENTS.—The table of con-  
20       tents contained in section 1(b) of the Homeland Se-  
21       curity Act of 2002 is amended by adding at the end  
22       of the items relating to title V the following new  
23       item:

“Sec. 525. Metropolitan Medical Response System Program.”.

