A BILL

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

Be it enacted by the Senate and House of Representa-

tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Coordinated Environmental Health Network Act of 2005”.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) according to the Centers for Disease Con-
trol and Prevention, approximately 7 out of every 10
deaths in the United States are attributable to chronic diseases;

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

(3) the rates of many chronic diseases, including asthma, some birth defects, cancers, and autism, appear to be increasing;

(4) there is a growing amount of evidence that environmental factors are strongly linked with specific chronic disease;

(5) a major gap in critical knowledge exists regarding the prevalence and incidence of chronic diseases;

(6) States, local communities, territories, and Indian tribes need assistance with public health efforts that would lead to prevention of chronic disease, including the establishment and maintenance of necessary infrastructure for disease and environmental hazard exposure surveillance; and

(7) a Coordinated Environmental Health Network will help target resources to areas of chronic disease prevention most in need.
(b) PURPOSES.—It is the purpose of this Act to—

(1) develop, operate, and maintain a Coordinated Environmental Health Network, State Environmental Health Networks, and rapid response capabilities so that the Federal Government, States, local governments, territories, and Indian tribes can more effectively monitor, investigate, respond to, research, and prevent increases in the incidence and prevalence of certain chronic diseases and relevant environmental and other risk factors;

(2) provide information collected through the Coordinated and State Environmental Health Networks to government agencies, public health practitioners and researchers, policy makers, and the public;

(3) expand and coordinate among existing surveillance and data collection systems and other infrastructure for chronic diseases and relevant environmental, and other risk factors, including those relevant to bioterrorism;

(4) improve coordination between the areas of public health, environmental protection, and chemical, radiological and biological terrorism;

(5) provide necessary support to ensure the availability of a sufficient number of well-trained en-
environmental health and public health personnel to participate and provide leadership in the development and maintenance of the Coordinated and State Environmental Health Networks; and

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

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

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

“TITLE XXIX—COORDINATED ENVIRONMENTAL HEALTH NETWORK

“SEC. 2900. DEFINITIONS.

“In this title:

“(1) ADMINISTRATORS.—The term ‘Administrators’ means the Director of the Centers for Disease Control and Prevention Coordinating Center for Environmental Health, Injury Prevention, and Occupational Health, and the Administrator of the Environmental Protection Agency.
“(2) COMMITTEE.—The term ‘Committee’ means the Advisory Committee established under section 2901(d).

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

“(4) MEDICAL PRIVACY REGULATIONS.—The term ‘medical privacy regulations’ means the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(5) COORDINATED NETWORK.—The term ‘Coordinated Network’ means the Coordinated Environmental Health Network established under section 2901(a).

“(6) PRIORITY CHRONIC CONDITION.—The term ‘priority chronic condition’ means a condition to be tracked in the Coordinated Network and the State Networks, including birth defects, developmental disabilities (such as cerebral palsy, autism, and mental retardation), asthma and chronic respiratory diseases, neurological diseases (such as Parkinson’s disease, multiple sclerosis, Alzheimer’s disease, and amyotrophic lateral sclerosis), autoimmune diseases (such as lupus), cancer, juvenile diabetes,
and such other priority chronic conditions as the Secretary may specify.

“(7) State network.—The term ‘State Network’ means a State Environmental Health Network established under section 2901(b).

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

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

“(a) Coordinated Environmental Health Network.—

“(1) Establishment.—Not later than 36 months after the date of the enactment of this title, the Secretary, acting through the Director and in consultation with the Administrators, State and local health departments, and the Committee, shall establish and operate a Coordinated Environmental Health Network. In establishing and operating the Coordinated Network, the Secretary shall—

“(A) identify, build upon, expand, and coordinate among existing data and surveillance systems, surveys, registries, and other Federal public health and environmental infrastructure wherever possible, including—
“(i) the National Electronic Disease Surveillance System;

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

“(iii) State cancer registries as supported under part M of title III;

“(iv) State asthma surveillance systems as supported under section 317I;

“(v) the National Health and Nutrition Examination Survey;

“(vi) the Behavioral Risk Factor Surveillance System;

“(vii) the Hazardous Substance Release/Health Effects Database;

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

“(ix) the National Exposure Registry;

“(x) the Health Alert Network; and

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

“(B) provide for public access to an electronic national database that accepts data from the State Networks on the incidence and prevalence of priority chronic conditions and relevant environmental and other factors, in a manner
which protects personal privacy consistent with
the medical privacy regulations;

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

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

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

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

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

“(ii) technical assistance as needed to
States to build necessary capacity and in-
frastructure for the establishment of a
State Network, including a computerized
data collection, reporting, and processing
system, and additional assistance identified
by the States under subsection (b)(5)(C)
as necessary for infrastructure develop-
ment; and

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

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

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

“(2) COORDINATED ENVIRONMENTAL HEALTH NETWORK REPORT.—Each Coordinated Environmental Health Network Report prepared under paragraph (1)(C) shall include—

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

“(B) an analysis of the incidence, prevalence, and trends of priority chronic conditions and potentially relevant environmental and other factors by State and census tract (or other political or administrative subdivision determined appropriate by the Secretary in consultation with the Administrator of the Environmental Protection Agency) for the calendar year preceding the year for which the report is prepared;

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

“(D) recommendations regarding high risk populations, public health concerns, response
and prevention strategies, and additional tracking needs; and

“(E) to the extent possible, a list of genetic risk factors that have been shown to be associated with these priority chronic conditions and recommendations to promote voluntary genetic testing of populations exposed to specific environmental factors linked to these priority conditions.

“(3) NATIONAL ENVIRONMENTAL HEALTH RAPID RESPONSE SERVICE.—The National Environmental Health Rapid Response Service operated under paragraph (1)(D) shall—

“(A) work with environmental health investigators appointed or hired under subsection (b)(3)(D) to develop and implement strategies, protocols, and guidelines for the coordinated, rapid responses to actual and perceived higher than expected incidence and prevalence rates of priority chronic conditions and to acute and potential environmental hazards and exposures;

“(B) conduct investigations into higher than expected incidence and prevalence rates of priority chronic conditions or environmental exposures after an individual requests, through a
process established by the Secretary, the intervention of the Service;

“(C) coordinate activities carried out under this title with activities carried out under sections 319 through 319G;

“(D) coordinate activities carried out under this title with the Administrators, the Surgeon General, and the Director of the National Institutes of Health; and

“(E) determine the necessity of, and coordinate the development of voluntary genetic studies with the National Institutes of Health for individuals who have experienced environmental exposures associated with these priority chronic conditions.

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

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

“(B) a list and definitions of relevant environmental exposures of concern to be tracked,
to the extent practicable, through the State Networks, including—

“(i) hazardous air pollutants (as defined in section 302(g) of the Clean Air Act);

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

“(iii) pollutants or contaminants (as defined in section 101 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980);

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

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

“(vi) pesticides (as defined in section 2(u) of the Federal Insecticide, Fungicide, and Rodenticide Act); and
“(vii) such other potentially relevant environmental factors as the Secretary may specify;

“(C) a list and definitions of potentially relevant behavioral, socioeconomic, demographic, and genetic factors known to be associated with these priority chronic conditions and other risk factors, including race, ethnic status, gender, age, occupation, and primary language, to be tracked through the State Networks;

“(D) procedures for the complete and timely collection and reporting of data to the Coordinated Network by census tract, or other political subdivision determined appropriate by the Secretary, in consultation with the Administrator of the Environmental Protection Agency, regarding the factors described in subparagraphs (A), (B), and (C);

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

“(F) standards and procedures for the establishment and maintenance of at least 7 re-
regional biomonitoring laboratories, including providing for an equitable geographic distribution, by entering into cooperative agreements with States, groups of States, and academic institutions or consortia of academic institutions, in order to expand the scope and amount of biomonitoring data collected by the Centers for Disease Control and Prevention as described in section 2904;

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

“(H) procedures for record and data maintenance and verification; and

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

“(b) State Environmental Health Networks.—

“(1) Grants.—Not later than 24 months after the date of the enactment of this title, the Secretary, acting through the Director, in consultation with the
Administrators, and taking into consideration the findings of the Committee, shall award grants to States, local governments, territories, and Indian tribes for the establishment, maintenance, and operation of State Environmental Health Networks in accordance with the minimum standards and procedures established by the Secretary under subsection (a)(4).

“(2) SPECIALIZED ASSISTANCE.—The Coordinated Network shall provide specialized assistance to grantees in the establishment, maintenance, and operation of State Networks.

“(3) REQUIREMENTS.—A State, local government, territory, or Indian tribe receiving a grant under this subsection shall use the grant—

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

“(i) for the complete tracking of the incidence, prevalence, and trends of priority chronic conditions and potentially relevant environmental and other factors as set forth in subsection (a), as well as any additional priority chronic conditions and potentially related environmental exposures
of concern to that State, local government, territory, or Indian tribe;

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

“(iii) for the protection of the confidentiality of all personal data reported, in accordance with the medical privacy regulations;

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

“(v) the fullest possible public access to data collected by the State Network or through the Coordinated Network, while ensuring that individual privacy is protected in accordance with subsection (a)(1)(B); and

“(vi) for the collection of exposure data through biomonitoring and other methods, including the entering into of cooperative agreements with the Coordinated
Network in the establishment of the regional biomonitoring laboratories as described in section 2904;

“(B) to develop a publicly available plan for establishing the State Network in order to meet minimum standards and procedures as developed by the Coordinated Network under subsection (a)(4), including the State’s priorities within the minimum standards, a timeline by which all the standards will be met, and a plan for coordinating and expanding existing data and surveillance systems within the State including any pilot projects established through the Centers for Disease Control and Prevention prior to the date of the enactment of this title;

“(C) to appoint a lead environmental health department or agency that will be responsible for the development, operation, and maintenance of the State Network, and ensure the appropriate coordination among State and local agencies regarding the development, operation, and maintenance of the State Network;

“(D) to appoint or hire an environmental health investigator who meets criteria established by the Secretary under subsection
(a)(4)(G) and who will coordinate the development and maintenance of the rapid response protocol established under subparagraph (E);

“(E) to establish a rapid response protocol, coordinated by the grantee’s environmental health investigator, in order to respond in a timely manner to actual and perceived incidence and prevalence rates of priority chronic diseases that are higher than expected, acute and potential environmental hazards and exposures, and other environmental health concerns, including warning the public when emergent public health concerns are detected through the State Network, and concerns regarding vulnerable subpopulations and disproportionately impacted subpopulations;

“(F) to establish an advisory committee to ensure local community input to the State Network; and

“(G) to recruit and train public health officials to continue to expand the State Network.

“(4) LIMITATION.—A State, local government, territory, or Indian tribe that receives a grant under this section may not use more than 10 percent of
the funds made available through the grant for admin-

istrative costs.

“(5) APPLICATION.—To seek a grant under this

section, a State, local government, territory, or In-
dian tribe shall submit to the Secretary an applica-
tion at such time, in such form and manner, and ac-
companied by such information as the Secretary may
specify. The Secretary may not approve an applica-
tion for a grant under this subsection unless the

application—

“(A) contains assurances that the State,

local government, territory, or tribe will—

“(i) use the grant only in compliance

with the requirements of this title; and

“(ii) establish such fiscal control and

fund accounting procedures as may be nec-
essary to ensure the proper disbursement

and accounting of Federal funds paid to

the State, local government, territory, or

tribe under the grant;

“(B) contains the assurance that the

State, local government, territory, or tribe will

establish a State Network as required by this

subsection; and
“(C) contains assurances that if the State, local government, territory, or tribe is unable to meet all of the requirements described in this subsection within the prescribed time period, the State, local government, territory, or tribe will use grant funds to increase the public health infrastructure of the State, local government, territory, or tribe, acting in cooperation with the Coordinated Network, in order to implement and maintain a State Network within 24 months of the receipt of such grant.

“(c) PILOT PROJECTS.—

“(1) IN GENERAL.—Beginning in fiscal year 2006, a State, local government, territory, or Indian tribe may apply for a grant under this subsection to implement a pilot project that is approved by the Secretary, acting through the Director and in consultation with the Administrators and the Committee.

“(2) ACTIVITIES.—A State, local government, territory, or Indian tribe shall use amounts received under a grant under this subsection to carry out a pilot project designed to develop State Network enhancements and to develop programs to address specific local and regional concerns, including—
“(A) the expansion of the State Network to include additional chronic diseases or environmental exposures;

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

“(C) the carrying out of other activities as determined to be a priority by the State or consortium of regional States, local government, territory, or tribe and the Secretary.

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

“(d) ADVISORY COMMITTEE.—

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

“(2) COMPOSITION.—The Advisory Committee shall be composed of 16 members to be appointed by the Secretary. Each member of the Advisory Committee shall serve a 3-year term, except that the Secretary may appoint the initial members of the Advi-
sory Committee for lesser terms in order to comply
with the following sentence. In appointing the mem-
ers of the Advisory Committee, the Secretary shall
ensure that the terms of 5 or 6 members expire each
year. The Advisory Committee shall include at least
9 members that have experience in the areas of—

“(A) public health;

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

“(C) epidemiology;

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

“(E) human disease genetics.

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

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

“(5) DUTIES.—The Advisory Committee
shall—
“(A) review and provide input for the Coordinated Environmental Health Network Report prior to publication, and make recommendations as to the progress of the Coordinated Network, including identifying information gaps in the network;

“(B) assist in developing the minimum standards and procedures for the State Networks under subsection (a)(4); and

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

“(e) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section $100,000,000 for fiscal year 2006 and such sums as may be necessary for each of fiscal years 2007 through 2010.

“SEC. 2902. INCREASING PUBLIC HEALTH PERSONNEL CAPACITY.

“(a) Schools or Programs of Public Health Centers of Excellence.—

“(1) Grants.—Beginning in fiscal year 2006, the Secretary may award grants to at least 5 accredited schools or programs of public health for the establishment, maintenance, and operation of Centers of Excellence for research and demonstration with
respect to chronic conditions and relevant environmental factors.

“(2) ACTIVITIES.—A Center of Excellence established or operated under paragraph (1) shall undertake research and development projects in at least 1 of the following areas:

“(A) Investigating causal connections between chronic conditions and environmental factors.

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

“(C) Identifying additional chronic conditions and environmental factors that could be tracked by the Coordinated Network.

“(D) Improving translation of Coordinated Network tracking results into effective prevention activities.

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

“(F) Establishing links to the Coordinated Network and the State Networks to identify associations that warrant further study.
“(3) **Requirements for Centers of Excellence.**—To be eligible to receive a grant under paragraph (1), a school or program of public health shall provide assurances that the school or program—

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

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

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

“(4) **Authorization of Appropriations.**—There is authorized to be appropriated to carry out this subsection $5,000,000 for each of fiscal years 2006 through 2010.

“(b) **John H. Chafee Public Health Scholar Program.**—

“(1) **In General.**—The Secretary shall award scholarships, to be known as John H. Chafee Public Health Scholarships, to eligible students who are enrolled in an accredited school of public health or medicine. The Secretary shall determine both the criteria and eligibility requirements for such scholarships, after consultation with the Committee.
“(2) Authorization of Appropriations.—

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

“(c) Applied Epidemiology Fellowship Programs.—

“(1) In General.—Beginning in fiscal year 2006, the Secretary, acting through the Director, shall enter into a cooperative agreement with the Council of State and Territorial Epidemiologists to train and place, in State and local health departments, applied epidemiology fellows to enhance State and local epidemiology capacity in the areas of environmental health, chronic disease, and birth defects and development disabilities.

“(2) Authorization of Appropriations.—

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

“Sec. 2903. General Provisions.

“(a) Internal Monitoring and Coordination Regarding CDC.—The Secretary, acting through the Director, shall place primary responsibility for the coordination of the programs established under this title in the
Office of the Director. The officers or employees of the Centers for Disease Control and Prevention who are assigned responsibility for monitoring and coordinating the activities carried out under this title by the Director shall include officers or employees within the Office of the Director.

“(b) Funding Through Appropriations Account for Public Health Improvement.—All authorizations of appropriations established in this title are authorizations exclusively for appropriations to the account that, among appropriations accounts for the Centers for Disease Control and Prevention, is designated ‘Public Health Improvement’.

“(c) Date Certain for Obligation of Appropriations.—With respect to the process of receiving applications for and making awards of grants, cooperative agreements, and contracts under this title, the Secretary, acting through the Director, shall to the extent practicable design the process to ensure that amounts appropriated under this title for such awards for a fiscal year are obligated not later than the beginning of the fourth quarter of the fiscal year, subject to compliance with section 1512 of title 31, United States Code (relating to deficiency or supplemental appropriations), and other applicable law regarding appropriations accounting.
“(d) Coordination With Agency for Toxic Substances and Disease Registry.—In carrying out this title, the Secretary, acting through the Director, shall coordinate activities and responses with the Agency for Toxic Substances and Disease Registry.

“(e) Coordination With Existing Pilot Projects Through CDC.—The Secretary shall integrate the enactment of this title with all environmental health tracking pilot projects funded prior to the date of enactment of this title.

“SEC. 2904. EXPANSION OF BIOMONITORING CAPABILITIES AND DATA COLLECTION.

“(a) In General.—The Secretary shall expand the scope and amount of biomonitoring data collected by the Centers for Disease Control and Prevention, including the collection of biomonitoring data through the National Health and Nutrition Examination Survey, so that such biomonitoring data will provide robust information, by census tract or other political or administrative subdivision determined appropriate by the Secretary, on a range of environmental exposures, including prenatal exposures.

“(b) Increasing Regional Laboratory Capacity.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into cooperative agreements with States, groups of States,
academic institutions, or consortia of academic institutions to establish and operate at least 7 regional biomonitoring laboratories to support the purposes of this title.

“(c) GEOGRAPHICAL DISTRIBUTION.—In entering into cooperative agreements under this section, the Secretary shall provide for an equitable geographical distribution of regional biomonitoring laboratories.

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