

107TH CONGRESS
2D SESSION

S. 2054

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

IN THE SENATE OF THE UNITED STATES

MARCH 21, 2002

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

A BILL

To amend the Public Health Service Act to establish a Nationwide Health Tracking 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 “Nationwide Health
5 Tracking Act of 2002”.

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

7 (a) FINDINGS.—Congress finds that—

1 (1) approximately 7 out of every 10 deaths in
2 the United States are attributable to chronic dis-
3 eases;

4 (2) with 100,000,000 people suffering from
5 chronic diseases each year, and \$325,000,000,000
6 lost in annual health care and productivity costs as
7 a result, the national cost of chronic diseases is ex-
8 tremely high and needs to be appropriately ad-
9 dressed;

10 (3) the rates of many chronic diseases, includ-
11 ing asthma, some birth defects, and cancers, are on
12 the rise;

13 (4) there is growing scientific evidence that en-
14 vironmental factors are as strongly linked, or even
15 more strongly linked, to the incidence of certain
16 chronic diseases as is genetic predisposition;

17 (5) a gap in critical knowledge exists in under-
18 standing the prevalence and incidence of chronic dis-
19 eases and the environmental factors that may relate
20 to them, including statewide and community level in-
21 cidence and prevalence data on chronic diseases and
22 related risk factors that is critically needed to iden-
23 tify trends and patterns and to improve disease pre-
24 vention efforts;

1 (6) States, territories, Indian tribes, and local
2 communities need assistance with chronic disease
3 and environmental hazard and exposure surveillance
4 and prevention efforts, including the establishment,
5 operation, and maintenance of the necessary infra-
6 structure for such activities; and

7 (7) a nationwide health tracking network, in-
8 cluding the integration of data systems and collabo-
9 rative programs and partnerships among environ-
10 mental and public health professionals and other
11 parts of the public health system, will help target re-
12 sources more efficiently to those areas most in need.

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

14 (1) develop, operate, and maintain Nationwide
15 and State Health Tracking Networks and rapid re-
16 sponse capabilities so that the Federal Government,
17 States, communities, territories, and Indian tribes
18 can more effectively monitor, investigate, respond to,
19 research, understand, and prevent increases in the
20 incidence and prevalence of certain chronic diseases
21 and relevant environmental, behavioral, socio-
22 economic, demographic, and other risk factors;

23 (2) develop, operate, and maintain Nationwide
24 and State Health Tracking Networks that will col-
25 lect and provide information to Federal, State, terri-

1 torial, tribal, and local agencies, public health practi-
2 tioners and researchers, policymakers, and the public
3 about certain chronic diseases and relevant environ-
4 mental, behavioral, socioeconomic, demographic, and
5 other risk factors;

6 (3) develop, operate, and maintain Nationwide
7 and State Health Tracking Networks by building
8 upon, expanding, coordinating among, integrating,
9 and, where necessary, adding to existing surveillance
10 and data collection systems, registries, surveys, lab-
11 oratories, and other infrastructure for chronic dis-
12 eases and relevant environmental, behavioral, socio-
13 economic, demographic, and other risk factors;

14 (4) provide the support necessary to ensure the
15 availability of a sufficient number of well-trained en-
16 vironmental health and public health personnel to
17 participate and provide leadership in the develop-
18 ment, operation, and maintenance of the Nationwide
19 and State Health Tracking Networks; and

20 (5) improve coordination between the areas of
21 public health and environmental protection, includ-
22 ing coordination of data collection and research ac-
23 tivities, and coordination between environmental and
24 public health professionals.

1 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
 2 **ACT.**

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

5 **“TITLE XXVIII—NATIONWIDE**
 6 **HEALTH TRACKING NETWORK**

7 **“SEC. 2800. DEFINITIONS.**

8 “In this title:

9 “(1) COMMISSION.—The term ‘Commission’
 10 means the Commission on Nationwide Health Track-
 11 ing established under section 2802.

12 “(2) NATIONWIDE NETWORK.—The term ‘Na-
 13 tionwide Network’ means the Nationwide Health
 14 Tracking Network established under section 2804.

15 “(3) PRIORITY CHRONIC CONDITION.—The
 16 term ‘priority chronic condition’ means a condition
 17 that appears on the list developed under section
 18 2804(b)(2)(A).

19 “(4) STATE NETWORK.—The term ‘State Net-
 20 work’ means a State Health Tracking Network es-
 21 tablished under section 2803.

22 **“PART A—STATE BASED AND NATIONWIDE**
 23 **HEALTH TRACKING NETWORKS**

24 **“SEC. 2801. STATE PILOT PROGRAMS.**

25 “(a) IN GENERAL.—Beginning in fiscal year 2003,
 26 the Secretary, acting through the Director of the Centers

1 for Disease Control and Prevention, in consultation with
2 the Administrator of the Environmental Protection Agen-
3 cy and the Administrator of the Agency for Toxic Sub-
4 stances, and taking into consideration the findings, con-
5 clusions and recommendations of the Commission, shall
6 enter into cooperative agreements, and continue existing
7 health tracking cooperative agreements funded under the
8 heading ‘Centers for Disease Control and Prevention’ (dis-
9 ease control, research, and training) under title II of the
10 Departments of Labor, Health and Human Services, and
11 Education, and Related Agencies Appropriations Act,
12 2002 (Public Law 107–116), with States and political
13 subdivisions of States, territories, and Indian tribes for
14 the purpose of funding pilot programs to develop improved
15 surveillance and data collection methods, procedures, prac-
16 tices, and systems, including integration of systems, for
17 collecting, analyzing, and sharing data and identifying,
18 understanding, preventing, and responding to regional
19 concerns regarding chronic health conditions and relevant
20 environmental, behavioral, and other factors.

21 “(b) PURPOSE.—The purpose of the pilot programs
22 funded under subsection (a) is to provide for the establish-
23 ment and operation of the Nationwide and State Health
24 Tracking Networks as described in sections 2803 and
25 2804. Upon the establishment of such Networks, such

1 pilot programs shall be used to develop network enhance-
 2 ments and to develop programs to address specific local
 3 and regional concerns.

4 “(c) APPLICATION.—The Secretary may enter into,
 5 or continue existing, cooperative agreements under sub-
 6 section (a) only if an application for such an agreement
 7 is submitted to the Secretary, and the application is in
 8 such form, is made in such manner, and contains such
 9 agreements, assurances, and information as the Secretary
 10 determines to be necessary to carry out this section.

11 “(d) COORDINATION.—In approving applications
 12 under this section, the Secretary shall ensure that there
 13 is adequate coordination among the pilot programs to ef-
 14 fectively advance the establishment and operation of the
 15 Nationwide Network under section 2804.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
 17 purpose of entering into, and continuing existing, coopera-
 18 tive agreements under subsection (a), there is authorized
 19 to be appropriated such sums as may be necessary for
 20 each of fiscal years 2003 through 2007.

21 **“SEC. 2802. COMMISSION ON NATIONWIDE HEALTH TRACK-**
 22 **ING.**

23 “(a) ESTABLISHMENT.—Not later than 3 months
 24 after the date of enactment of this title, the Secretary,
 25 jointly with the Administrator of the Environmental Pro-

1 tection Agency, shall establish a commission to be known
 2 as the Commission on Nationwide Health Tracking.

3 “(b) MEMBERSHIP.—

4 “(1) IN GENERAL.—The Commission shall be
 5 composed of—

6 “(A) 15 voting members appointed in ac-
 7 cordance with paragraphs (2) and (3); and

8 “(B) nonvoting, ex officio members ap-
 9 pointed in accordance with paragraph (3)(C).

10 “(2) BACKGROUND AND EXPERTISE.—The vot-
 11 ing members of the Commission shall be appointed
 12 from among individuals who—

13 “(A) are not officers or employees of the
 14 Federal Government; and

15 “(B) have expertise regarding—

16 “(i) epidemiology;

17 “(ii) environmental health;

18 “(iii) public health;

19 “(iv) pediatric health;

20 “(v) vulnerable subpopulations and
 21 disproportionately impacted groups;

22 “(vi) biomonitoring;

23 “(vii) environmental factors;

24 “(viii) chronic conditions;

1 “(ix) data systems development and
2 management; and

3 “(x) privacy.

4 “(3) REPRESENTATIVES.—

5 “(A) APPOINTMENTS BY SECRETARY.—

6 Nine of the voting members of the Commission
7 shall be appointed by the Secretary, and shall
8 include at least 1 individual representing—

9 “(i) an advocacy group that rep-
10 resents people who have been diagnosed
11 with a priority chronic disease referred to
12 in section 2804(b)(2)(A);

13 “(ii) a public health advocacy group;

14 “(iii) a State or local public health de-
15 partment;

16 “(iv) a health care provider;

17 “(v) the hospital industry;

18 “(vi) a community health group;

19 “(vii) a pediatric health group;

20 “(viii) an accredited school of public
21 health or department of public health or
22 similar department within an accredited
23 school of medicine with expertise in envi-
24 ronmental health; and

25 “(ix) the research community.

1 “(B) ADMINISTRATOR.—Six of the voting
2 members of the Commission shall be appointed
3 by the Administrator of the Environmental Pro-
4 tection Agency, and shall include at least 1 in-
5 dividual representing—

6 “(i) an environmental advocacy group;

7 “(ii) a State or local environmental
8 protection agency;

9 “(iii) private industry;

10 “(iv) an environmental health advo-
11 cacy group;

12 “(v) an environmental justice advo-
13 cacy group; and

14 “(vi) the research community.

15 “(C) EX OFFICIO MEMBERS.—The Sec-
16 retary shall appoint officers or employees of the
17 Department of Health and Human Services and
18 the Administrator shall appoint officers or em-
19 ployees of the Environmental Protection Agency
20 as nonvoting, ex officio members of the Com-
21 mission.

22 “(c) TERMS OF APPOINTMENT.—Each member of
23 the Commission shall serve for a term of 4 years, except
24 that the terms of service of the members initially ap-
25 pointed under subsection (b)(1)(A) shall be (as specified

1 by the Secretary or the Administrator, as the case may
 2 be) for such fewer number of years as will provide for the
 3 expiration of the terms of such members on a staggered
 4 basis.

5 “(d) VACANCIES.—Any vacancy in the Commission
 6 shall not affect the powers of the Commission and shall
 7 be filled in the same manner as the original appointment.

8 “(e) CO-CHAIRS.—The Secretary and the Adminis-
 9 trator shall each select a Co-Chair of the Commission from
 10 among the voting members of the Commission. A member
 11 selected as a Co-Chair shall serve as a Co-Chair for a term
 12 of 2 years.

13 “(f) DUTIES.—

14 “(1) IN GENERAL.—The Commission shall meet
 15 regularly to provide advice and recommendations re-
 16 garding the implementation of this title to the Sec-
 17 retary and Administrator of the Environmental Pro-
 18 tection Agency, including providing advice and rec-
 19 ommendations regarding—

20 “(A) the awarding and use of State grants
 21 described in section 2803, including—

22 “(i) methods for encouraging partici-
 23 pation by all States in the establishment of
 24 State Networks; and

1 “(ii) recommendations for providing
2 technical assistance to those States deter-
3 mined to need such assistance to build the
4 capacity of the State to the level necessary
5 for the establishment of a State Network;

6 “(B) the establishment and operation of
7 the Nationwide Network described in section
8 2804, including—

9 “(i) existing infrastructure, surveys,
10 registries, protocols, surveillance systems,
11 and databases that can be used and ex-
12 panded upon in establishing and operating
13 the Network and any additional infrastruc-
14 ture, surveys, registries, protocols, surveil-
15 lance systems, and databases that may be
16 necessary to establish and operate the Net-
17 work; and

18 “(ii) the minimum standards and pro-
19 cedures described in section 2804(b);

20 “(C) the use of the Nationwide and State
21 Networks—

22 “(i) to inform communities, public
23 health professionals, researchers, members
24 of the public, and policymakers about
25 chronic conditions and relevant environ-

1 mental, behavioral, socioeconomic, demo-
2 graphic, and other factors; and

3 “(ii) to better identify, understand, re-
4 spond to, and prevent the prevalence and
5 incidence of priority chronic conditions and
6 relevant risk factors in the United States;

7 “(D) the establishment and duties of the
8 National Environmental Health Rapid Re-
9 sponse Service established under section 2805;

10 “(E) the expansion of biomonitoring and
11 other research tools as described in section
12 2806;

13 “(F) the most effective approaches for sup-
14 porting national priorities in carrying out activi-
15 ties under this title, while providing appropriate
16 flexibility to the States;

17 “(G) the establishment of guidelines to
18 protect individual privacy and confidentiality in
19 the establishment and operation of the Nation-
20 wide and State Networks; and

21 “(H) other issues specified by the Sec-
22 retary and the Administrator of the Environ-
23 mental Protection Agency.

24 “(2) COMMUNITY PARTICIPATION.—In carrying
25 out paragraph (1), the Commission shall provide an

1 opportunity for input from Federal, State, and local
2 government agencies and for public participation
3 through methods that include hearings and the sub-
4 mission of comments.

5 “(3) REPORTS.—Not later than 9 months after
6 the date of enactment of this title, the Commission
7 shall submit a report to the Secretary and the Ad-
8 ministrator of the Environmental Protection Agency
9 that shall review the recommendations and findings
10 of the CDC/ATSDR work groups. The Commission
11 shall annually thereafter submit a report to the Sec-
12 retary and the Administrator of the Environmental
13 Protection Agency that contains a detailed statement
14 of the findings and conclusions of the Commission
15 together with additional recommendations for such
16 legislation and administrative actions as the Com-
17 mission considers to be appropriate.

18 “(4) SELECTIONS.—The Commission shall re-
19 view applications and make selections for the Cen-
20 ters of Excellence described in section 2811 and the
21 John H. Chafee Scholarships described in section
22 2812.

23 “(g) POWERS.—

24 “(1) HEARINGS.—The Commission may hold
25 such hearings, sit and act at such times and places,

1 take such testimony, and receive such evidence as
2 the Commission considers advisable to carry out the
3 objectives of this section.

4 “(2) INFORMATION FROM FEDERAL AGEN-
5 CIES.—The Commission may secure directly from
6 any Federal department or agency such information
7 as the Commission considers necessary to carry out
8 the provisions of this section. Upon request of the
9 Commission, the head of such department or agency
10 shall furnish such information to the Commission.

11 “(3) POSTAL SERVICES.—The Commission may
12 use the United States mails in the same manner and
13 under the same conditions as other departments and
14 agencies of the Federal Government.

15 “(h) PERSONNEL.—

16 “(1) TRAVEL EXPENSES.—The members of the
17 Commission shall not receive compensation for the
18 performance of services for the Commission, but
19 shall be allowed travel expenses, including per diem
20 in lieu of subsistence, at rates authorized for em-
21 ployees of agencies under subchapter I of chapter 57
22 of title 5, United States Code, while away from their
23 homes or regular places of business in the perform-
24 ance of services for the Commission. Notwith-
25 standing section 1342 of title 31, United States

1 Code, the Secretary may accept the voluntary and
2 uncompensated services of members of the Commis-
3 sion.

4 “(2) DETAIL OF GOVERNMENT EMPLOYEES.—
5 Any Federal Government employee may be detailed
6 to the Commission without reimbursement, and such
7 detail shall be without interruption or loss of civil
8 service status or privilege.

9 “(3) STAFF, INFORMATION, AND OTHER ASSIST-
10 ANCE.—The Secretary and the Administrator of the
11 Environmental Protection Agency shall provide to
12 the Commission such staff, information, and other
13 assistance as may be necessary to carry out the du-
14 ties of the Commission.

15 “(i) PERMANENT COMMITTEE.—Section 14 of the
16 Federal Advisory Committee Act (5 U.S.C. App.) shall not
17 apply to the Commission.

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to the Commission such
20 sums as may be necessary to carry out the objectives of
21 this section.

22 **“SEC. 2803. STATE HEALTH TRACKING NETWORK GRANTS.**

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Director of the Centers for Disease Control and Pre-
25 vention, in consultation with the Administrator of the En-

1 vironmental Protection Agency and the Administrator of
2 the Agency for Toxic Substances and Disease Registry,
3 and taking into consideration the findings, conclusions,
4 and recommendations of the Commission, shall award
5 grants to eligible States, political subdivisions of States,
6 territories, and Indian tribes for the establishment, main-
7 tenance, and operation of State Networks in accordance
8 with the minimum standards and procedures established
9 by the Secretary under section 2804(b).

10 “(b) USE OF FUNDS.—A State, political subdivision
11 of a State, territory, or Indian tribe that receives a grant
12 under this section shall use the amounts provided through
13 the grant to—

14 “(1) conduct surveillance activities, building
15 and expanding on existing procedures and systems
16 where appropriate and available, to collect data, re-
17 port data, and make data available to researchers
18 and the public, in accordance with the minimum
19 standards and procedures established by the Sec-
20 retary under section 2804(b);

21 “(2) collect data through biomonitoring and
22 other advanced methods;

23 “(3) analyze collected data in accordance with
24 the minimum standards and procedures established
25 under section 2804(b) to identify populations at high

1 risk, examine and respond to health concerns, recog-
2 nize and address relevant environmental, behavioral,
3 socioeconomic, demographic, and other factors, effec-
4 tively communicate risk, assess the efficacy of med-
5 ical and public health intervention efforts, and estab-
6 lish and implement prevention strategies;

7 “(4) establish the capacity to respond in a time-
8 ly manner to actual and perceived incidence and
9 prevalence rates of priority chronic diseases that are
10 higher than expected, acute and potential environ-
11 mental hazards and exposures, and other community
12 environmental health concerns, including concerns
13 regarding vulnerable subpopulations and dispropor-
14 tionately impacted subpopulations;

15 “(5) establish an early warning system to de-
16 tect, investigate, and where necessary, respond to,
17 emergent public health concerns detected through
18 the State Network;

19 “(6) recruit public health employees, including
20 the Environmental Health Investigators described in
21 subsection (e)(2)(B);

22 “(7) train public health employees in epidemi-
23 ology, environmental health, risk communication,
24 and other relevant fields;

1 “(8) pay for such staffing, administrative, and
 2 other operating costs as may be required to carry
 3 out this section;

4 “(9) enhance the public health infrastructure,
 5 including laboratories, outreach and communication
 6 programs, and other related initiatives; and

7 “(10) carry out such other activities as the Sec-
 8 retary may determine necessary.

9 “(c) EXISTING SURVEILLANCE SYSTEMS, REG-
 10 ISTRIES, AND SURVEYS.—To the maximum extent prac-
 11 ticable, States, political subdivisions of States, territories,
 12 and Indian tribes shall use, expand, and integrate existing
 13 surveillance and data collection systems, registries, and
 14 surveys in the development and operation of a State Net-
 15 work.

16 “(d) LIMITATION.—A State, political subdivision of
 17 a State, territory, or Indian tribe that receives a grant
 18 under this section may use not more than 10 percent of
 19 the funds made available through the grant for adminis-
 20 trative costs.

21 “(e) ELIGIBILITY.—

22 “(1) APPLICATION.—

23 “(A) IN GENERAL.—To be eligible to re-
 24 ceive a grant under subsection (a) a State, po-
 25 litical subdivision of a State, territory, or In-

1 dian tribe shall submit to the Secretary for ap-
2 proval an application that is in such form, sub-
3 mitted in such manner, and accompanied by
4 such information, as the Secretary may specify.

5 “(B) REQUIREMENT FOR APPROVAL.—An
6 application submitted under subparagraph (A)
7 may not be approved by the Secretary unless
8 the application—

9 “(i) contains assurances that the
10 State, political subdivision of a State, terri-
11 tory, or Indian tribe—

12 “(I) will use grant funds only for
13 the purposes specified in the approved
14 application and in accordance with the
15 requirements of this section; and

16 “(II) will establish such fiscal
17 control and fund accounting proce-
18 dures as may be necessary to assure
19 proper disbursement and accounting
20 of Federal funds paid to the State,
21 political subdivision of a State, terri-
22 tory, or Indian tribe under the grant;
23 and

24 “(ii) contains the assurances described
25 in paragraph (2).

1 “(2) ASSURANCES.—A State, political subdivi-
2 sion of a State, territory, or Indian tribe shall pro-
3 vide assurances satisfactory to the Secretary that
4 the State, political subdivision of a State, territory,
5 or Indian tribe will—

6 “(A) establish a Health Tracking Network
7 in accordance with subsection (a) that will
8 provide—

9 “(i) a means to ensure the complete
10 reporting of priority chronic conditions, as
11 set forth in section 2804(b)(2)(A), and rel-
12 evant environmental, behavioral, socio-
13 economic, demographic, and other factors
14 as set forth in subparagraphs (B) and (C)
15 of section 2804(b)(2), to the State Net-
16 work by health care providers, hospitals, or
17 other facilities that provide screening, diag-
18 nostic, or therapeutic services to patients;

19 “(ii) a means to access necessary
20 records that would identify the incidence
21 and prevalence of priority chronic condi-
22 tions and relevant environmental, behav-
23 ioral, socioeconomic, demographic, and
24 other factors;

1 “(iii) a means to collect information
2 regarding relevant environmental factors
3 through biomonitoring and other methods,
4 except that a State, political subdivision of
5 a State, territory, or Indian tribe may sat-
6 isfy the requirement of this clause through
7 the use of either its own laboratory or
8 through an agreement with other labora-
9 tories;

10 “(iv) a means for the reporting of pri-
11 ority chronic conditions and relevant envi-
12 ronmental, behavioral, socioeconomic, de-
13 mographic, and other factors to the Na-
14 tionwide Network in such a format, with
15 such data elements, and in accordance with
16 such standards of quality, timeliness, and
17 completeness, as may be established by the
18 Secretary;

19 “(v) a means for the protection of the
20 confidentiality of all personal data re-
21 ported, in accordance with the regulations
22 promulgated under section 264(c) of the
23 Health Insurance Portability and Account-
24 ability Act of 1996 (42 U.S.C. 1320d-2
25 note);

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

5 “(vii) a means for providing the full-
 6 est possible access to data collected by the
 7 State Network while ensuring that indi-
 8 vidual privacy is protected in accordance
 9 with clause (v) and that potential risk is
 10 effectively communicated;

11 “(B) appoint—

12 “(i) in the case of a State, a State de-
 13 partment or agency;

14 “(ii) in the case of a political subdivi-
 15 sion of a State, a local governmental de-
 16 partment or agency;

17 “(iii) in the case of a territory, a ter-
 18 ritorial department or agency; or

19 “(iv) in the case of an Indian tribe, a
 20 tribal office;

21 as the environmental health lead department or
 22 agency that will be responsible for reporting to
 23 the Governor of the State (or other appropriate
 24 State, territorial, or tribal official as the case
 25 may be) regarding the State Network, be re-

1 sponsible for the development, operation, and
2 maintenance of the State Network, and ensure
3 the appropriate coordination among State and
4 local agencies regarding the development, oper-
5 ation, and maintenance of the State Network;

6 “(C) appoint or hire an Environmental
7 Health Investigator who meets the criteria es-
8 tablished by the Secretary under section
9 2804(b)(2)(H) and who will provide leadership
10 with respect to the establishment, operation,
11 and maintenance of the State Network;

12 “(D) comply with such minimum stand-
13 ards and procedures as the Secretary may pre-
14 scribe;

15 “(E) maintain such records and data and
16 afford such access thereto as the Secretary may
17 find necessary to assure the correctness of, and
18 to verify, reports submitted to the Nationwide
19 Network under this section;

20 “(F) establish an advisory committee to
21 ensure local community input to the State Net-
22 work;

23 “(G) use the funds provided under this
24 section to build on, expand, and coordinate
25 among the existing public health and environ-

mental infrastructure, including surveys, registries, protocols, surveillance and data collection systems, and health alert and other early warning networks; and

“(H) provide an appropriate means for referring individuals with priority chronic conditions to appropriate health services and for determining their eligibility for health coverage under the medicaid program carried out under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or the State Children’s Health Insurance Program under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$100,000,000 for each of fiscal years 2005 through 2009.

“SEC. 2804. ESTABLISHMENT AND OPERATION OF THE NATIONWIDE HEALTH TRACKING NETWORK.

“(a) IN GENERAL.—Not later than 36 months after the date of enactment of this title, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, in consultation with the Administrator of the Environmental Protection Agency, the Administrator of the Agency for Toxic Substances and Disease Registry, States, political subdivisions of States, Indian tribes, and

1 territories and taking into consideration the findings, con-
2 clusions, and recommendations of the Commission, shall
3 establish and operate a Nationwide Health Tracking Net-
4 work. In establishing and operating the Nationwide Net-
5 work, the Secretary shall—

6 “(1) identify, build upon, expand, and coordi-
7 nate among existing data and surveillance systems,
8 surveys, registries, and other Federal public health
9 and environmental infrastructure wherever possible,
10 including—

11 “(A) the National Electronic Disease Sur-
12 veillance System;

13 “(B) State birth defects surveillance sys-
14 tems as supported under section 317C;

15 “(C) State cancer registries as supported
16 under part M of title III;

17 “(D) State asthma surveillance systems as
18 supported under section 317I;

19 “(E) the National Health and Nutrition
20 Examination Survey;

21 “(F) the Behavioral Risk Factor Surveil-
22 lance System;

23 “(G) the Substance Release/Health Effects
24 Database;

1 “(H) the Hazardous Substances Emer-
2 gency Events Surveillance System;

3 “(I) the National Exposure Registry;

4 “(J) the Health Alert Network; and

5 “(K) such other data and surveillance sys-
6 tems, registries, and surveys as considered ap-
7 propriate by the Secretary and the Adminis-
8 trator of the Environmental Protection Agency;

9 “(2) develop, operate, and maintain a national
10 database that accepts data from the State Networks
11 on the occurrence, including incidence and preva-
12 lence, of priority chronic conditions and relevant en-
13 vironmental, behavioral, socioeconomic, demographic,
14 and other factors;

15 “(3) coordinate the State Networks as provided
16 for under section 2803 and provide technical assist-
17 ance to support these Networks;

18 “(4) establish minimum standards and proce-
19 dures for data collection, reporting, and availability
20 to ensure that data collected by the Nationwide and
21 State Networks are—

22 “(A) accurate and of a high quality;

23 “(B) accessible to the public in a form that
24 provides for the protection of individual privacy

1 and provides for effective communication of po-
2 tential risk (including in an electronic format);

3 “(C) accessible and sufficient to be used
4 and analyzed on a national scale by interested
5 parties; and

6 “(D) maintained in a manner that sup-
7 ports the purposes of this title and protects in-
8 dividual privacy; and

9 “(5) develop guidance for appropriate data
10 analysis, response, risk communication, and preven-
11 tion activities at the Federal, State, and local level.

12 “(b) ESTABLISHMENT OF MINIMUM STANDARDS AND
13 PROCEDURES.—

14 “(1) IN GENERAL.—Not later than 36 months
15 after the date of enactment of this title, the Sec-
16 retary, acting through the Director of the Centers
17 for Disease Control and Prevention, and in consulta-
18 tion with the Administrator of the Environmental
19 Protection Agency, the Administrator of the Agency
20 for Toxic Substances and Disease Registry, the Sur-
21 geon General, the Director of the National Institutes
22 of Health, States, Indian tribes, territories, and
23 other interested parties, shall establish minimum
24 standards and procedures for the establishment and
25 operation of the State Networks. In developing such

1 minimum standards and procedures, the Secretary
2 shall take into consideration the findings, conclu-
3 sions, and recommendations of the Commission.

4 “(2) CONTENTS.—The minimum standards and
5 procedures established under paragraph (1) shall
6 include—

7 “(A) a list and definitions of the priority
8 chronic conditions to be tracked through the
9 State Networks, including—

10 “(i) birth defects;

11 “(ii) developmental disabilities (such
12 as cerebral palsy, autism, and mental re-
13 tardation);

14 “(iii) asthma and chronic respiratory
15 diseases;

16 “(iv) cancer, including pediatric can-
17 cers;

18 “(v) neurological diseases (such as
19 Parkinson’s, Multiple Sclerosis, and Alz-
20 heimer’s); and

21 “(vi) other such priority chronic con-
22 ditions as the Secretary may specify;

23 “(B) a list and definitions of relevant envi-
24 ronmental factors to be tracked through the
25 State Networks;

1 “(C) a list and definitions of relevant be-
2 havioral, socioeconomic, demographic, and other
3 risk factors, including race, ethnic status, gen-
4 der, age, occupation, and primary language, to
5 be tracked through the State Networks;

6 “(D) procedures for the complete, timely,
7 and high-quality collection and reporting of an-
8 nual data by census tract, or other political or
9 administrative subdivision determined appro-
10 priate by the Secretary, regarding the incidence
11 and prevalence of the priority chronic diseases
12 listed under subparagraph (A), the relevant en-
13 vironmental factors listed under subparagraph
14 (B), and the relevant behavioral, socioeconomic,
15 demographic, and other factors listed under
16 subparagraph (C) that will ensure the utility,
17 accuracy, and sufficiency of the data for all in-
18 terested parties and the protection of individual
19 privacy;

20 “(E) procedures for making data available
21 to the public at a community level, in an easily
22 accessible and readily available format, ensuring
23 the protection of individual privacy and effective
24 communication of potential risk, and as quickly
25 as possible after it is collected so that public

1 health officials and members of the public can
2 respond with appropriate public health activi-
3 ties;

4 “(F) procedures for making data available
5 to researchers while maintaining adequate pro-
6 tections of individual privacy;

7 “(G) procedures for analyzing collected
8 data to identify populations at high risk, exam-
9 ining and responding to health concerns, recog-
10 nizing and addressing related environmental
11 and other risk factors, effectively commu-
12 nicating potential risk, and developing and im-
13 plementing prevention strategies;

14 “(H) procedures for developing an early
15 warning system to detect, investigate, and
16 where necessary, respond to, emergent public
17 health concerns detected through the State Net-
18 work;

19 “(I) criteria for Environmental Health In-
20 vestigators as required under section
21 2803(e)(2)(C); and

22 “(J) procedures for record and data main-
23 tenance and verification.

24 “(3) STATE PRIORITIES.—In developing the
25 minimum standards and procedures under para-

1 graph (1), the Secretary, acting through the Direc-
 2 tor of the Centers for Disease Control and Preven-
 3 tion, shall include mechanisms for allowing States,
 4 political subdivisions of States, territories, and In-
 5 dian tribes to set priorities, and allocate resources
 6 accordingly, among the priority chronic conditions
 7 described in paragraph (2)(A), and the relevant en-
 8 vironmental, behavioral, socioeconomic, demographic,
 9 and other risk factors described in subparagraphs
 10 (B) and (C) of paragraph (2).

11 “(c) TECHNICAL ASSISTANCE.—The Secretary, act-
 12 ing through the Director of the Centers for Disease Con-
 13 trol and Prevention, and the Administrator, shall directly
 14 or through grants or contracts, or both, provide technical
 15 assistance to States, political subdivisions of States, terri-
 16 tories, and Indian tribes in the establishment and oper-
 17 ation of the State Networks, including providing—

18 “(1) training for Environmental Health Inves-
 19 tigators as described in section 2803(e)(2)(C), for
 20 personnel of State, local, territorial, and tribal
 21 health agencies, and for other appropriate personnel
 22 to develop environmental health leadership capacity
 23 at the State (including territories and Indian tribes)
 24 and local level, including investigative, diagnostic,

1 analytical, risk communication, and response and
2 prevention capabilities;

3 “(2) assistance in improving relevant regional
4 and State laboratory capacity and other activities to
5 complement State (including territories and Indian
6 tribes) and local investigative capabilities;

7 “(3) assistance in establishing a computerized
8 data collection, reporting, and processing system;

9 “(4) technical assistance to those States (in-
10 including territories and Indian tribes) and local gov-
11 ernments determined to need such assistance to
12 build capacity to the level necessary for the estab-
13 lishment of a State Network; and

14 “(5) any other technical assistance the Sec-
15 retary or Administrator determines to be necessary.

16 “(d) REPORT TO CONGRESS.—Not later than Sep-
17 tember 30, 2004, and biennially thereafter, the Secretary
18 shall submit to Congress, and make public, a report con-
19 cerning the implementation of this title.

20 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purposes of establishing, operating, and maintaining the
22 Nationwide Network, there is authorized to be appro-
23 priated \$15,000,000 for each of fiscal years 2003 through
24 2007.

1 **“SEC. 2805. NATIONAL ENVIRONMENTAL HEALTH RAPID**
2 **RESPONSE SERVICE.**

3 “(a) ESTABLISHMENT.—The Secretary, acting
4 through the Director of the Centers for Disease Control
5 and Prevention, shall establish within the Epidemic Intel-
6 ligence Service a National Environmental Health Rapid
7 Response Service.

8 “(b) DUTIES.—The National Environmental Health
9 Rapid Response Service established under subsection (a)
10 shall—

11 “(1) work with States, political subdivisions of
12 States, territories, Indian tribes, and other inter-
13 ested parties to develop and implement strategies,
14 protocols, and guidelines for coordinated, rapid re-
15 sponses to actual and perceived higher than expected
16 incidence and prevalence rates of priority chronic
17 conditions and to acute and potential environmental
18 hazards and exposures, taking into consideration the
19 findings, conclusions, and recommendations of the
20 Commission;

21 “(2) serve as a resource for communities with
22 concerns regarding higher than expected incidence
23 and prevalence rates of priority chronic conditions or
24 concerns regarding acute environmental exposures,
25 and where appropriate, conduct investigations into
26 higher than expected incidence and prevalence rates

1 of priority chronic conditions or acute environmental
2 exposures;

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

6 “(4) coordinate activities carried out under this
7 section with the Administrator of the Environmental
8 Protection Agency, the Administrator of the Agency
9 for Toxic Substances and Disease Registry, the Sur-
10 geon General, and the Director of the National In-
11 stitutes of Health.

12 “(c) TRAINING.—The Secretary shall expand the
13 Centers for Disease Control and Prevention Epidemic In-
14 telligence Service and Public Health Prevention Service to
15 recruit and train public health officers in epidemiology, en-
16 vironmental health, and other relevant areas to prepare
17 them to respond rapidly and effectively to actual and per-
18 ceived higher than expected incidence and prevalence rates
19 of priority chronic conditions and to acute and potential
20 environmental hazards and exposures.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 \$5,000,000 for each of fiscal years 2003 through 2007.

1 **“SEC. 2806. EXPANSION OF BIOMONITORING CAPABILITIES**
2 **AND DATA COLLECTION.**

3 “(a) IN GENERAL.—The Secretary shall expand the
4 scope and amount of biomonitoring data collected by the
5 Centers for Disease Control and Prevention, including the
6 collection of biomonitoring data through the National
7 Health and Nutrition Examination Survey so that such
8 biomonitoring data will provide robust information, by
9 census tract or other political or administrative subdivi-
10 sion determined appropriate by the Secretary, on a range
11 of environmental exposures, including prenatal exposures.

12 “(b) INCREASING REGIONAL LABORATORY CAPAC-
13 ITY.—The Secretary, acting through the Director of the
14 Centers for Disease Control and Prevention, shall enter
15 into cooperative agreements with States, groups of States,
16 academic institutions, or consortia of academic institu-
17 tions to establish and operate at least 5 regional biomoni-
18 toring laboratories to support the purposes of this title.

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

23 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section—

25 “(1) \$50,000,000 for each of fiscal years 2003
26 through 2007 for the expansion of biomonitoring

1 data collection by the Centers for Disease Control
2 and Prevention; and

3 “(2) \$50,000,000 for each of the fiscal years
4 2003 through 2007 for entering into cooperative
5 agreements to establish and operate at least 5 re-
6 gional biomonitoring laboratories.

7 **“SEC. 2807. THE NATIONAL HEALTH TRACKING REPORT.**

8 “(a) IN GENERAL.—Not later than 48 months after
9 the date of enactment of this title, and annually there-
10 after, the Secretary, acting through the Director of the
11 Centers for Disease Control and Prevention, and in coordi-
12 nation with the Administrator of the Environmental Pro-
13 tection Agency and the Administrator of the Agency for
14 Toxic Substances and Disease Registry, shall publish a re-
15 port, in an easy to understand format, that will provide
16 the public with the findings of the Nationwide Network
17 (including key hazards, exposures, and health outcomes)
18 and other information that will assist the public in gaug-
19 ing progress and shaping national goals with respect to
20 environmental health. In developing the report, the Sec-
21 retary and the Administrator shall take into consideration
22 the findings, conclusions, and recommendations of the
23 Commission.

24 “(b) CONSULTATION.—The Secretary, acting
25 through the Director of the Centers for Disease Control

1 and Prevention, shall consult with the Commission, the
2 Administrator of the Environmental Protection Agency,
3 the Administrator of the Agency for Toxic Substances and
4 Disease Registry, States, political subdivisions of States,
5 territories, Indian tribes, and other interested parties con-
6 cerning the format, content, and methods of dissemination
7 with respect to the National Health Tracking Report
8 under subsection (a).

9 “(c) REQUIREMENTS.—Each report published under
10 subsection (a) shall include, in addition to any other infor-
11 mation that the Secretary and the Administrator of the
12 Environmental Protection Agency determine
13 appropriate—

14 “(1) a statement of the activities carried out
15 under this title during the period covered by the re-
16 port and the extent to which such activities achieve
17 the purposes of this title;

18 “(2) an analysis of the incidence and prevalence
19 of priority chronic conditions and relevant environ-
20 mental, behavioral, socioeconomic, demographic, and
21 other factors by State and census tract (or other po-
22 litical or administrative subdivision determined ap-
23 propriate by the Secretary and the Administrator of
24 the Environmental Protection Agency) for the cal-

1 endar year preceding the year for which the report
2 is prepared;

3 “(3) the identification of data gaps that remain
4 to be filled; and

5 “(4) recommendations regarding high risk pop-
6 ulations, public health concerns, response and pre-
7 vention strategies, and additional tracking needs.

8 “(d) DISSEMINATION.—The National Health Track-
9 ing Report under subsection (a) shall be made available
10 in an electronic format and be disseminated to the public
11 on as wide a basis as is practicable.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated such sums as may be nec-
14 essary to carry out this section.

15 **“PART B—INCREASING PUBLIC HEALTH**

16 **PERSONNEL CAPACITY**

17 **“SEC. 2811. SCHOOLS OF PUBLIC HEALTH CENTERS OF EX-** 18 **CELLENCE.**

19 “(a) IN GENERAL.—Beginning in fiscal year 2003,
20 the Secretary may make grants to, or enter into coopera-
21 tive agreements with, at least 5 accredited schools of pub-
22 lic health or departments of public health or similar de-
23 partments within accredited schools of medicine for the
24 establishment, maintenance, and operation of centers for

1 research and demonstration with respect to chronic condi-
 2 tions and relevant environmental factors.

3 “(b) AREAS OF RESEARCH AND DEMONSTRATION.—

4 In addition to areas of research specified by the Secretary
 5 and the Administrator of the Environmental Protection
 6 Agency, after taking into consideration the findings, con-
 7 clusions, and recommendations of the Commission, centers
 8 established, maintained, or operated under this section
 9 shall undertake research and development projects in at
 10 least 1 of the following areas:

11 “(1) Investigating causal connections between
 12 chronic conditions and environmental factors, includ-
 13 ing effects of environmental factors on the health of
 14 children and other vulnerable subpopulations.

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

20 “(3) Identifying additional chronic conditions
 21 and environmental factors that could provide infor-
 22 mation with respect to potential public health bene-
 23 fits if surveyed through the Nationwide Network, in-
 24 cluding such conditions as reproductive health, endo-
 25 crine disorders, cardiovascular diseases, and other

1 chronic conditions that may be related to environ-
2 mental factors.

3 “(4) Improving the translation of Nationwide
4 Network tracking results into effective prevention
5 activities.

6 “(5) Improving the training of the public health
7 workforce in environmental epidemiology.

8 “(c) REQUIREMENTS.—Each center established,
9 maintained, or operated under this section shall be located
10 in a school of public health or a department of public
11 health or similar department within an accredited school
12 of medicine—

13 “(1) that has a core faculty in epidemiology,
14 biostatistics, social and behavioral sciences, environ-
15 mental health sciences, health communication, and
16 health services administration;

17 “(2) with a proximity to, and that collaborates
18 with, a laboratory with expertise in biomonitoring
19 and other techniques for measuring and quantifying
20 environmental factors and exposures;

21 “(3) that provides graduate training programs
22 relevant to disease prevention and environmental
23 health;

24 “(4) that has a multidisciplinary faculty that
25 has working relationships with relevant groups in

1 such fields as medicine, psychology, nursing, pediat-
 2 rics, social work, education, environmental sciences,
 3 and life sciences;

4 “(5) that has a demonstrated curriculum in dis-
 5 ease prevention;

6 “(6) that has a capability for residency training
 7 in public health or preventive medicine;

8 “(7) that maintains collaborative partnerships
 9 with State and local health departments; and

10 “(8) that meets such other qualifications as the
 11 Secretary may prescribe.

12 “(d) COMMUNITY INVOLVEMENT.—

13 “(1) IN GENERAL.—In conducting research and
 14 demonstration projects under subsection (b), each
 15 center established, maintained, or operated under
 16 this section shall involve community organizations to
 17 ensure that local concerns are adequately addressed
 18 and that aggregated data resulting from the projects
 19 are readily accessible and contain information useful
 20 for local activities.

21 “(2) REQUIREMENTS.—The centers established,
 22 maintained, or operated under this section shall—

23 “(A) utilize community outreach and orga-
 24 nization techniques and other methods of edu-
 25 cating and motivating communities; and

1 “(B) work with community organizations
 2 to routinely evaluate the Nationwide Network
 3 and State Networks with respect to local needs
 4 and to ensure appropriate dissemination and in-
 5 terpretation of tracking data.

6 “(e) APPLICATION.—To be eligible to receive a grant
 7 or cooperative agreement under subsection (a) an accred-
 8 ited school of public health or a department of public
 9 health or similar department within an accredited school
 10 of medicine shall submit to the Commission for approval
 11 an application that is in such form, submitted in such
 12 manner, and accompanied by such information, as the
 13 Secretary and the Commission may specify.

14 “(f) SELECTION.—In determining which applications
 15 to approve under subsection (e), the Commission shall—

16 “(1) provide for an equitable geographical dis-
 17 tribution of centers established, maintained, and op-
 18 erated under this section; and

19 “(2) provide for the distribution of such centers
 20 among areas containing a range of population
 21 groups which exhibit incidence rates of chronic con-
 22 ditions that are—

23 “(A) higher than would normally be ex-
 24 pected;

1 “(B) likely to be related to environmental
2 factors; and

3 “(C) most likely to respond to preventive
4 intervention efforts.

5 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$5,000,000 for each of fiscal years 2003 through 2007.

8 **“SEC. 2812. JOHN H. CHAFEE PUBLIC HEALTH SCHOLAR**
9 **PROGRAM.**

10 “(a) IN GENERAL.—The Secretary shall award schol-
11 arships, to be known as John H. Chafee Public Health
12 Scholarships, to eligible students who meet the criteria es-
13 tablished under subsection (b) and who are enrolled in an
14 accredited school of public health or a department of pub-
15 lic health or similar department within an accredited
16 school of medicine.

17 “(b) CRITERIA FOR SCHOLARSHIPS.—The Secretary
18 and the Administrator of the Environmental Protection
19 Agency, taking into consideration the recommendations of
20 the Commission, shall establish specific criteria upon
21 which to award scholarships under subsection (a), which
22 shall include criteria relating to appropriate basic and ad-
23 vanced training in chronic conditions and environmental
24 epidemiology, environmental health sciences, risk commu-
25 nication, and community outreach and intervention.

1 “(c) ELIGIBILITY.—To be eligible to receive a schol-
2 arship under this section, an individual shall—

3 “(1) be enrolled on a full-time basis in, or ac-
4 cepted to, a master’s or doctoral level program in
5 public health at an accredited school of public health
6 or a department of public health or similar depart-
7 ment within an accredited school of medicine;

8 “(2) submit an application to the Secretary at
9 such time, in such manner, and containing such
10 agreements, assurances, and information as the Sec-
11 retary and the Administrator determine to be nec-
12 essary to carry out this section; and

13 “(3) enter into an obligated service agreement
14 with the Secretary under which the individual agrees
15 to accept employment, following the completion of
16 the recipient’s course of study, in a State, local, mu-
17 nicipal, tribal, territory, or Federal public health
18 agency for 1 year for each year that the recipient re-
19 ceived such a scholarship.

20 “(d) SELECTION.—The recipients of scholarships
21 under this section shall be selected by the Commission
22 based on the applications submitted.

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,
25 \$2,500,000 for each of fiscal years 2003 through 2007.

1 **“PART C—GENERAL PROVISIONS**

2 **“SEC. 2821. GENERAL PROVISIONS.**

3 “(a) INTERNAL MONITORING AND COORDINATION
4 REGARDING CENTERS FOR DISEASE CONTROL AND PRE-
5 VENTION.—The Secretary, acting through the Director of
6 the Centers for Disease Control and Prevention, shall
7 place primary responsibility for the coordination of the
8 programs established under this title in the Office of the
9 Director. In addition, the officers or employees of such
10 Centers who are assigned responsibility for monitoring
11 and coordinating the activities carried out under this title
12 by such Centers include officers or employees within the
13 Office of the Director of such Centers.

14 “(b) FUNDING THROUGH APPROPRIATIONS AC-
15 COUNT FOR PUBLIC HEALTH IMPROVEMENT.—All au-
16 thorizations of appropriations established in this title are
17 authorizations exclusively for appropriations to the ac-
18 count that, among appropriations accounts for the Centers
19 for Disease Control and Prevention, is designated ‘public
20 health improvement’.

21 “(c) DATE CERTAIN FOR OBLIGATION OF APPRO-
22 PRIATIONS.—With respect to the process of receiving ap-
23 plications for and making awards of grants, cooperative
24 agreements, and contracts under this title, the Secretary,
25 acting through the Director of the Centers for Disease
26 Control and Prevention, shall to the extent practicable de-

1 sign the process to ensure that amounts appropriated
2 under this title for such awards for a fiscal year are obli-
3 gated not later than the beginning of the fourth quarter
4 of the fiscal year, subject to compliance with section 1512
5 of title 31, United States Code (relating to deficiency or
6 supplemental appropriations), and other applicable law re-
7 garding appropriations accounting.

8 “(d) COORDINATION WITH AGENCY FOR TOXIC SUB-
9 STANCES AND DISEASE REGISTRY.—For carrying out the
10 purposes of this title, the Secretary, acting through the
11 Director of the Centers for Disease Control and Preven-
12 tion, shall coordinate activities and responses with the
13 Agency for Toxic Substances and Disease Registry.”.

○