

DENTAL EMERGENCY RESPONDER ACT OF 2011

MARCH 2, 2011.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 570]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 570) to amend the Public Health Service Act to enhance the roles of dentists and allied dental personnel in the Nation’s disaster response framework, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 570, the “Dental Emergency Responder Act of 2011”, was introduced on February 9, 2011, by Rep. Michael Burgess (R-TX)

and subsequently referred to the Committee on Energy and Commerce.

The goal of H.R. 570 is to include dental professionals and facilities into various components of the nation's emergency response preparedness framework.

BACKGROUND AND NEED FOR LEGISLATION

Recent disasters—the terrorist attacks of September 11, 2001, and Hurricanes Katrina and Rita—have made clear the critical need for a prepared, robust national medical response structure. Currently, however, the term “medical responder” (as used in relevant disaster-related federal law) does not include an important part of such a structure—dentists, allied dental personnel, and dental facilities. These individuals and offices are both eager and willing to participate and otherwise assist in supporting medical and public health responses to disasters. The purpose of this legislation is to provide them with the statutory authority to do so. With minimal additional training, they could readily fit into an all-hazards emergency healthcare response effort.

The House passed legislation similar to H.R. 570 in the 111th Congress (H.R. 111–647). No further action was taken on the legislation during that Congress.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

H.R. 570, the “Dental Emergency Responder Act of 2011”, was introduced by Rep. Michael Burgess on February 9, 2011, and referred to the Committee on Energy and Commerce. The bill was subsequently referred to the Subcommittee on Health on February 9, 2011. The Subcommittee met in open markup session to consider H.R. 570 on February 11, 2011. H.R. 570 was adopted by a voice vote. Subsequently, H.R. 570 was forwarded to the full Committee.

On February 15, 2011, the Committee on Energy and Commerce met in open markup session and considered H.R. 570 as approved by the Subcommittee. There were no amendments offered in full Committee and subsequently the Committee ordered H.R. 570 favorably reported to the House, as approved by the Subcommittee on Health, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 570 reported. A motion by Mr. Upton to order H.R. 570 reported to the House, without amendment, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings and recommendations of

the Committee are reflected in the descriptive portions of this report, including the finding that dentists, allied dental personnel, and dental facilities should be incorporated into the nation's emergency response preparedness framework.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of the Committee are reflected in the descriptive portions of this report, including the goal to incorporate dentists, allied dental personnel, and dental facilities into the nation's emergency response preparedness framework.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the analysis of H.R. 570 prepared by the Director of the Congressional Budget Office.

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In compliance clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 570, the "Dental Emergency Responder Act of 2011," contains no earmarks.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

FEBRUARY 25, 2011.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 570, the Dental Emergency Responder Act of 2011.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 570—Dental Emergency Responder Act of 2011

H.R. 570 would amend the responsibilities of federal agencies tasked with developing and implementing the National Health Security Strategy under the Public Health Service Act and the Na-

tional Response Plan under the Homeland Security Act of 2002. The bill would direct the Secretary of Health and Human Services to include, under the preparedness goals of the National Health Security Strategy, dental health facilities as entities to prepare for and respond to public health emergencies. The bill also would include dental personnel within the definition of emergency response provider and require federal agencies with responsibilities under the National Response Plan to address the preparedness and deployment of dental resources.

Based on the cost of similar requirements, CBO estimates that implementing H.R. 570 would have a negligible impact on federal spending over the next five years; any additional spending would be subject to the availability of appropriated funds. Enacting this legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 570 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Lisa Ramirez-Branum. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title; table of contents

Section 1 designates the short title of the Act as the “Dental Emergency Responder Act of 2011”.

Section 2. Dental emergency responders: public health and medical response

Section 2(a) amends section 2802(b)(3) of the Public Health Service Act to include dental health facilities in the National Health Security Strategy.

Section 2(b) amends section 319F(a)(5)(B) of the Public Health Service Act to include dental entities in the All-Hazards Public Health and Medical Response Curricula and Training.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SEC. 319F. PUBLIC HEALTH COUNTERMEASURES TO A BIOTERRORIST ATTACK.

(a) **ALL-HAZARDS PUBLIC HEALTH AND MEDICAL RESPONSE CURRICULA AND TRAINING.**—

(1) * * *

* * * * *

(5) **DISSEMINATION AND TRAINING.**—

(A) * * *

(B) **CERTAIN ENTITIES.**—The education and training activities described in subparagraph (A) may be carried out by Federal [public health or medical] *public health, medical, or dental* entities, appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.

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TITLE XXVIII—NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES**Subtitle A—National All-Hazards Preparedness and Response Planning, Coordinating, and Reporting**

* * * * *

SEC. 2802. NATIONAL HEALTH SECURITY STRATEGY.

(a) * * *

(b) **PREPAREDNESS GOALS.**—The National Health Security Strategy shall include provisions in furtherance of the following:

(1) * * *

* * * * *

(3) MEDICAL.—Increasing the preparedness, response capabilities, and surge capacity of hospitals, other health care facilities (including mental health facilities *and which may include dental health facilities*), and trauma care and emergency medical service systems, with respect to public health emergencies, which shall include developing plans for the following:

(A) * * *

* * * * *

(D) Effective utilization of any available public and private mobile medical assets (*which may include such dental health assets*) and integration of other Federal assets.

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