

110TH CONGRESS  
1ST SESSION

# S. 2082

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

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2007

Mrs. CLINTON (for herself, Mr. HATCH, and Mr. REID) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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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