

Public Law 103-400  
103d Congress

An Act

To authorize and encourage the President to conclude an agreement with Mexico  
to establish a United States-Mexico Border Health Commission.

*Be it enacted by the Senate and House of Representatives of  
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the "United States-Mexico Border  
Health Commission Act".

SEC. 2. ESTABLISHMENT OF BORDER HEALTH COMMISSION.

The President is authorized and encouraged to conclude an  
agreement with Mexico to establish a binational commission to  
be known as the United States-Mexico Border Health Commission.

SEC. 3. DUTIES.

It should be the duty of the Commission--

(1) to conduct a comprehensive needs assessment in the  
United States-Mexico Border Area for the purposes of identify-  
ing, evaluating, preventing, and resolving health problems and  
potential health problems that affect the general population of the area;

(2) to implement the actions recommended by the needs  
assessment through--

(A) assisting in the coordination and implementation  
of the efforts of public and private entities to prevent  
and resolve such health problems, and

(B) assisting in the coordination and implementation  
of efforts of public and private entities to educate such  
population, in a culturally competent manner, concerning  
such health problems; and

SEC. 4. OTHER AUTHORIZED FUNCTIONS.

In addition to the duties described in section 3, the Commission  
should be authorized to perform the following functions as the  
Commission determines to be appropriate--

(1) to conduct or support investigations, research, or studies  
designed to identify, study, and monitor, on an on-going basis,

health problems that affect the general population in the United States-Mexico Border Area;

(2) to conduct or support a binational, public-private effort to establish a comprehensive and coordinated system, which uses advanced technologies to the maximum extent possible, for gathering health-related data and monitoring health problems in the United States-Mexico Border Area; and

(3) to provide financial, technical, or administrative assistance to public or private nonprofit entities who act to prevent or resolve such problems or who educate the population concerning such health problems.

#### SEC. 5. MEMBERSHIP.

(a) NUMBER AND APPOINTMENT OF UNITED STATES SECTION.— The United States section of the Commission should be composed of 13 members. The section should consist of the following members:

(1) The Secretary of Health and Human Services or the Secretary's delegate.

(2) The commissioners of health or chief health officer from the States of Texas, New Mexico, Arizona, and California or such commissioner's delegates.

(3) Two individuals residing in United States-Mexico Border Area in each of the States of Texas, New Mexico, Arizona, and California who are nominated by the chief executive officer of the respective States and appointed by the President from among individuals who have demonstrated ties to community-based organizations and have demonstrated interest and expertise in health issues of the United States-Mexico Border Area.

(b) COMMISSIONER.-- The Commissioner of the United States section of the Commission should be the Secretary of Health and Human Services or such individual's delegate to the Commission. The Commissioner should be the leader of the section.

(c) COMPENSATION.-- Members of the United States section of the Commission who are not employees of the United States or any State--

(1) shall each receive compensation at a rate of not to exceed the daily equivalent of the annual rate of basic pay payable for positions at GS-15 of the General Schedule under section 5332 of title 5, United States Code, for each day such member is engaged in the actual performance of the duties of the Commission; and

(2) shall be allowed travel expenses, including per diem in lieu of subsistence at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places

of business in the performance of services of the Commission.

#### SEC. 6. REGIONAL OFFICES.

The Commission may designate or establish one border health office in each of the States of Texas, New Mexico, Arizona, and California. Such office should be located within the United States-Mexico Border Area, and should be coordinated with--

- (1) State border health offices; and
- (2) local nonprofit organizations designated by the State's chief executive officer and directly involved in border health issues.

If feasible to avoid duplicative efforts, the Commission offices should be located in existing State or local nonprofit offices. The Commission should provide adequate compensation for cooperative efforts and resources.

#### SEC. 7. REPORTS.

Not later than February 1 of each year that occurs more than 1 year after the date of the establishment of the Commission, the Commission should submit an annual report to both the United States Government and the Government of Mexico regarding all activities of the Commission during the preceding calendar year.

#### SEC. 8. DEFINITIONS.

As used in this Act:

(1) COMMISSION.-- The term "Commission" means the United States-Mexico Border Health Commission.

(2) HEALTH PROBLEM.-- The term "health problem" means a disease or medical ailment or an environmental condition that poses the risk of disease or medical ailment. The term includes diseases, ailments, or risks of disease or ailment caused by or related to environmental factors, control of animals and rabies, control of insect and rodent vectors, disposal of solid and hazardous waste, and control and monitoring of air quality.

(3) SECRETARY.-- The term "Secretary" means the Secretary of Health and Human Services.

(4) UNITED STATES-MEXICO BORDER AREA.-- The term "United States-Mexico Border Area" means the area located in the United States and Mexico within 100 kilometers of the border between the United States and Mexico.

Approved October 22, 1994.

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LEGISLATIVE HISTORY—S. 1125 (H.R. 2305):

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Sept. 30, considered and passed Senate.

Oct. 3, 4, considered and rejected in House

Oct. 5, considered and passed House.