

109TH CONGRESS
1ST SESSION

S. _____

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and
referred to the Committee on _____

A BILL

To amend the Public Health Service Act to establish a Co-
ordinated Environmental 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 Health Network Act of 2005”.

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;

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

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

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

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

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

23 (7) a Coordinated Environmental Health Net-
24 work will help target resources to areas of chronic
25 disease prevention most in need.

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

2 (1) develop, operate, and maintain a Coordi-
3 nated Environmental Health Network, State Envi-
4 ronmental Health Networks, and rapid response ca-
5 pabilities so that the Federal Government, States,
6 local governments, territories, and Indian tribes can
7 more effectively monitor, investigate, respond to, re-
8 search, and prevent increases in the incidence and
9 prevalence of certain chronic diseases and relevant
10 environmental and other risk factors;

11 (2) provide information collected through the
12 Coordinated and State Environmental Health Net-
13 works to government agencies, public health practi-
14 tioners and researchers, policy makers, and the pub-
15 lic;

16 (3) expand and coordinate among existing sur-
17 veillance and data collection systems and other infra-
18 structure for chronic diseases and relevant environ-
19 mental, and other risk factors, including those rel-
20 evant to bioterrorism;

21 (4) improve coordination between the areas of
22 public health, environmental protection, and chem-
23 ical, radiological and biological terrorism;

24 (5) provide necessary support to ensure the
25 availability of a sufficient number of well-trained en-

1 vironmental health and public health personnel to
2 participate and provide leadership in the develop-
3 ment and maintenance of the Coordinated and State
4 Environmental Health Networks; and

5 (6) encourage coordination between researchers
6 and Federal, State, and local entities, including the
7 National Institutes of Health, for genetic studies on
8 diseases associated with environmental factors with
9 an emphasis on finding genetic risk factors and
10 mutations associated with such diseases.

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

12 **ACT.**

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

15 **“TITLE XXIX—COORDINATED EN-**
16 **VIRONMENTAL HEALTH NET-**
17 **WORK**

18 **“SEC. 2900. DEFINITIONS.**

19 “In this title:

20 “(1) ADMINISTRATORS.—The term ‘Administra-
21 tors’ means the Director of the Centers for Disease
22 Control and Prevention Coordinating Center for En-
23 vironmental Health, Injury Prevention, and Occupa-
24 tional Health, and the Administrator of the Environ-
25 mental Protection Agency.

1 “(2) COMMITTEE.—The term ‘Committee’
2 means the Advisory Committee established under
3 section 2901(d).

4 “(3) DIRECTOR.—The term ‘Director’ means
5 the Director of the Centers for Disease Control and
6 Prevention.

7 “(4) MEDICAL PRIVACY REGULATIONS.—The
8 term ‘medical privacy regulations’ means the regula-
9 tions promulgated under section 264(c) of the
10 Health Insurance Portability and Accountability Act
11 of 1996.

12 “(5) COORDINATED NETWORK.—The term ‘Co-
13 ordinated Network’ means the Coordinated Environ-
14 mental Health Network established under section
15 2901(a).

16 “(6) PRIORITY CHRONIC CONDITION.—The
17 term ‘priority chronic condition’ means a condition
18 to be tracked in the Coordinated Network and the
19 State Networks, including birth defects, develop-
20 mental disabilities (such as cerebral palsy, autism,
21 and mental retardation), asthma and chronic res-
22 piratory diseases, neurological diseases (such as Par-
23 kinson’s disease, multiple sclerosis, Alzheimer’s dis-
24 ease, and amyotrophic lateral sclerosis), autoimmune
25 diseases (such as lupus), cancer, juvenile diabetes,

1 and such other priority chronic conditions as the
2 Secretary may specify.

3 “(7) STATE NETWORK.—The term ‘State Net-
4 work’ means a State Environmental Health Network
5 established under section 2901(b).

6 “(8) STATE.—The term ‘State’ means a State,
7 territory, or Indian tribe that is eligible to receive a
8 health tracking grant under section 2901(b).

9 **“SEC. 2901. ESTABLISHMENT OF COORDINATED AND STATE**
10 **ENVIRONMENTAL HEALTH NETWORKS.**

11 “(a) COORDINATED ENVIRONMENTAL HEALTH NET-
12 WORK.—

13 “(1) ESTABLISHMENT.—Not later than 36
14 months after the date of the enactment of this title,
15 the Secretary, acting through the Director and in
16 consultation with the Administrators, State and local
17 health departments, and the Committee, shall estab-
18 lish and operate a Coordinated Environmental
19 Health Network. In establishing and operating the
20 Coordinated Network, the Secretary shall—

21 “(A) identify, build upon, expand, and co-
22 ordinate among existing data and surveillance
23 systems, surveys, registries, and other Federal
24 public health and environmental infrastructure
25 wherever possible, including—

1 “(i) the National Electronic Disease
2 Surveillance System;

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

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

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

9 “(v) the National Health and Nutri-
10 tion Examination Survey;

11 “(vi) the Behavioral Risk Factor Sur-
12veillance System;

13 “(vii) the Hazardous Substance Re-
14 lease/Health Effects Database;

15 “(viii) the Hazardous Substances
16 Emergency Events Surveillance System;

17 “(ix) the National Exposure Registry;

18 “(x) the Health Alert Network; and

19 “(xi) the State vital statistics systems
20 as supported under section 306;

21 “(B) provide for public access to an elec-
22 tronic national database that accepts data from
23 the State Networks on the incidence and preva-
24 lence of priority chronic conditions and relevant
25 environmental and other factors, in a manner

1 which protects personal privacy consistent with
2 the medical privacy regulations;

3 “(C) not later than 36 months after the
4 date of the enactment of this title, and annually
5 thereafter, prepare and publish, in accordance
6 with paragraph (2), a Coordinated Environ-
7 mental Health Network Report to provide the
8 public with the findings of the Coordinated Net-
9 work;

10 “(D) operate and maintain a National En-
11 vironmental Health Rapid Response Service
12 within the Epidemic Intelligence Service to
13 carry out the activities described in paragraph
14 (3);

15 “(E) provide for the establishment of State
16 Networks, and coordinate the State Networks
17 as provided for under subsection (b);

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

20 “(i) training for environmental health
21 investigators appointed or hired under sub-
22 section (b)(3)(D);

23 “(ii) technical assistance as needed to
24 States to build necessary capacity and in-
25 frastructure for the establishment of a

1 State Network, including a computerized
2 data collection, reporting, and processing
3 system, and additional assistance identified
4 by the States under subsection (b)(5)(C)
5 as necessary for infrastructure develop-
6 ment; and

7 “(iii) such other technical assistance
8 as the Secretary, in consultation with the
9 Administrators, determines to be nec-
10 essary;

11 “(G) not later than 12 months after the
12 date of the enactment of this title, acting
13 through the Director and consulting with the
14 Administrators, the Surgeon General, the Di-
15 rector of the National Institutes of Health, and
16 States, develop minimum standards and proce-
17 dures in accordance with paragraph (4) for
18 data collection and reporting for the State Net-
19 works, to be updated not less than annually
20 thereafter; and

21 “(H) in developing the minimum standards
22 and procedures under subparagraph (G), in-
23 clude mechanisms for allowing the States to set
24 priorities, and allocate resources accordingly,

1 among the factors described in subparagraphs
2 (A), (B), and (C) of paragraph (4).

3 “(2) COORDINATED ENVIRONMENTAL HEALTH
4 NETWORK REPORT.—Each Coordinated Environ-
5 mental Health Network Report prepared under
6 paragraph (1)(C) shall include—

7 “(A) a statement of the activities carried
8 out under this title;

9 “(B) an analysis of the incidence, preva-
10 lence, and trends of priority chronic conditions
11 and potentially relevant environmental and
12 other factors by State and census tract (or
13 other political or administrative subdivision de-
14 termined appropriate by the Secretary in con-
15 sultation with the Administrator of the Envi-
16 ronmental Protection Agency) for the calendar
17 year preceding the year for which the report is
18 prepared;

19 “(C) the identification of gaps in the data
20 of the Coordinated Network, including diseases
21 of concern and environmental exposures not
22 tracked;

23 “(D) recommendations regarding high risk
24 populations, public health concerns, response

1 and prevention strategies, and additional track-
2 ing needs; and

3 “(E) to the extent possible, a list of genetic
4 risk factors that have been shown to be associ-
5 ated with these priority chronic conditions and
6 recommendations to promote voluntary genetic
7 testing of populations exposed to specific envi-
8 ronmental factors linked to these priority condi-
9 tions.

10 “(3) NATIONAL ENVIRONMENTAL HEALTH
11 RAPID RESPONSE SERVICE.—The National Environ-
12 mental Health Rapid Response Service operated
13 under paragraph (1)(D) shall—

14 “(A) work with environmental health inves-
15 tigators appointed or hired under subsection
16 (b)(3)(D) to develop and implement strategies,
17 protocols, and guidelines for the coordinated,
18 rapid responses to actual and perceived higher
19 than expected incidence and prevalence rates of
20 priority chronic conditions and to acute and po-
21 tential environmental hazards and exposures;

22 “(B) conduct investigations into higher
23 than expected incidence and prevalence rates of
24 priority chronic conditions or environmental ex-
25 posures after an individual requests, through a

1 process established by the Secretary, the inter-
2 vention of the Service;

3 “(C) coordinate activities carried out under
4 this title with activities carried out under sec-
5 tions 319 through 319G;

6 “(D) coordinate activities carried out
7 under this title with the Administrators, the
8 Surgeon General, and the Director of the Na-
9 tional Institutes of Health; and

10 “(E) determine the necessity of, and co-
11 ordinate the development of voluntary genetic
12 studies with the National Institutes of Health
13 for individuals who have experienced environ-
14 mental exposures associated with these priority
15 chronic conditions.

16 “(4) DATA COLLECTION AND REPORTING BY
17 STATE NETWORKS.—The minimum standards and
18 procedures referred to in paragraph (1)(G) shall
19 include—

20 “(A) a list and definitions of the priority
21 chronic conditions to be tracked through the
22 State Networks;

23 “(B) a list and definitions of relevant envi-
24 ronmental exposures of concern to be tracked,

1 to the extent practicable, through the State
2 Networks, including—

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

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

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

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

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

23 “(vi) pesticides (as defined in section
24 2(u) of the Federal Insecticide, Fungicide,
25 and Rodenticide Act); and

1 “(vii) such other potentially relevant
2 environmental factors as the Secretary
3 may specify;

4 “(C) a list and definitions of potentially
5 relevant behavioral, socioeconomic, demo-
6 graphic, and genetic factors know to be associ-
7 ated with these priority chronic conditions and
8 other risk factors, including race, ethnic status,
9 gender, age, occupation, and primary language,
10 to be tracked through the State Networks;

11 “(D) procedures for the complete and
12 timely collection and reporting of data to the
13 Coordinated Network by census tract, or other
14 political subdivision determined appropriate by
15 the Secretary, in consultation with the Adminis-
16 trator of the Environmental Protection Agency,
17 regarding the factors described in subpara-
18 graphs (A), (B), and (C);

19 “(E) procedures for making data available
20 to the public and researchers, and for reporting
21 to the Coordinated Network, while protecting
22 the confidentiality of all personal data reported,
23 in accordance with medical privacy regulations;

24 “(F) standards and procedures for the es-
25 tablishment and maintenance of at least 7 re-

1 gional biomonitoring laboratories, including pro-
2 viding for an equitable geographic distribution,
3 by entering into cooperative agreements with
4 States, groups of States, and academic institu-
5 tions or consortia of academic institutions, in
6 order to expand the scope and amount of bio-
7 monitoring data collected by the Centers for
8 Disease Control and Prevention as described in
9 section 2904;

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 as-
17 sociated with environmental factors including
18 privacy protections, informed consent, and con-
19 tact information for patients wishing to enroll
20 in clinical trials.

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

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

1 Administrators, and taking into consideration the
2 findings of the Committee, shall award grants to
3 States, local governments, territories, and Indian
4 tribes for the establishment, maintenance, and oper-
5 ation of State Environmental Health Networks in
6 accordance with the minimum standards and proce-
7 dures established by the Secretary under subsection
8 (a)(4).

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

13 “(3) REQUIREMENTS.—A State, local govern-
14 ment, territory, or Indian tribe receiving a grant
15 under this subsection shall use the grant—

16 “(A) to establish an environmental health
17 network that will provide—

18 “(i) for the complete tracking of the
19 incidence, prevalence, and trends of pri-
20 ority chronic conditions and potentially rel-
21 evant environmental and other factors as
22 set forth in subsection (a), as well as any
23 additional priority chronic conditions and
24 potentially related environmental exposures

1 of concern to that State, local government,
2 territory, or Indian tribe;

3 “(ii) for identification of priority
4 chronic conditions and potentially relevant
5 environmental, genetic, and other factors
6 that disproportionately impact low income
7 and minority communities;

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

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

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

22 “(vi) for the collection of exposure
23 data through biomonitoring and other
24 methods, including the entering into of co-
25 operative agreements with the Coordinated

1 Network in the establishment of the re-
2 gional biomonitoring laboratories as de-
3 scribed in section 2904;

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

16 “(C) to appoint a lead environmental
17 health department or agency that will be re-
18 sponsible for the development, operation, and
19 maintenance of the State Network, and ensure
20 the appropriate coordination among State and
21 local agencies regarding the development, oper-
22 ation, and maintenance of the State Network;

23 “(D) to appoint or hire an environmental
24 health investigator who meets criteria estab-
25 lished by the Secretary under subsection

1 (a)(4)(G) and who will coordinate the develop-
2 ment and maintenance of the rapid response
3 protocol established under subparagraph (E);

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

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

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

22 “(4) LIMITATION.—A State, local government,
23 territory, or Indian tribe that receives a grant under
24 this section may not use more than 10 percent of

1 the funds made available through the grant for ad-
2 ministrative costs.

3 “(5) APPLICATION.—To seek a grant under this
4 section, a State, local government, territory, or In-
5 dian tribe shall submit to the Secretary an applica-
6 tion at such time, in such form and manner, and ac-
7 companied by such information as the Secretary may
8 specify. The Secretary may not approve an applica-
9 tion for a grant under this subsection unless the
10 application—

11 “(A) contains assurances that the State,
12 local government, territory, or tribe will—

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

15 “(ii) establish such fiscal control and
16 fund accounting procedures as may be nec-
17 essary to ensure the proper disbursement
18 and accounting of Federal funds paid to
19 the State, local government, territory, or
20 tribe under the grant;

21 “(B) contains the assurance that the
22 State, local government, territory, or tribe will
23 establish a State Network as required by this
24 subsection; and

1 “(C) contains assurances that if the State,
2 local government, territory, or tribe is unable to
3 meet all of the requirements described in this
4 subsection within the prescribed time period,
5 the State, local government, territory, or tribe
6 will use grant funds to increase the public
7 health infrastructure of the State, local govern-
8 ment, territory, or tribe, acting in cooperation
9 with the Coordinated Network, in order to im-
10 plement and maintain a State Network within
11 24 months of the receipt of such grant.

12 “(c) PILOT PROJECTS.—

13 “(1) IN GENERAL.—Beginning in fiscal year
14 2006, a State, local government, territory, or Indian
15 tribe may apply for a grant under this subsection to
16 implement a pilot project that is approved by the
17 Secretary, acting through the Director and in con-
18 sultation with the Administrators and the Com-
19 mittee.

20 “(2) ACTIVITIES.—A State, local government,
21 territory, or Indian tribe shall use amounts received
22 under a grant under this subsection to carry out a
23 pilot project designed to develop State Network en-
24 hancements and to develop programs to address spe-
25 cific local and regional concerns, including—

1 “(A) the expansion of the State Network
2 to include additional chronic diseases or envi-
3 ronmental exposures;

4 “(B) the conduct of investigations of local
5 concerns of increased incidence or prevalence of
6 priority chronic conditions and environmental
7 exposures; and

8 “(C) the carrying out of other activities as
9 determined to be a priority by the State or con-
10 sortium of regional States, local government,
11 territory, or tribe and the Secretary.

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

15 “(d) ADVISORY COMMITTEE.—

16 “(1) ESTABLISHMENT.—Not later than 3
17 months after the date of the enactment of this title,
18 the Secretary acting jointly with the Administrators,
19 shall establish an Advisory Committee in accordance
20 with the Federal Advisory Committee Act.

21 “(2) COMPOSITION.—The Advisory Committee
22 shall be composed of 16 members to be appointed by
23 the Secretary. Each member of the Advisory Com-
24 mittee shall serve a 3-year term, except that the Sec-
25 retary may appoint the initial members of the Advi-

1 sory Committee for lesser terms in order to comply
2 with the following sentence. In appointing the mem-
3 bers of the Advisory Committee, the Secretary shall
4 ensure that the terms of 5 or 6 members expire each
5 year. The Advisory Committee shall include at least
6 9 members that have experience in the areas of—

7 “(A) public health;

8 “(B) the environment, especially toxic
9 chemicals and human exposure;

10 “(C) epidemiology;

11 “(D) biomonitoring and other relevant ex-
12 posure technologies; and

13 “(E) human disease genetics.

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

19 “(4) HEARINGS.—The Advisory Committee
20 shall hold such hearings, sit and act at such times
21 and places, take such testimony, and receive such
22 evidence as the Committee considers appropriate to
23 carry out the objectives of the Coordinated Network.

24 “(5) DUTIES.—The Advisory Committee
25 shall—

1 “(A) review and provide input for the Co-
2 ordinated Environmental Health Network Re-
3 port prior to publication, and make rec-
4 ommendations as to the progress of the Coordi-
5 nated Network, including identifying informa-
6 tion gaps in the network;

7 “(B) assist in developing the minimum
8 standards and procedures for the State Net-
9 works under subsection (a)(4); and

10 “(C) provide ongoing public input to the
11 Coordinated Network.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 \$100,000,000 for fiscal year 2006 and such sums as may
15 be necessary for each of fiscal years 2007 through 2010.

16 **“SEC. 2902. INCREASING PUBLIC HEALTH PERSONNEL CA-**
17 **PACITY.**

18 “(a) SCHOOLS OR PROGRAMS OF PUBLIC HEALTH
19 CENTERS OF EXCELLENCE.—

20 “(1) GRANTS.—Beginning in fiscal year 2006,
21 the Secretary may award grants to at least 5 accred-
22 ited schools or programs of public health for the es-
23 tablishment, maintenance, and operation of Centers
24 of Excellence for research and demonstration with

1 respect to chronic conditions and relevant environ-
2 mental factors.

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

7 “(A) Investigating causal connections be-
8 tween chronic conditions and environmental fac-
9 tors.

10 “(B) Increasing the understanding of the
11 causes of higher than expected incidence and
12 prevalence rates of priority chronic conditions
13 and developing more effective intervention
14 methods for when such elevated rates occur.

15 “(C) Identifying additional chronic condi-
16 tions and environmental factors that could be
17 tracked by the Coordinated Network.

18 “(D) Improving translation of Coordinated
19 Network tracking results into effective preven-
20 tion activities.

21 “(E) Improving the training of public
22 health workforce in environmental epidemiology.

23 “(F) Establishing links to the Coordinated
24 Network and the State Networks to identify as-
25 sociations that warrant further study.

1 “(3) REQUIREMENTS FOR CENTERS OF EXCEL-
2 LENCE.—To be eligible to receive a grant under
3 paragraph (1), a school or program of public health
4 shall provide assurances that the school or
5 program—

6 “(A) meets the minimum requirements as
7 established by the Secretary in consultation
8 with the Director;

9 “(B) maintains privacy for public health
10 information if appropriate to the project; and

11 “(C) makes public information regarding
12 the findings and results of the programs.

13 “(4) AUTHORIZATION OF APPROPRIATIONS.—
14 There is authorized to be appropriated to carry out
15 this subsection \$5,000,000 for each of fiscal years
16 2006 through 2010.

17 “(b) JOHN H. CHAFEE PUBLIC HEALTH SCHOLAR
18 PROGRAM.—

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

1 “(2) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated to carry out
3 this subsection \$2,500,000 for each of fiscal years
4 2006 through 2010.

5 “(c) APPLIED EPIDEMIOLOGY FELLOWSHIP PRO-
6 GRAMS.—

7 “(1) IN GENERAL.—Beginning in fiscal year
8 2006, the Secretary, acting through the Director,
9 shall enter into a cooperative agreement with the
10 Council of State and Territorial Epidemiologists to
11 train and place, in State and local health depart-
12 ments, applied epidemiology fellows to enhance State
13 and local epidemiology capacity in the areas of envi-
14 ronmental health, chronic disease, and birth defects
15 and development disabilities.

16 “(2) AUTHORIZATION OF APPROPRIATIONS.—

17 There is authorized to be appropriated to carry out
18 this subsection \$2,500,000 for fiscal year 2006, and
19 such sums as may be necessary in each of fiscal
20 years 2007 through 2010.

21 **“SEC. 2903. GENERAL PROVISIONS.**

22 “(a) INTERNAL MONITORING AND COORDINATION
23 REGARDING CDC.—The Secretary, acting through the Di-
24 rector, shall place primary responsibility for the coordina-
25 tion of the programs established under this title in the

1 Office of the Director. The officers or employees of the
2 Centers for Disease Control and Prevention who are as-
3 signed responsibility for monitoring and coordinating the
4 activities carried out under this title by the Director shall
5 include officers or employees within the Office of the Di-
6 rector.

7 “(b) FUNDING THROUGH APPROPRIATIONS AC-
8 COUNT FOR PUBLIC HEALTH IMPROVEMENT.—All au-
9 thorizations of appropriations established in this title are
10 authorizations exclusively for appropriations to the ac-
11 count that, among appropriations accounts for the Centers
12 for Disease Control and Prevention, is designated ‘Public
13 Health Improvement’.

14 “(c) DATE CERTAIN FOR OBLIGATION OF APPRO-
15 PRIATIONS.—With respect to the process of receiving ap-
16 plications for and making awards of grants, cooperative
17 agreements, and contracts under this title, the Secretary,
18 acting through the Director, shall to the extent practicable
19 design the process to ensure that amounts appropriated
20 under this title for such awards for a fiscal year are obli-
21 gated not later than the beginning of the fourth quarter
22 of the fiscal year, subject to compliance with section 1512
23 of title 31, United States Code (relating to deficiency or
24 supplemental appropriations), and other applicable law re-
25 garding appropriations accounting.

1 “(d) COORDINATION WITH AGENCY FOR TOXIC SUB-
2 STANCES AND DISEASE REGISTRY.—In carrying out this
3 title, the Secretary, acting through the Director, shall co-
4 ordinate activities and responses with the Agency for
5 Toxic Substances and Disease Registry.

6 “(e) COORDINATION WITH EXISTING PILOT
7 PROJECTS THROUGH CDC.—The Secretary shall inte-
8 grate the enactment of this title with all environmental
9 health tracking pilot projects funded prior to the date of
10 enactment of this title.

11 **“SEC. 2904. EXPANSION OF BIOMONITORING CAPABILITIES**
12 **AND DATA COLLECTION.**

13 “(a) IN GENERAL.—The Secretary shall expand the
14 scope and amount of biomonitoring data collected by the
15 Centers for Disease Control and Prevention, including the
16 collection of biomonitoring data through the National
17 Health and Nutrition Examination Survey, so that such
18 biomonitoring data will provide robust information, by
19 census tract or other political or administrative subdivi-
20 sion determined appropriate by the Secretary, on a range
21 of environmental exposures, including prenatal exposures.

22 “(b) INCREASING REGIONAL LABORATORY CAPAC-
23 ITY.—The Secretary, acting through the Director of the
24 Centers for Disease Control and Prevention, shall enter
25 into cooperative agreements with States, groups of States,

1 academic institutions, or consortia of academic institu-
2 tions to establish and operate at least 7 regional biomon-
3 itoring laboratories to support the purposes of this title.

4 “(c) GEOGRAPHICAL DISTRIBUTION.—In entering
5 into cooperative agreements under this section, the Sec-
6 retary shall provide for an equitable geographical distribu-
7 tion of regional biomonitoring laboratories.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section,
10 \$50,000,000 for fiscal year 2006, and such sums as may
11 be necessary for each of fiscal years 2007 through 2010.”.