

110TH CONGRESS
1ST SESSION

H. R. 3643

To amend the Public Health Service Act to establish a Coordinated Environmental Public Health Network, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2007

Ms. PELOSI (for herself, Mrs. JONES of Ohio, and Ms. SLAUGHTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a Coordinated Environmental Public Health Network, 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 “Coordinated Environ-
5 mental Public Health Network Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress finds that—

8 (1) according to the Centers for Disease Con-
9 trol and Prevention, approximately 7 out of every 10

1 deaths in the United States are attributable to
2 chronic diseases, with more than 1,700,000 deaths
3 each year attributable to chronic diseases;

4 (2) with 90,000,000 people suffering from
5 chronic diseases each year, and over
6 \$750,000,000,000 in health care costs as a result,
7 the national cost of chronic disease is extremely high
8 and must be appropriately addressed;

9 (3) the rates of many chronic diseases, includ-
10 ing asthma, some birth defects, cancers, and autism,
11 appear to be increasing;

12 (4) there is a growing amount of evidence that
13 environmental factors are strongly linked with spe-
14 cific chronic disease;

15 (5) a major gap in critical knowledge exists re-
16 garding the prevalence and incidence of chronic dis-
17 eases;

18 (6) States, local communities, territories, and
19 Indian tribes need assistance with public health ef-
20 forts that would lead to prevention of chronic dis-
21 ease, including the establishment and maintenance
22 of necessary infrastructure for disease and environ-
23 mental hazard exposure surveillance;

24 (7) several chronic conditions that have a dis-
25 proportionate impact upon minority communities,

1 such as asthma, have been linked to environmental
2 factors, and work on health disparities should in-
3 clude efforts to research these links and ameliorate
4 the environmental factors tied to these conditions;
5 and

6 (8) a Coordinated Environmental Public Health
7 Network will help target resources to areas of chron-
8 ic disease prevention most in need.

9 (b) PURPOSES.—It is the purpose of this Act to—

10 (1) develop, ensure oversight of the operation
11 of, and maintain a Coordinated Environmental Pub-
12 lic Health Network and State Environmental Public
13 Health Networks, and operate and maintain rapid
14 response capabilities so that the Federal Govern-
15 ment, States, local governments, territories, and In-
16 dian tribes can more effectively monitor, investigate,
17 respond to, research, and prevent increases in the
18 incidence and prevalence of certain chronic diseases
19 and relevant environmental and other risk factors;

20 (2) provide information collected through the
21 Coordinated and State Environmental Public Health
22 Networks to government agencies, public health
23 practitioners and researchers, State and local policy
24 makers, health officials, and the public;

1 (3) expand and coordinate among existing sur-
2 veillance and data collection systems and other infra-
3 structure for chronic diseases and relevant environ-
4 mental, and other risk factors, including those rel-
5 evant to bioterrorism;

6 (4) improve coordination between the areas of
7 public health, environmental protection, and chem-
8 ical, radiological and biological terrorism;

9 (5) provide necessary support to ensure the
10 availability of a sufficient number of well-trained en-
11 vironmental health and public health personnel to
12 participate and provide leadership in the develop-
13 ment and maintenance of the Coordinated and State
14 Environmental Public Health Networks; and

15 (6) encourage coordination between researchers
16 and Federal, State, and local entities, including the
17 National Institutes of Health, for genetic studies on
18 diseases associated with environmental factors with
19 an emphasis on finding genetic risk factors and
20 mutations associated with such diseases.

21 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**

22 **ACT.**

23 The Public Health Service Act (42 U.S.C. 201 et
24 seq.) is amended by adding at the end the following:

1 **“TITLE XXX—COORDINATED EN-**
2 **VIRONMENTAL PUBLIC**
3 **HEALTH NETWORK**

4 **“SEC. 3000. DEFINITIONS.**

5 “In this title:

6 “(1) ADMINISTRATOR.—The term ‘Adminis-
7 trator’ means the Administrator of the Environ-
8 mental Protection Agency.

9 “(2) COMMITTEE.—The term ‘Committee’
10 means the Advisory Committee established under
11 section 3001(d).

12 “(3) DIRECTOR.—The term ‘Director’ means
13 the Director of the Centers for Disease Control and
14 Prevention.

15 “(4) DIRECTOR OF CENTER.—The term ‘Direc-
16 tor of Center’ means the Director of the National
17 Center for Environmental Health at the Centers for
18 Disease Control and Prevention.

19 “(5) MEDICAL PRIVACY REGULATIONS.—The
20 term ‘medical privacy regulations’ means the regula-
21 tions promulgated under section 264(c) of the
22 Health Insurance Portability and Accountability Act
23 of 1996.

24 “(6) COORDINATED NETWORK.—The term ‘Co-
25 ordinated Network’ means the Coordinated Environ-

1 mental Public Health Network established under
2 section 3001(a).

3 “(7) PRIORITY CHRONIC CONDITIONS AND
4 HEALTH EFFECTS.—The term ‘priority chronic con-
5 ditions and health effects’ means the conditions to
6 be tracked in the Coordinated Network and the
7 State Networks, such as birth defects, developmental
8 disabilities (such as cerebral palsy, autism, and men-
9 tal retardation), asthma and chronic respiratory dis-
10 eases, neurological diseases (such as Parkinson’s dis-
11 ease, multiple sclerosis, Alzheimer’s disease, and
12 amyotrophic lateral sclerosis), autoimmune diseases
13 (such as lupus), cancer, juvenile diabetes, and such
14 other priority chronic conditions and health effects
15 as the Secretary may specify.

16 “(8) STATE NETWORK.—The term ‘State Net-
17 work’ means a State Environmental Public Health
18 Network established under section 3001(b).

19 “(9) STATE.—The term ‘State’ means a State,
20 local government, territory, or Indian tribe that is
21 eligible to receive a health tracking grant under sec-
22 tion 3001(b).

1 **“SEC. 3001. ESTABLISHMENT OF COORDINATED AND STATE**
2 **ENVIRONMENTAL PUBLIC HEALTH NET-**
3 **WORKS.**

4 “(a) COORDINATED ENVIRONMENTAL PUBLIC
5 HEALTH NETWORK.—

6 “(1) ESTABLISHMENT.—Not later than 36
7 months after the date of the enactment of this title,
8 the Secretary, acting through the Director, in con-
9 sultation with the Administrator and the Director of
10 Center, and with the involvement of other Federal
11 agencies, State and local health departments, and
12 the Committee, shall establish and operate a Coordi-
13 nated Environmental Public Health Network. In es-
14 tablishing and operating the Coordinated Network,
15 the Secretary shall, as practicable—

16 “(A) identify, build upon, expand, and co-
17 ordinate among existing data and surveillance
18 systems, surveys, registries, and other Federal
19 public health and environmental infrastructure
20 as practicable, including—

21 “(i) the Public Health Information
22 Network;

23 “(ii) State birth defects surveillance
24 systems as supported under section 317C;

25 “(iii) State cancer registries as sup-
26 ported under part M of title III;

1 “(iv) State asthma surveillance sys-
2 tems as supported under section 317I;

3 “(v) the National Health and Nutri-
4 tion Examination Survey;

5 “(vi) the Behavioral Risk Factor Sur-
6 veillance System;

7 “(vii) the Hazardous Substance Re-
8 lease/Health Effects Database;

9 “(viii) the Hazardous Substances
10 Emergency Events Surveillance System;
11 and

12 “(ix) the State vital statistics systems
13 as supported under section 306;

14 “(B) provide for public access to an elec-
15 tronic national database that accepts data from
16 the State Networks on the incidence and preva-
17 lence of priority chronic conditions and health
18 effects and relevant environmental and other
19 factors, in a manner which protects personal
20 privacy consistent with the medical privacy reg-
21 ulations;

22 “(C) prepare and publish, in accordance
23 with paragraph (2)—

24 “(i) not later than 12 months after
25 the date of enactment of this title, and an-

1 nually thereafter, a Coordinated Environ-
2 mental Public Health Network Status Re-
3 port (referred to in this title as the ‘Status
4 Report’) to provide to Congress and the
5 public an update on the progress made to-
6 ward developing and further expanding the
7 Coordinated Network and State Networks,
8 with such report to be made available to
9 the public on the websites of the Centers
10 for Disease Control and Prevention and
11 the Environmental Protection Agency; and

12 “(ii) not later than 2 years after the
13 date of enactment of this title, and bienni-
14 ally thereafter, a Coordinated Network
15 Health and Environment Report describing
16 environmental and other factors potentially
17 relevant to the Nation’s health, in order to
18 allow the public to access and understand
19 information about environmental health at
20 the Federal, State, and, where practicable,
21 local level;

22 “(D) operate and maintain National Envi-
23 ronmental Health Rapid Response Services
24 through the Epidemic Intelligence Service, and
25 other mechanisms available through the Na-

1 tional Center for Environmental Health of the
2 Centers for Disease Control and Prevention,
3 and the Agency for Toxic Substances and Dis-
4 ease Registry, to carry out the activities de-
5 scribed in paragraph (3), as practicable;

6 “(E) provide for the establishment of State
7 Networks, and coordinate the State Networks
8 as provided for under subsection (b);

9 “(F) provide technical assistance to sup-
10 port the State Networks, including providing—

11 “(i) training for environmental health
12 investigators appointed or hired under sub-
13 section (b)(3)(D);

14 “(ii) technical assistance as needed to
15 States to build necessary capacity and in-
16 frastructure for the establishment of a
17 State Network, including a computerized
18 data collection, reporting, and processing
19 system, and additional assistance identified
20 by the States under subsection (b)(5)(C)
21 as necessary for infrastructure develop-
22 ment, such as assistance to improve the ex-
23 pertise of personnel in responding to envi-
24 ronmental health concerns; and

1 “(iii) such other technical assistance
2 as the Secretary, in consultation with the
3 Administrator and the Director of Center,
4 determines to be necessary;

5 “(G) not later than 12 months after the
6 date of the enactment of this title, develop min-
7 imum standards and procedures in accordance
8 with paragraph (4) for data collection and re-
9 porting for the State Networks, to be updated
10 not less than annually thereafter; and

11 “(H) in developing the minimum standards
12 and procedures under subparagraph (G), in-
13 clude mechanisms for allowing the States to set
14 priorities, and allocate resources accordingly,
15 among the factors described in subparagraphs
16 (A), (B), and (C) of paragraph (4).

17 “(2) REPORTS.—

18 “(A) ANNUAL REPORTS.—Each Status Re-
19 port prepared under paragraph (1)(C)(i) shall
20 include—

21 “(i) a statement of the activities car-
22 ried out under this title;

23 “(ii) the identification of gaps in the
24 data of the Coordinated Network, includ-

1 ing diseases of concern and environmental
2 exposures not tracked; and

3 “(iii) identification of key milestones
4 achieved in the preceding year.

5 “(B) BIENNIAL REPORTS.—Each Coordi-
6 nated Network Health and Environment Report
7 prepared under paragraph (1)(C)(ii) shall in-
8 clude—

9 “(i) a statement of the activities car-
10 ried out under this title;

11 “(ii) an analysis of the most currently
12 available incidence, prevalence, and trends
13 of priority chronic conditions and health
14 effects, and potentially relevant environ-
15 mental and other factors, by State and, as
16 practicable, by local areas such as a census
17 tract or other political or administrative
18 subdivision, as determined appropriate by
19 the Secretary in consultation with the Ad-
20 ministrator;

21 “(iii) recommendations regarding high
22 risk populations, public health concerns,
23 response and prevention strategies, and ad-
24 ditional tracking needs; and

1 “(iv) to the extent practicable, a dis-
2 cussion of genetic risk factors that have
3 been shown to be associated with environ-
4 mental factors and these priority chronic
5 conditions and health effects.

6 “(3) NATIONAL ENVIRONMENTAL HEALTH
7 RAPID RESPONSE SERVICES.—

8 “(A) IN GENERAL.—The National Envi-
9 ronmental Health Rapid Response Services op-
10 erated under paragraph (1)(D) shall—

11 “(i) work with environmental health
12 investigators appointed or hired under sub-
13 section (b)(3)(D) to develop and implement
14 strategies, protocols, and guidelines for the
15 coordinated, rapid responses to actual and
16 perceived higher than expected incidence
17 and prevalence rates of priority chronic
18 conditions and health effects and to acute
19 and potential environmental hazards and
20 exposures;

21 “(ii) provide assistance in the conduct
22 of investigations into higher than expected
23 incidence and prevalence rates of priority
24 chronic conditions and health effects or en-
25 vironmental exposures after a State re-

1 quests assistance, through a process estab-
2 lished by the Secretary;

3 “(iii) coordinate activities carried out
4 under this title with activities carried out
5 under sections 319 through 319G; and

6 “(iv) coordinate activities carried out
7 under this title with other Federal and
8 State agencies, as appropriate.

9 “(B) COORDINATION WITH EXISTING EF-
10 FORTS.—The National Environmental Health
11 Rapid Response Services operated under para-
12 graph (1)(D) shall incorporate the efforts,
13 strategies, and protocols of the Centers for Dis-
14 ease Control and Prevention with respect to
15 rapidly responding to and investigating possible
16 increases in priority chronic conditions and
17 other health effects and environmental health
18 threats.

19 “(4) DATA COLLECTION AND REPORTING BY
20 STATE NETWORKS.—The minimum standards and
21 procedures referred to in paragraph (1)(G) shall in-
22 clude—

23 “(A) a list and definitions of the priority
24 chronic conditions and health effects to be
25 tracked through the State Networks;

1 “(B) a list and definitions of relevant envi-
2 ronmental exposures of concern to be tracked,
3 to the extent practicable, through the State
4 Networks, including—

5 “(i) hazardous air pollutants (as de-
6 fined in section 302(g) of the Clean Air
7 Act);

8 “(ii) air pollutants for which national
9 primary ambient air quality standards
10 have been promulgated under section 109
11 of the Clean Air Act;

12 “(iii) pollutants or contaminants (as
13 defined in section 101 of the Comprehen-
14 sive Environmental Response, Compensa-
15 tion, and Liability Act of 1980);

16 “(iv) toxic chemicals (as described in
17 section 313 of the Emergency Planning
18 and Community Right-to-Know Act of
19 1986);

20 “(v) substances reported under the
21 Toxic Substances Control Act Inventory
22 Update Rule as provided for in part 710 of
23 title 40, Code of Federal Regulations, or
24 successor regulations;

1 “(vi) pesticides (as defined in section
2 2(u) of the Federal Insecticide, Fungicide,
3 and Rodenticide Act); and

4 “(vii) such other potentially relevant
5 environmental factors as the Secretary
6 may specify;

7 “(C) a list and definitions of potentially
8 relevant behavioral, socioeconomic, demo-
9 graphic, and genetic factors known to be associ-
10 ated with these priority chronic conditions and
11 health effects and other risk factors, such as
12 race, ethnic status, gender, age, occupation, and
13 primary language, to be tracked through the
14 State Networks;

15 “(D) procedures for the complete and
16 timely collection and reporting of data to the
17 Coordinated Network by local areas, such as a
18 census tract or other political subdivision deter-
19 mined appropriate by the Secretary, in con-
20 sultation with the Administrator, regarding the
21 factors described in subparagraphs (A), (B),
22 and (C);

23 “(E) procedures for making data available
24 to the public and researchers, and for reporting
25 to the Coordinated Network, while protecting

1 the confidentiality of all personal data reported,
2 in accordance with medical privacy regulations;

3 “(F) standards and procedures for the es-
4 tablishment, operation, and maintenance of lab-
5 oratories conducting biomonitoring, in order to
6 expand the scope and amount of biomonitoring
7 data collected by the Centers for Disease Con-
8 trol and Prevention as described in section
9 3004;

10 “(G) criteria for the environmental health
11 investigators as required under subsection
12 (b)(3)(D);

13 “(H) procedures for record and data main-
14 tenance and verification; and

15 “(I) a framework for coordinating genetic
16 studies on these priority chronic conditions and
17 health effects associated with environmental
18 factors including privacy protections, informed
19 consent, and contact information for patients
20 wishing to enroll in clinical trials.

21 “(b) STATE ENVIRONMENTAL PUBLIC HEALTH NET-
22 WORKS.—

23 “(1) GRANTS.—Not later than 12 months after
24 the date of the enactment of this title, the Secretary,
25 acting through the Director, in consultation with the

1 Administrator and the Director of Center, and tak-
2 ing into consideration the findings of the Committee,
3 shall award grants to States for the establishment,
4 maintenance, and operation of State Environmental
5 Public Health Networks in accordance with the min-
6 imum standards and procedures established by the
7 Secretary under subsection (a)(4).

8 “(2) SPECIALIZED ASSISTANCE.—The Coordi-
9 nated Network shall provide specialized assistance to
10 grantees in the establishment, maintenance, and op-
11 eration of State Networks.

12 “(3) REQUIREMENTS.—A State receiving a
13 grant under this subsection shall use the grant—

14 “(A) to establish an environmental public
15 health network that will provide—

16 “(i) for the tracking of the incidence,
17 prevalence, and trends of priority chronic
18 conditions and health effects, and poten-
19 tially relevant environmental and other fac-
20 tors as set forth in subsection (a), as well
21 as any additional priority chronic condi-
22 tions and health effects and potentially re-
23 lated environmental exposures of concern
24 to that State;

1 “(ii) for identification of priority
2 chronic conditions and health effects and
3 potentially relevant environmental, genetic,
4 and other factors that disproportionately
5 impact low income and minority commu-
6 nities;

7 “(iii) for the protection of the con-
8 fidentiality of all personal data reported, in
9 accordance with the medical privacy regu-
10 lations;

11 “(iv) a means by which confidential
12 data may, in accordance with Federal and
13 State law, be disclosed to researchers for
14 the purposes of public health research;

15 “(v) the fullest possible public access
16 to data collected by the State Network or
17 through the Coordinated Network, while
18 ensuring that individual privacy is pro-
19 tected in accordance with subsection
20 (a)(1)(B); and

21 “(vi) for the collection of exposure
22 data through biomonitoring and other
23 methods, which may include the entering
24 into of cooperative agreements as described
25 in section 3004;

1 “(B) to develop a publicly available plan
2 for establishing the State Network in order to
3 meet minimum standards and procedures as de-
4 veloped by the Coordinated Network under sub-
5 section (a)(4), including the State’s priorities
6 within the minimum standards, a timeline by
7 which all the standards will be met, and a plan
8 for coordinating and expanding existing data
9 and surveillance systems within the State in-
10 cluding any pilot projects established through
11 the Centers for Disease Control and Prevention
12 prior to the date of the enactment of this title;

13 “(C) to appoint a lead public health de-
14 partment or agency that will be responsible for
15 the development, operation, and maintenance of
16 the State Network, and ensure the appropriate
17 coordination among State and local agencies,
18 including environmental agencies, regarding the
19 development, operation, and maintenance of the
20 State Network;

21 “(D) to appoint or hire an environmental
22 health investigator who meets criteria estab-
23 lished by the Secretary under subsection
24 (a)(4)(G) and who will coordinate the develop-

1 ment and maintenance of the rapid response
2 protocol established under subparagraph (E);

3 “(E) to establish a rapid response protocol,
4 coordinated by the grantee’s environmental
5 health investigator, in order to respond in a
6 timely manner to actual and perceived incidence
7 and prevalence rates of priority chronic diseases
8 that are higher than expected, acute and poten-
9 tial environmental hazards and exposures, and
10 other environmental health concerns, including
11 warning the public when emergent public health
12 concerns are detected through the State Net-
13 work, and concerns regarding vulnerable sub-
14 populations and disproportionately impacted
15 subpopulations;

16 “(F) to establish an advisory committee to
17 ensure local community input to the State Net-
18 work; and

19 “(G) to recruit and train public health offi-
20 cials to continue to expand the State Network.

21 “(4) LIMITATION.—A State that receives a
22 grant under this section may not use more than 10
23 percent of the funds made available through the
24 grant for administrative costs.

1 “(5) APPLICATION.—To seek a grant under this
2 section, a State shall submit to the Secretary an ap-
3 plication at such time, in such form and manner,
4 and accompanied by such information as the Sec-
5 retary may specify. The Secretary may not approve
6 an application for a grant under this subsection un-
7 less the application—

8 “(A) contains assurances that the State
9 will—

10 “(i) use the grant only in compliance
11 with the requirements of this title; and

12 “(ii) establish such fiscal control and
13 fund accounting procedures as may be nec-
14 essary to ensure the proper disbursement
15 and accounting of Federal funds paid to
16 the State under the grant;

17 “(B) contains the assurance that the State
18 will establish a State Network as required by
19 this subsection; and

20 “(C) contains assurances that if the State
21 is unable to meet all of the requirements de-
22 scribed in this subsection within the prescribed
23 time period, the State will use grant funds to
24 increase the public health infrastructure of the
25 State, acting in cooperation with the Coordi-

1 nated Network, in order to implement and
2 maintain a State Network within 24 months of
3 the receipt of such grant.

4 “(c) PILOT PROJECTS.—

5 “(1) IN GENERAL.—A State may apply for a
6 grant under this subsection to implement a pilot
7 project that is approved by the Secretary, acting
8 through the Director and in consultation with the
9 Administrator, the Director of Center, and the Com-
10 mittee.

11 “(2) ACTIVITIES.—A State shall use amounts
12 received under a grant under this subsection to
13 carry out a pilot project designed to develop State
14 Network enhancements and to develop programs to
15 address specific local and regional concerns, includ-
16 ing—

17 “(A) the expansion of the State Network
18 to include additional chronic diseases or envi-
19 ronmental exposures;

20 “(B) the conduct of investigations of local
21 concerns of increased incidence or prevalence of
22 priority chronic conditions and health effects
23 and environmental exposures; and

1 “(C) the carrying out of other activities as
2 determined to be a priority by the State or con-
3 sortium of regional States and the Secretary.

4 “(3) RESULTS.—The Secretary may consider
5 the results of the pilot projects under this subsection
6 for inclusion into the Coordinated Network.

7 “(d) ADVISORY COMMITTEE.—

8 “(1) ESTABLISHMENT.—Not later than 9
9 months after the date of the enactment of this title,
10 the Secretary acting jointly with the Administrator
11 and the Director of Center, shall establish an Advi-
12 sory Committee in accordance with the Federal Ad-
13 visory Committee Act.

14 “(2) COMPOSITION.—

15 “(A) IN GENERAL.—The Advisory Com-
16 mittee shall be composed of 16 members to be
17 appointed by the Secretary. Each member of
18 the Advisory Committee shall serve a 3-year
19 term, except that the Secretary may appoint the
20 initial members of the Advisory Committee for
21 lesser terms in order to comply with the fol-
22 lowing sentence. In appointing the members of
23 the Advisory Committee, the Secretary shall en-
24 sure that the terms of 5 or 6 members expire
25 each year.

1 “(B) QUALIFICATIONS.—The Advisory
2 Committee shall include at least—

3 “(i) 9 members that have experience
4 in the areas of—

5 “(I) public health;

6 “(II) the environment, especially
7 toxic chemicals and human exposure;

8 “(III) epidemiology;

9 “(IV) biomonitoring and other
10 relevant exposure technologies; and

11 “(V) human disease genetics; and

12 “(ii) 1 member representing nonprofit
13 organizations with expertise in environ-
14 mental health, community-based
15 participatory research, and developing a
16 community response to priority chronic
17 conditions and health effects.

18 “(3) REPORTING.—The Advisory Committee
19 shall not later than 12 months after the date of the
20 enactment of this title, and at least once every 12
21 months thereafter, report to Congress on the
22 progress of the Coordinated Network.

23 “(4) HEARINGS.—The Advisory Committee
24 shall hold such hearings, sit and act at such times
25 and places, take such testimony, and receive such

1 evidence as the Committee considers appropriate to
2 carry out the objectives of the Coordinated Network.

3 “(5) DUTIES.—The Advisory Committee
4 shall—

5 “(A) review and provide input for each
6 Status Report and Coordinated Network Health
7 and Environment Report prior to publication,
8 and make recommendations as to the progress
9 of the Coordinated Network, including identi-
10 fying information gaps in the network;

11 “(B) assist in developing the minimum
12 standards and procedures for the State Net-
13 works under subsection (a)(4) and developing
14 coordinated and standardized guidelines to re-
15 spond to priority chronic conditions and health
16 effects; and

17 “(C) provide ongoing public input to the
18 Coordinated Network.

19 “(e) PRIVACY.—In establishing and operating the Co-
20 ordinated Network under subsection (a), and in making
21 grants under subsections (b) and (c), the Secretary shall
22 ensure the protection of privacy of individually identifiable
23 health information, including ensuring protection con-
24 sistent with the regulations promulgated under section

1 264(c) of the Health Insurance Portability and Account-
2 ability Act of 1996 (42 U.S.C. 1320d–2 note).

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 \$100,000,000 for fiscal year 2008 and such sums as may
6 be necessary for each of fiscal years 2009 through 2012.

7 **“SEC. 3002. INCREASING PUBLIC HEALTH PERSONNEL CA-**
8 **PACITY.**

9 “(a) SCHOOLS OR PROGRAMS OF PUBLIC HEALTH
10 CENTERS OF EXCELLENCE.—

11 “(1) GRANTS.—Beginning in fiscal year 2008,
12 the Secretary may award grants to at least 5 accred-
13 ited schools or programs of public health for the es-
14 tablishment, maintenance, and operation of Centers
15 of Excellence for research and demonstration with
16 respect to priority chronic conditions and health ef-
17 fects and relevant environmental factors.

18 “(2) ACTIVITIES.—A Center of Excellence es-
19 tablished or operated under paragraph (1) shall un-
20 dertake research and development projects in at
21 least 1 of the following areas:

22 “(A) Investigating causal connections be-
23 tween priority chronic conditions and health ef-
24 fects and environmental factors.

1 “(B) Increasing the understanding of the
2 causes of higher than expected incidence and
3 prevalence rates of priority chronic conditions
4 and health effects and developing more effective
5 intervention methods for when such elevated
6 rates occur.

7 “(C) Identifying additional chronic condi-
8 tions and environmental factors that could be
9 tracked by the Coordinated Network.

10 “(D) Improving translation of Coordinated
11 Network tracking results into effective preven-
12 tion activities.

13 “(E) Improving training of the public
14 health workforce in environmental epidemiology,
15 public health surveillance, and effective risk
16 communication.

17 “(F) Establishing links to the Coordinated
18 Network and the State Networks to identify as-
19 sociations that warrant further study.

20 “(3) REQUIREMENTS FOR CENTERS OF EXCEL-
21 LENCE.—To be eligible to receive a grant under
22 paragraph (1), a school or program of public health
23 shall provide assurances that the school or pro-
24 gram—

1 “(A) meets the minimum requirements as
2 established by the Secretary in consultation
3 with the Director;

4 “(B) maintains privacy for public health
5 information if appropriate to the project, in-
6 cluding the protections described in section
7 3001(e); and

8 “(C) makes public information regarding
9 the findings and results of the programs.

10 “(4) AUTHORIZATION OF APPROPRIATIONS.—

11 There is authorized to be appropriated to carry out
12 this subsection \$5,000,000 for each of fiscal years
13 2008 through 2012.

14 “(b) JOHN H. CHAFEE PUBLIC HEALTH SCHOLAR
15 PROGRAM.—

16 “(1) IN GENERAL.—The Secretary shall award
17 scholarships, to be known as John H. Chafee Public
18 Health Scholarships, to eligible students who are en-
19 rolled in an accredited school of public health or
20 medicine. The Secretary shall determine both the
21 criteria and eligibility requirements for such scholar-
22 ships, after consultation with the Committee.

23 “(2) AUTHORIZATION OF APPROPRIATIONS.—

24 There is authorized to be appropriated to carry out

1 this subsection \$2,500,000 for each of fiscal years
2 2008 through 2012.

3 “(c) APPLIED EPIDEMIOLOGY FELLOWSHIP PRO-
4 GRAMS.—

5 “(1) IN GENERAL.—Beginning in fiscal year
6 2008, the Secretary, acting through the Director,
7 shall enter into a cooperative agreement with the
8 Council of State and Territorial Epidemiologists to
9 train and place, in State and local health depart-
10 ments, applied epidemiology fellows to enhance State
11 and local public health capacity in the areas of envi-
12 ronmental health, chronic and other noninfectious
13 diseases and conditions, and public health surveil-
14 lance.

15 “(2) AUTHORIZATION OF APPROPRIATIONS.—
16 There is authorized to be appropriated to carry out
17 this subsection \$2,500,000 for fiscal year 2008, and
18 such sums as may be necessary in each of fiscal
19 years 2009 through 2012.

20 **“SEC. 3003. GENERAL PROVISIONS.**

21 “(a) APPROPRIATIONS ACCOUNT.—All authorizations
22 of appropriations established in this title are authoriza-
23 tions exclusively for appropriations to the account that,
24 among appropriations accounts for the Centers for Dis-

1 ease Control and Prevention, is designated ‘Environmental
2 Health’.

3 “(b) DATE CERTAIN FOR OBLIGATION OF APPRO-
4 PRIATIONS.—With respect to the process of receiving ap-
5 plications for and making awards of grants, cooperative
6 agreements, and contracts under this title, the Secretary,
7 acting through the Director, shall to the extent practicable
8 design the process to ensure that amounts appropriated
9 under this title for such awards for a fiscal year are obli-
10 gated not later than the beginning of the fourth quarter
11 of the fiscal year, subject to compliance with section 1512
12 of title 31, United States Code (relating to deficiency or
13 supplemental appropriations), and other applicable law re-
14 garding appropriations accounting.

15 “(c) COORDINATION WITH AGENCY FOR TOXIC SUB-
16 STANCES AND DISEASE REGISTRY.—In carrying out this
17 title, the Secretary, acting through the Director, shall co-
18 ordinate activities and responses with the Agency for
19 Toxic Substances and Disease Registry.

20 “(d) COORDINATION WITH EXISTING TRACKING
21 PROGRAM THROUGH CDC.—The Secretary shall integrate
22 the enactment of this title with all environmental health
23 tracking programs funded prior to the date of enactment
24 of this title, including by integrating the programs, in ex-
25 istence on the date of enactment of this title, to develop

1 State Network enhancements and to develop programs to
2 address specific local and regional concerns.

3 **“SEC. 3004. EXPANSION OF BIOMONITORING CAPABILITIES**
4 **AND DATA COLLECTION.**

5 “(a) PURPOSE.—It is the purpose of this section to
6 expand the scope and amount of biomonitoring data col-
7 lected by the Centers for Disease Control and Prevention,
8 State laboratories, and consortia of State laboratories, in
9 order to obtain robust information, including information
10 by geographically defined areas and subpopulations, about
11 a range of environmental exposures.

12 “(b) IN GENERAL.—In meeting the purpose of this
13 section, the Secretary shall ensure that biomonitoring data
14 are collected through appropriate sources, including the
15 National Health and Nutrition Examination Survey, and
16 shall, as appropriate, enter into collaboration or partner-
17 ships with other entities to obtain additional information
18 regarding vulnerable subpopulations or other subpopula-
19 tions.

20 “(c) COOPERATIVE AGREEMENTS.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Director of the Centers for Disease
23 Control and Prevention, shall enter into cooperative
24 agreements with States or consortia of States to
25 support the purposes of this title.

1 “(2) APPLICATIONS.—Applications for such co-
2 operative agreements by consortia of States shall ad-
3 dress the manner in which such States will coordi-
4 nate activities with other States in the region, and
5 shall designate a lead State for administrative pur-
6 poses.

7 “(3) GEOGRAPHIC DISTRIBUTION.—In entering
8 into cooperative agreements under this section, the
9 Secretary shall, to the extent practicable, take ap-
10 propriate measures to provide for an equitable geo-
11 graphic distribution of such agreements.

12 “(d) PRIVACY.—In carrying out this section, the Sec-
13 retary shall ensure the protection of privacy of individually
14 identifiable health information, including ensuring protec-
15 tion consistent with the regulations promulgated under
16 section 264(c) of the Health Insurance Portability and Ac-
17 countability Act of 1996 (42 U.S.C. 1320d–2 note).

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section,
20 \$50,000,000 for fiscal year 2008, and such sums as may
21 be necessary for each of fiscal years 2009 through 2012.”.

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