

108TH CONGRESS  
2D SESSION

# H. R. 5335

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

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2004

Ms. PELOSI (for herself, Mrs. JONES of Ohio, Ms. SLAUGHTER, Mr. BROWN of Ohio, Mr. GEORGE MILLER of California, Mr. MARKEY, Ms. SCHAKOWSKY, Ms. SOLIS, Ms. MCCARTHY of Missouri, Mr. CLYBURN, Ms. DELAURO, Mr. KENNEDY of Rhode Island, Ms. ROYBAL-ALLARD, Mr. SERRANO, Mrs. MALONEY, Mr. VAN HOLLEN, Mr. CROWLEY, Mr. KUCINICH, Ms. MCCOLLUM, Mr. KILDEE, Ms. BALDWIN, Mr. OWENS, Mrs. CHRISTENSEN, Mr. MORAN of Virginia, Mr. GRIJALVA, Mr. ISRAEL, Mr. JACKSON of Illinois, Mr. GONZALEZ, and Mr. TIERNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to establish a Coordinated 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 2004”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress finds that—

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

6 (2) with 100,000,000 people suffering from  
7 chronic diseases each year, and \$750,000,000,000  
8 lost in health care costs as a result, the national cost  
9 of chronic disease is extremely high and must be ap-  
10 propriately addressed;

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

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

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

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

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

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

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

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

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

1           (4) improve coordination between the areas of  
2           public health, environmental protection, and chem-  
3           ical, radiological and biological terrorism; and

4           (5) provide necessary support to ensure the  
5           availability of a sufficient number of well-trained en-  
6           vironmental health and public health personnel to  
7           participate and provide leadership in the develop-  
8           ment and maintenance of the Coordinated and State  
9           Environmental Health Networks.

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

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

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

17 **“SEC. 2900. DEFINITIONS.**

18       “In this title:

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

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

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

3 “(3) NATIONAL ENVIRONMENTAL HEALTH  
4 RAPID RESPONSE SERVICE.—The National Environ-  
5 mental Health Rapid Response Service operated  
6 under paragraph (1)(D) shall—

7 “(A) work with environmental health inves-  
8 tigators appointed or hired under subsection  
9 (b)(3)(D) to develop and implement strategies,  
10 protocols, and guidelines for the coordinated,  
11 rapid responses to actual and perceived higher  
12 than expected incidence and prevalence rates of  
13 priority chronic conditions and to acute and po-  
14 tential environmental hazards and exposures;

15 “(B) conduct investigations into higher  
16 than expected incidence and prevalence rates of  
17 priority chronic conditions or environmental ex-  
18 posures after an individual requests, through a  
19 process established by the Secretary, the inter-  
20 vention of the Service;

21 “(C) coordinate activities carried out under  
22 this title with activities carried out under sec-  
23 tions 319 through 319G; and

24 “(D) coordinate activities carried out  
25 under this title with the Administrators, the

1 Surgeon General, and the Director of the Na-  
2 tional Institutes of Health.

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

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

10 “(B) a list and definitions of relevant envi-  
11 ronmental exposures of concern to be tracked,  
12 to the extent practicable, through the State  
13 Networks, including—

14 “(i) hazardous air pollutants (as de-  
15 fined in section 302(g) of the Clean Air  
16 Act);

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

21 “(iii) pollutants or contaminants (as  
22 defined in section 101 of the Comprehen-  
23 sive Environmental Response, Compensa-  
24 tion, and Liability Act of 1980);

1 “(iv) toxic chemicals (as described in  
2 section 313 of the Emergency Planning  
3 and Community Right-to-Know Act of  
4 1986);

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

10 “(vi) pesticides (as defined in section  
11 2(u) of the Federal Insecticide, Fungicide,  
12 and Rodenticide Act); and

13 “(vii) such other potentially relevant  
14 environmental factors as the Secretary  
15 may specify;

16 “(C) a list and definitions of potentially  
17 relevant behavioral, socioeconomic, demo-  
18 graphic, and other risk factors, including race,  
19 ethnic status, gender, age, occupation, and pri-  
20 mary language, to be tracked through the State  
21 Networks;

22 “(D) procedures for the complete and  
23 timely collection and reporting of data to the  
24 Coordinated Network by census tract, or other  
25 political subdivision determined appropriate by

1 the Secretary, in consultation with the Adminis-  
2 trator of the Environmental Protection Agency,  
3 regarding the factors described in subpara-  
4 graphs (A), (B), and (C);

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

10 “(F) standards and procedures for the es-  
11 tablishment and maintenance of at least 7 re-  
12 gional biomonitoring laboratories, including pro-  
13 viding for an equitable geographic distribution,  
14 by entering into cooperative agreements with  
15 States, groups of States, and academic institu-  
16 tions or consortia of academic institutions, in  
17 order to expand the scope and amount of bio-  
18 monitoring data collected by the Centers for  
19 Disease Control and Prevention;

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

23 “(H) procedures for record and data main-  
24 tenance and verification.

1       “(b) STATE ENVIRONMENTAL HEALTH NET-  
2 WORKS.—

3               “(1) GRANTS.—Not later than 24 months after  
4 the date of the enactment of this title, the Secretary,  
5 acting through the Director, in consultation with the  
6 Administrators, and taking into consideration the  
7 findings of the Committee, shall award grants to  
8 States, local governments, territories, and Indian  
9 tribes for the establishment, maintenance, and oper-  
10 ation of State Environmental Health Networks in  
11 accordance with the minimum standards and proce-  
12 dures established by the Secretary under subsection  
13 (a)(4).

14               “(2) SPECIALIZED ASSISTANCE.—The Coordi-  
15 nated Network shall provide specialized assistance to  
16 grantees in the establishment, maintenance, and op-  
17 eration of State Networks.

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

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

23                               “(i) for the complete tracking of the  
24 incidence, prevalence, and trends of pri-  
25 ority chronic conditions and potentially rel-

1           evant environmental and other factors as  
2           set forth in subsection (a), as well as any  
3           additional priority chronic conditions and  
4           potentially related environmental exposures  
5           of concern to that State, local government,  
6           territory, or Indian tribe;

7           “(ii) for identification of priority  
8           chronic conditions and potentially relevant  
9           environmental and other factors that dis-  
10          proportionately impact low income and mi-  
11          nority communities;

12          “(iii) for the protection of the con-  
13          fidentiality of all personal data reported, in  
14          accordance with the medical privacy regu-  
15          lations;

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

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



1                   “(vi) for the collection of exposure  
2                   data through biomonitoring and other  
3                   methods, including the entering into of co-  
4                   operative agreements with the Coordinated  
5                   Network in the establishment of the re-  
6                   gional biomonitoring laboratories;

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

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

1           “(D) to appoint or hire an environmental  
2 health investigator who meets criteria estab-  
3 lished by the Secretary under subsection  
4 (a)(4)(G) and who will coordinate the develop-  
5 ment and maintenance of the rapid response  
6 protocol established under subparagraph (E);

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

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

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

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

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

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

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

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

24               “(B) contains the assurance that the  
25               State, local government, territory, or tribe will

1 establish a State Network as required by this  
2 subsection; and

3 “(C) contains assurances that if the State,  
4 local government, territory, or tribe is unable to  
5 meet all of the requirements described in this  
6 subsection within the prescribed time period,  
7 the State, local government, territory, or tribe  
8 will use grant funds to increase the public  
9 health infrastructure of the State, local govern-  
10 ment, territory, or tribe, acting in cooperation  
11 with the Coordinated Network, in order to im-  
12 plement and maintain a State Network within  
13 24 months of the receipt of such grant.

14 “(c) PILOT PROJECTS.—

15 “(1) IN GENERAL.—Beginning in fiscal year  
16 2005, a State, local government, territory, or Indian  
17 tribe may apply for a grant under this subsection to  
18 implement a pilot project that is approved by the  
19 Secretary, acting through the Director and in con-  
20 sultation with the Administrators and the Com-  
21 mittee.

22 “(2) ACTIVITIES.—A State, local government,  
23 territory, or Indian tribe shall use amounts received  
24 under a grant under this subsection to carry out a  
25 pilot project designed to develop State Network en-

1       hancements and to develop programs to address spe-  
2       cific local and regional concerns, including—

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

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

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

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

17              “(d) ADVISORY COMMITTEE.—

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

23               “(2) COMPOSITION.—The Advisory Committee  
24               shall be composed of 16 members to be appointed by  
25               the Secretary. Each member of the Advisory Com-

1        mittee shall serve a 3-year term, except that the Sec-  
2        retary may appoint the initial members of the Advi-  
3        sory Committee for lesser terms in order to comply  
4        with the following sentence. In appointing the mem-  
5        bers of the Advisory Committee, the Secretary shall  
6        ensure that the terms of 5 or 6 members expire each  
7        year. The Advisory Committee shall include at least  
8        9 members that have experience in the areas of—

9                “(A) public health;

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

12               “(C) epidemiology; and

13               “(D) biomonitoring and other relevant ex-  
14               posure technologies.

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

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

1           “(5) DUTIES.—The Advisory Committee  
2 shall—

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

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

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

14       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated to carry out this section  
16 \$100,000,000 for fiscal year 2005 and such sums as may  
17 be necessary for each of fiscal years 2006 through 2009.

18       **“SEC. 2902. INCREASING PUBLIC HEALTH PERSONNEL CA-  
19 PACITY.**

20       “(a) SCHOOLS OR PROGRAMS OF PUBLIC HEALTH  
21 CENTERS OF EXCELLENCE.—

22           “(1) GRANTS.—Beginning in fiscal year 2005,  
23 the Secretary may award grants to at least 5 accred-  
24 ited schools or programs of public health for the es-  
25 tablishment, maintenance, and operation of Centers

1 of Excellence for research and demonstration with  
2 respect to chronic conditions and relevant environ-  
3 mental factors.

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

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

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

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

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

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



1           “(F) Establishing links to the Coordinated  
2           Network and the State Networks to identify as-  
3           sociations that warrant further study.

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

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

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

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

16          “(4) AUTHORIZATION OF APPROPRIATIONS.—  
17          There is authorized to be appropriated to carry out  
18          this subsection \$5,000,000 for each of fiscal years  
19          2005 through 2009.

20          “(b) JOHN H. CHAFEE PUBLIC HEALTH SCHOLAR  
21          PROGRAM.—

22          “(1) IN GENERAL.—The Secretary shall award  
23          scholarships, to be known as John H. Chafee Public  
24          Health Scholarships, to eligible students who are en-  
25          rolled in an accredited school of public health or

1 medicine. The Secretary shall determine both the  
2 criteria and eligibility requirements for such scholar-  
3 ships, after consultation with the Committee.

4 “(2) AUTHORIZATION OF APPROPRIATIONS.—

5 There is authorized to be appropriated to carry out  
6 this subsection \$2,500,000 for each of fiscal years  
7 2005 through 2009.

8 “(c) APPLIED EPIDEMIOLOGY FELLOWSHIP PRO-  
9 GRAMS.—

10 “(1) IN GENERAL.—Beginning in fiscal year  
11 2005, the Secretary, acting through the Director,  
12 shall enter into a cooperative agreement with the  
13 Council of State and Territorial Epidemiologists to  
14 train and place, in State and local health depart-  
15 ments, applied epidemiology fellows to enhance State  
16 and local epidemiology capacity in the areas of envi-  
17 ronmental health, chronic disease, and birth defects  
18 and development disabilities.

19 “(2) AUTHORIZATION OF APPROPRIATIONS.—

20 There is authorized to be appropriated to carry out  
21 this subsection \$2,500,000 for fiscal year 2005, and  
22 such sums as may be necessary in each of fiscal  
23 years 2006 through 2009.

1   **“SEC. 2903. GENERAL PROVISIONS.**

2           “(a) INTERNAL MONITORING AND COORDINATION  
3 REGARDING CDC.—The Secretary, acting through the Di-  
4 rector, shall place primary responsibility for the coordina-  
5 tion of the programs established under this title in the  
6 Office of the Director. The officers or employees of the  
7 Centers for Disease Control and Prevention who are as-  
8 signed responsibility for monitoring and coordinating the  
9 activities carried out under this title by the Director shall  
10 include officers or employees within the Office of the Di-  
11 rector.

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

19           “(c) DATE CERTAIN FOR OBLIGATION OF APPRO-  
20 PRIATIONS.—With respect to the process of receiving ap-  
21 plications for and making awards of grants, cooperative  
22 agreements, and contracts under this title, the Secretary,  
23 acting through the Director, shall to the extent practicable  
24 design the process to ensure that amounts appropriated  
25 under this title for such awards for a fiscal year are obli-  
26 gated not later than the beginning of the fourth quarter

1 of the fiscal year, subject to compliance with section 1512  
2 of title 31, United States Code (relating to deficiency or  
3 supplemental appropriations), and other applicable law re-  
4 garding appropriations accounting.

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

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

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