

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 1411
OFFERED BY MR. BILIRAKIS OF FLORIDA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Metropolitan Medical
3 Response System Program Act of 2011”.

**4 SEC. 2. METROPOLITAN MEDICAL RESPONSE SYSTEM PRO-
5 GRAM.**

6 (a) AMENDMENT.—Title V of the Homeland Security
7 Act of 2002 (6 U.S.C. 311 et seq.) is amended by adding
8 at the end the following:

**9 “SEC. 526. METROPOLITAN MEDICAL RESPONSE SYSTEM
10 PROGRAM.**

11 “(a) IN GENERAL.—The Secretary shall conduct a
12 Metropolitan Medical Response System Program, that
13 shall assist State and local governments in preparing for
14 and responding to public health and mass casualty inci-
15 dents resulting from acts of terrorism, natural disasters,
16 and other man-made disasters.

17 “(b) FINANCIAL ASSISTANCE.—

18 “(1) AUTHORIZATION OF GRANTS.—

1 “(A) IN GENERAL.—The Secretary,
2 through the Administrator of the Federal
3 Emergency Management Agency, may make
4 grants under this section to State and local gov-
5 ernments to assist in preparing for and re-
6 sponding to mass casualty incidents resulting
7 from acts of terrorism, natural disasters, and
8 other man-made disasters.

9 “(B) CONSULTATION.—In developing guid-
10 ance for grants authorized under this section,
11 the Administrator shall consult with the Chief
12 Medical Officer of the Department.

13 “(2) USE OF FUNDS.—A grant made under this
14 section may be used to support the integration of
15 emergency management, health, and medical sys-
16 tems into a coordinated response to mass casualty
17 incidents caused by any hazard, including—

18 “(A) to strengthen medical surge capacity;

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

1 “(C) to strengthen chemical, biological, ra-
2 diological, nuclear, and explosive detection, re-
3 sponse, and decontamination capabilities;

4 “(D) to develop and maintain mass triage
5 and pre-hospital treatment plans and capabili-
6 ties;

7 “(E) for planning;

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

12 “(G) for medical supplies management and
13 distribution;

14 “(H) for training and exercises;

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

22 “(J) for such other activities as the Ad-
23 ministrator provides.

24 “(3) ELIGIBILITY.—

1 “(A) IN GENERAL.—Except as provided in
2 subparagraph (B), any jurisdiction that re-
3 ceived funds through the Metropolitan Medical
4 Response System Program in fiscal year 2010
5 shall be eligible to receive a grant under this
6 section.

7 “(B) PERFORMANCE REQUIREMENT AFTER
8 FISCAL YEAR 2012.—A jurisdiction shall not be
9 eligible for a grant under this subsection from
10 funds available after fiscal year 2012 unless the
11 Secretary determines that the jurisdiction main-
12 tains a sufficient measured degree of capability
13 in accordance with the performance measures
14 issued under subsection (c).

15 “(4) DISTRIBUTION OF FUNDS.—

16 “(A) IN GENERAL.—The Administrator
17 shall distribute grant funds under this section
18 to the State in which the jurisdiction receiving
19 a grant under this section is located.

20 “(B) PASS THROUGH.—Subject to sub-
21 paragraph (C), not later than 45 days after the
22 date on which a State receives grant funds
23 under subparagraph (A), the State shall provide
24 the jurisdiction receiving the grant 100 percent
25 of the grant funds, and not later than 45 days

1 after the State releases the funds, all fiscal
2 agents shall make the grant funds available for
3 expenditure.

4 “(C) EXCEPTION.—The Administrator
5 may permit a State to provide to a jurisdiction
6 receiving a grant under this section 97 percent
7 of the grant funds awarded if doing so would
8 not result in any jurisdiction eligible for a grant
9 under paragraph (3)(A) receiving less funding
10 than such jurisdiction received in fiscal year
11 2009.

12 “(5) REGIONAL COORDINATION.—The Adminis-
13 trator shall ensure that each jurisdiction that re-
14 ceives a grant under this section, as a condition of
15 receiving such grant, is actively coordinating its pre-
16 paredness efforts with surrounding jurisdictions,
17 with the official with primary responsibility for
18 homeland security (other than the Governor) of the
19 government of the State in which the jurisdiction is
20 located, and with emergency response providers from
21 all relevant disciplines, as determined by the Admin-
22 istrator, to effectively enhance regional prepared-
23 ness.

24 “(c) PERFORMANCE MEASURES.—The Adminis-
25 trator, in coordination with the Chief Medical Officer of

1 the Department, and the National Metropolitan Medical
2 Response System Working Group, shall issue performance
3 measures within one year after the date of enactment of
4 this section that enable objective evaluation of the per-
5 formance and effective use of funds provided under this
6 section in any jurisdiction.

7 “(d) METROPOLITAN MEDICAL RESPONSE SYSTEM
8 WORKING GROUP DEFINED.—In this section, the term
9 ‘National Metropolitan Medical Response System Working
10 Group’ means—

11 “(1) 10 Metropolitan Medical Response System
12 Program grant managers, who shall—

13 “(A) include one such grant manager from
14 each region of the Agency;

15 “(B) comprise a population-based cross
16 section of jurisdictions that are receiving grant
17 funds under the Metropolitan Medical Response
18 System Program; and

19 “(C) include—

20 “(i) 3 selected by the Administrator;
21 and

22 “(ii) 3 selected by the Chief Medical
23 Officer of the Department; and

24 “(2) 3 State officials who are responsible for
25 administration of State programs that are carried

1 out with grants under this section, who shall be se-
2 lected by the Administrator.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated \$42,000,000 to carry out
5 the program for each of fiscal years 2012 through 2016.”.

6 (b) CLERICAL AMENDMENT.—The table of contents
7 in section 1(b) of such Act is amended by adding at the
8 end of the items relating to title V the following new item:
“Sec. 526. Metropolitan Medical Response System Program.”.

9 **SEC. 3. METROPOLITAN MEDICAL RESPONSE PROGRAM RE-**
10 **VIEW.**

11 (a) IN GENERAL.—The Administrator of the Federal
12 Emergency Management Agency, the Chief Medical Offi-
13 cer of the Department, and the National Metropolitan
14 Medical Response System Working Group shall conduct
15 a review of the Metropolitan Medical Response System
16 Program authorized under section 526 of the Homeland
17 Security Act of 2002, as added by section 2 of this Act,
18 including an examination of—

19 (1) the goals and objectives of the Metropolitan
20 Medical Response System Program;

21 (2) the extent to which the goals and objectives
22 are being met;

23 (3) the performance metrics that can best help
24 assess whether the Metropolitan Medical Response
25 System Program is succeeding;

1 (4) how the Metropolitan Medical Response
2 System Program can be improved;

3 (5) how the Metropolitan Medical Response
4 System Program complements and enhances other
5 preparedness programs supported by the Depart-
6 ment of Homeland Security and the Department of
7 Health and Human Services;

8 (6) the degree to which the strategic goals, ob-
9 jectives, and capabilities of the Metropolitan Medical
10 Response System Program are incorporated in State
11 and local homeland security plans;

12 (7) how eligibility for financial assistance, and
13 the allocation of financial assistance, under the Met-
14 ropolitan Medical Response System Program should
15 be determined, including how allocation of assistance
16 could be based on risk;

17 (8) implications for the Metropolitan Medical
18 Response System Program if it were managed as a
19 contractual agreement; and

20 (9) the resource requirements of the Metropoli-
21 tan Medical Response System Program.

22 (b) REPORT.—Not later than 1 year after the date
23 of enactment of this Act, the Administrator and the Chief
24 Medical Officer of the Department of Homeland Security
25 shall submit to the Committee on Homeland Security of

1 the House of Representatives and the Committee on
2 Homeland Security and Governmental Affairs of the Sen-
3 ate a report on the results of the review under this section.

4 (c) CONSULTATION.—The Administrator of the Fed-
5 eral Emergency Management Agency shall consult with
6 the Secretary of Health and Human Services in the imple-
7 mentation of subsection (a)(5).

8 (d) DEFINITION.—In this section the term “National
9 Metropolitan Medical Response System Working Group”
10 has the meaning that term has in section 526 of the
11 Homeland Security Act of 2002, as added by section 2
12 of this Act.

13 **SEC. 4. TECHNICAL AND CONFORMING AMENDMENTS.**

14 (a) POST-KATRINA MANAGEMENT REFORM ACT OF
15 2006.—Section 635 of the Post-Katrina Management Re-
16 form Act of 2006 (6 U.S.C. 723) is repealed.

17 (b) HOMELAND SECURITY ACT OF 2002.—Section
18 316 of the Homeland Security Act of 2002 (6 U.S.C.
19 195b), and the item relating to such section in section 1(b)
20 of such Act, are repealed.

