

109TH CONGRESS
1ST SESSION

S. 2047

To promote healthy communities.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 17, 2005

Mr. OBAMA (for himself and Mrs. CLINTON) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To promote healthy communities.

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 “Healthy Communities
5 Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Environmental quality is a leading health
9 indicator. An estimated 25 percent of preventable ill-
10 nesses worldwide can be attributed to poor environ-
11 mental quality.

1 (2) Many diseases are caused or exacerbated by
2 environmental hazards, including cancer, heart dis-
3 ease, asthma, birth defects, behavioral disorders, in-
4 fertility, and obesity.

5 (3) Of the chemicals produced in the United
6 States annually in quantities greater than 10,000
7 pounds, only 43 percent have been tested for their
8 potential human toxicity and only 7 percent have
9 been studied to assess effects on development.

10 (4) Approximately 126,000,000 people in the
11 United States live in areas of non-attainment for
12 pollutants that have health-based standards. In
13 1997, approximately 43 percent of the population of
14 the United States lived in areas designated as non-
15 attainment areas for established health-based stand-
16 ards for ozone.

17 (5) In the United States, air pollution alone is
18 estimated to be associated with 50,000 premature
19 deaths and an estimated \$50,000,000,000 in health-
20 related costs annually.

21 (6) In children, environmental toxins are esti-
22 mated to cause up to 35 percent of asthma cases,
23 up to 10 percent of cancer cases, and up to 20 per-
24 cent of neurobehavioral disorders.

1 (7) Almost 400,000 children have elevated
2 blood lead levels. In 2002, researchers reported that
3 100 percent of childhood lead poisoning resulted
4 from environmental lead exposure. If not detected
5 early, lead poisoning in children is associated with
6 behavioral and learning problems, slowed growth,
7 impaired hearing, and damage to the kidneys, brain,
8 and bone marrow.

9 (8) Studies have found that the reduction of
10 blood lead levels in children from 1976 to 1999 led
11 to an economic benefit of approximately
12 \$319,000,000,000.

13 (9) Elevated lead levels can also harm adults by
14 causing difficulties during pregnancy, high blood
15 pressure, digestive problems, nerve disorders, mem-
16 ory and concentration problems, and muscle and
17 joint pain.

18 (10) Minority Americans are at greater risk of
19 exposure to environmental toxins. Research has
20 shown that 3 of every 5 individuals of African-Amer-
21 ican or Latino background live in communities with
22 1 or more toxic waste sites. More than 15,000,000
23 African-Americans, more than 8,000,000 Hispanics,
24 and about 50 percent of Asian and Pacific Islanders
25 and Native Americans are living in communities

1 with 1 or more abandoned or uncontrolled toxic
 2 waste sites.

3 (11) Communities with existing incinerators are
 4 significantly more likely to have a large percentage
 5 of minorities. Communities where incinerators are
 6 proposed to be located have minority populations
 7 that are 60 percent higher and property values 35
 8 percent lower than other communities.

9 **SEC. 3. ADVISORY COMMITTEE ON ENVIRONMENTAL**
 10 **HEALTH.**

11 (a) IN GENERAL.—The Secretary of Health and
 12 Human Services (referred to in this section as the “Sec-
 13 retary”), in collaboration with the Administrator of the
 14 Environmental Protection Agency (referred to in this sec-
 15 tion as the “Administrator”), shall establish an inde-
 16 pendent, 5-year Advisory Committee on Environmental
 17 Health (referred to in this section as the “Committee”).

18 (b) MEMBERSHIP.—

19 (1) IN GENERAL.—The Committee shall be
 20 composed of members with academic training and
 21 practical experience in—

22 (A) the areas of—

23 (i) environmental health and public
 24 health;

25 (ii) environmental justice;

1 (iii) community-based participatory
2 research;

3 (iv) adult and child health and devel-
4 opment;

5 (v) data collection, analysis, and re-
6 porting;

7 (vi) health and health care disparities;

8 (vii) community engagement and mo-
9 bilization, including grassroots organizing
10 and community-level activism in commu-
11 nities with health disparity populations;
12 and

13 (viii) urban, suburban, rural, and re-
14 gional planning; and

15 (B) other areas determined appropriate by
16 the Secretary.

17 (2) TERM.—Members of the Committee shall
18 serve on the Committee for the life of the Com-
19 mittee.

20 (3) SELECTION.—The Secretary shall appoint
21 members of the Committee from health disparity
22 populations. No candidate for appointment on the
23 Committee shall be asked to provide non-relevant in-
24 formation, such as voting record, political party af-
25 filiation, or position on particular policies.

1 (4) PROHIBITION AGAINST FEDERAL EMPLOY-
2 EES.—No member of the Committee may be a Fed-
3 eral employee.

4 (c) CHAIRPERSON.—Members of the Committee shall
5 select a chairperson from among the members of the Com-
6 mittee, who shall serve a 1-year term.

7 (d) MEETINGS.—The Committee shall meet not less
8 frequently than 3 times per year.

9 (e) DUTIES OF THE COMMITTEE.—The Committee
10 shall review environmental health data and studies, as well
11 as Federal environmental health research and pro-
12 grammatic initiatives, in order to—

13 (1) assess the impact of Federal laws, policies,
14 programs, and practices on environmental health
15 and environmental justice;

16 (2) identify and recommend ways to—

17 (A) draft new or modify existing Federal
18 laws needed to improve environmental health;

19 (B) ensure compliance with Federal laws
20 related to environmental health;

21 (C) address gaps in environmental health
22 research or programs at the Federal level, par-
23 ticularly research or programs that address the
24 needs of health-disparity populations;

1 (D) prevent or mitigate harm from Federal
2 policies and federally operated or supported
3 programs and practices, that may adversely af-
4 fect environmental health and environmental
5 justice;

6 (E) increase coordination and integration
7 of interagency environmental health and envi-
8 ronmental justice initiatives; and

9 (F) promote efforts to meet Healthy Peo-
10 ple 2010 goals and objectives relating to envi-
11 ronmental health;

12 (3) assist in the development of the Environ-
13 mental Health Report Card;

14 (4) assist in the development of the Health Ac-
15 tion Zone Program, including identification of eligi-
16 ble communities; and

17 (5) conduct other activities at the request of the
18 Secretary.

19 (f) VULNERABLE POPULATIONS.—The Committee
20 shall include specific focus on health disparity populations
21 in completion of all duties of the Committee.

22 (g) COLLABORATION.—To the extent possible, the
23 Committee shall seek input from new or existing Federal
24 committees on environmental health and environmental
25 justice issues, including the Federal Interagency Working

1 Group on Environmental Justice and the National Envi-
2 ronmental Justice Advisory Council.

3 (h) PUBLIC INPUT.—

4 (1) PUBLIC NOTICE.—The Chairperson of the
5 Committee shall provide public notice of the avail-
6 ability of draft recommendations not less than 90
7 days prior to the date of finalization of such rec-
8 ommendations.

9 (2) CONSIDERATION.—The Committee shall so-
10 licit and take into consideration public review and
11 comment on draft recommendations pursuant to this
12 section.

13 (i) PERSONNEL.—

14 (1) DETAIL OF GOVERNMENT EMPLOYEES.—
15 Any Federal Government employee may be detailed
16 to the Committee without reimbursement, and such
17 detail shall be without interruption or loss of civil
18 service status or privilege.

19 (2) STAFF, INFORMATION, OR OTHER ASSIST-
20 ANCE.—The Secretary and the Administrator of the
21 Environmental Protection Agency shall provide to
22 the Committee such staff, information, and other as-
23 sistance as may be necessary to carry out the duties
24 of the Committee.

1 (j) REPORTS.—On an annual basis, the Committee
2 shall compile and submit the Committee’s findings and
3 recommendations to the public and Congress.

4 (k) FEDERAL RESPONSE.—Not later than 1 year
5 after the date the Committee submits a report under sub-
6 section (j), the Secretary and the Administrator shall pro-
7 pose a plan to implement relevant recommendations of the
8 Committee included in such report.

9 (l) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to the Committee such sums
11 as may be necessary to carry out the objectives of this
12 section.

13 **SEC. 4. ENVIRONMENTAL HEALTH REPORT CARD.**

14 (a) IN GENERAL.—The Director of the Centers for
15 Disease Control and Prevention (referred to in this section
16 as the “Director”), in collaboration with the Adminis-
17 trator of the Environmental Protection Agency (referred
18 to in this section as the “Administrator”), shall assess and
19 report the environmental health of the Nation and, to the
20 extent possible, for each State.

21 (b) ENVIRONMENTAL HEALTH REPORT CARD.—The
22 Director and the Administrator shall prepare an Environ-
23 mental Health Report Card (referred to in this section as
24 a “Report Card”) for the Nation and, to the extent pos-

1 sible, for each State on a biennial basis, that includes
2 the—

3 (1) potential risk of high or cumulative expo-
4 sure to environmental toxicants and pollutants—

5 (A) taking into consideration the preva-
6 lence and health effect;

7 (B) including those measured in the Na-
8 tional Report on Human Exposure to Environ-
9 mental Chemicals;

10 (C) including those that are man-made,
11 natural, and biogenic; and

12 (D) that are present in the air, water, or
13 soil;

14 (2) burden of acute and chronic disease empiri-
15 cally shown to be associated with or exacerbated by
16 exposure to environmental toxicants or pollutants;

17 (3) demographic characteristics of populations
18 that are most affected by overexposure to environ-
19 mental toxicants or pollutants; and

20 (4) environmental health resources and initia-
21 tives, including national and State health tracking
22 and biomonitoring activities.

23 (c) REPORT.—The Director, in collaboration with the
24 Administrator, shall—

25 (1) submit each Report Card to Congress; and

1 (2) make each Report Card readily available in
2 print and electronically to each State and to the
3 public.

4 (d) ADAPTABLE.—Each Report Card shall be able to
5 be adapted by local agencies in order to rate or report
6 local environmental quality.

7 (e) CONSULTATION.—In developing a Report Card,
8 the Director, in collaboration with the Administrator, shall
9 consult with the Advisory Committee on Environmental
10 Health established under section 3 and incorporate the
11 recommendations set forth by the Committee.

12 (f) UPDATED REPORT.—Each Report Card that is
13 prepared after the initial Report Card shall include trend
14 analysis for the Nation, and, to the extent possible, for
15 each State, in order to track progress in meeting estab-
16 lished national goals and objectives for improving environ-
17 mental health (including Healthy People 2010), and to in-
18 form policy and program development.

19 **SEC. 5. HEALTH ACTION ZONES.**

20 (a) PURPOSE.—The Secretary of Health and Human
21 Services (referred to in this section as the “Secretary”),
22 in collaboration with the Administrator of the Environ-
23 mental Protection Agency, shall establish the Health Ac-
24 tion Zone Program for comprehensive environmental
25 health improvement activities.

1 (b) HEALTH ACTION ZONE PROGRAM.—

2 (1) IN GENERAL.—The Secretary shall award
3 not less than 10 Health Action Zone Program
4 grants to eligible communities each year. The dura-
5 tion of each grant shall be 5 years.

6 (2) ELIGIBLE COMMUNITIES.—

7 (A) IDENTIFICATION.—The Advisory Com-
8 mittee on Environmental Health, established
9 under section 3, shall identify eligible commu-
10 nities under this section, pursuant to subpara-
11 graph (B), and report such identifications to
12 the Secretary and the public.

13 (B) TYPES OF COMMUNITIES.—Eligible
14 communities under this section shall be commu-
15 nities that are most at risk, or at greatest dis-
16 proportionate risk, for adverse health outcomes
17 from environmental toxicants and pollutants, as
18 measured by—

19 (i) proximity to sites with high levels
20 of environmental toxicants or pollutants, or
21 high levels of exposure to environmental
22 toxicants or pollutants, including those
23 that are—

1 (I) measured in the National Re-
 2 port on Human Exposure to Environ-
 3 mental Chemicals;

4 (II) man-made, natural, or bio-
 5 genic; or

6 (III) in air, water, or soil;

7 (ii) burden of disease and health con-
 8 ditions that may be caused or exacerbated
 9 by environmental toxicants or pollutants;

10 (iii) level of community health and
 11 economic resources available; and

12 (iv) other factors determined appro-
 13 priate by the Advisory Committee on Envi-
 14 ronmental Health.

15 (3) NOTIFICATION.—The Secretary shall solicit
 16 applications for Health Action Zone Program grants
 17 from communities identified by the Advisory Com-
 18 mittee on Environmental Health pursuant to para-
 19 graph (2).

20 (4) APPLICATIONS.—

21 (A) IN GENERAL.—An eligible community
 22 that desires to receive a Health Action Zone
 23 Program grant shall submit an application to
 24 the Secretary at such time, in such manner,
 25 and accompanied by such information as the

1 Secretary may require, including a strategic
2 plan described in subparagraph (B) and a de-
3 scription of the community advisory board
4 under subparagraph (C).

5 (B) STRATEGIC PLAN.—

6 (i) IN GENERAL.—An eligible commu-
7 nity shall include in an application under
8 subparagraph (A) a strategic plan that
9 shall—

10 (I) describe the proposed activi-
11 ties pursuant to subsection (c);

12 (II) report the extent to which
13 local institutions and organizations
14 and community residents have partici-
15 pated in the strategic plan develop-
16 ment;

17 (III) identify State, local, and
18 private resources that will be avail-
19 able;

20 (IV) describe the private and
21 public partnerships to be used, which
22 may include partnerships with com-
23 munity-based organizations and advo-
24 cacy groups, institutions of higher
25 education, federally qualified health

1 centers, academic medical centers,
2 hospitals, health plans, public health
3 departments, elected officials, and
4 other public and private entities;

5 (V) identify Federal funding
6 needed to support the proposed activi-
7 ties; and

8 (VI) report the baselines, meth-
9 ods, and benchmarks for measuring
10 the success of activities proposed in
11 the strategic plan, including health
12 and environmental health outcomes
13 and community engagement and par-
14 ticipation.

15 (ii) TECHNICAL ASSISTANCE.—The
16 Secretary shall provide technical assist-
17 ance, as needed, for the development and
18 implementation of strategic plans in—

19 (I) the areas of—

20 (aa) public health;

21 (bb) environmental health;

22 (cc) environmental justice;

23 (dd) community-based
24 participatory research;

1 (ee) health tracking, bio-
2 monitoring, and other relevant
3 exposure technologies;

4 (ff) health and health care
5 disparities; and

6 (gg) human disease genetics;
7 and

8 (II) other areas determined ap-
9 propriate by the Secretary.

10 (C) COMMUNITY ADVISORY BOARD.—

11 (i) IN GENERAL.—In order to receive
12 a Health Action Zone Program grant
13 under this section, a community shall have
14 a community advisory board.

15 (ii) MEMBERS.—

16 (I) FROM COMMUNITY.—The ma-
17 jority of the members of a community
18 advisory board under clause (i) shall
19 be individuals that will benefit from
20 the activities or services provided by
21 the grants under this section.

22 (II) REPRESENTATIVES.—A com-
23 munity advisory board shall include
24 representatives from the respective
25 State health department and county

1 or local health department, commu-
 2 nity-based organizations, environ-
 3 mental and public health experts,
 4 health care professionals and pro-
 5 viders, nonprofit leaders, community
 6 organizers, and elected officials.

7 (iii) DUTIES.—A community advisory
 8 board shall—

9 (I) oversee the functions and op-
 10 erations of Health Action Zone Pro-
 11 gram grant activities;

12 (II) assist in the evaluation of
 13 such activities; and

14 (III) prepare an annual report
 15 that—

16 (aa) describes the progress
 17 towards achieving stated goals;
 18 and

19 (bb) recommends future
 20 courses of action.

21 (c) USE OF FUNDS.—An eligible community that re-
 22 ceives a grant under this section may use the grant fund-
 23 ing to—

24 (1) promote disease prevention and health pro-
 25 motion, particularly for health disparity populations;

1 (2) facilitate partnerships between health care
2 providers, public and environmental health agencies,
3 academic institutions, community based or advocacy
4 organizations, elected officials, professional societies,
5 and other stakeholder groups;

6 (3) enhance the local capacity for environmental
7 health data collection and reporting, which may in-
8 clude using information from health tracking and
9 biomonitoring;

10 (4) coordinate and integrate economic develop-
11 ment, healthcare and social services, transportation,
12 education, community, and physical development
13 plans, as well as policymaking and other related ac-
14 tivities at the local level to comprehensively address
15 environmental health concerns;

16 (5) mobilize financial and other resources from
17 the public and private sector to increase local capac-
18 ity to address environmental health issues;

19 (6) build upon existing environmental and eco-
20 nomic efforts to address contaminated sites through
21 the Department of Health and Human Services, the
22 Environmental Protection Agency, and other Federal
23 and State programs that address public health and
24 the environment;

1 (7) identify and assess factors relating to the
 2 historical contamination of the community, in order
 3 to mitigate ongoing or prevent future occurrences,
 4 including examining—

5 (A) the historical use of planning mecha-
 6 nisms such as zoning practices;

7 (B) noncompliance with environmental
 8 laws and public health codes; and

9 (C) abuse of extraterritorial jurisdiction or
 10 redlining;

11 (8) support the training of staff in communica-
 12 tion and outreach to the general public, particularly
 13 those at disproportionate risk from environmental
 14 health hazards;

15 (9) assist eligible communities in meeting
 16 Healthy People 2010 objectives relating to environ-
 17 mental health; and

18 (10) aid eligible communities in developing envi-
 19 ronmental management systems to improve the proc-
 20 esses and actions that an organization undertakes to
 21 meet its business and environmental goals.

22 (d) PLANNING GRANT.—

23 (1) IN GENERAL.—At the discretion of the Sec-
 24 retary, an eligible community may receive a 1-time
 25 planning grant to—

1 (A) establish or strengthen State or local
2 partnerships;

3 (B) identify Federal, State, or local re-
4 sources;

5 (C) research promising health practices
6 and models;

7 (D) develop a strategic plan for community
8 intervention;

9 (E) create necessary data collection sys-
10 tems or linkages to facilitate baseline and fol-
11 low-up data assessment and evaluation;

12 (F) engage target communities in all plan-
13 ning activities, including formation of a commu-
14 nity advisory board; and

15 (G) prepare a Health Action Zone Pro-
16 gram grant application.

17 (2) DURATION.—The duration of each planning
18 grant shall be 1 year.

19 (3) ELIGIBLE COMMUNITIES NOT RECEIVING
20 PLANNING GRANTS.—An eligible community that
21 does not receive a planning grant under this sub-
22 section shall still be eligible to receive a Health Ac-
23 tion Zone Program grant under this section.

24 (e) EVALUATION.—

1 (1) IN GENERAL.—The Secretary, directly or
2 through contract, shall conduct an evaluation of the
3 Health Action Zone Program in order to determine
4 success in achieving the purpose of such program.

5 (2) REPORTS.—Findings from the evaluation
6 under paragraph (1) shall be reported to Congress
7 and the public annually.

8 (f) SUPPLEMENT, NOT SUPPLANT.—Grant funds re-
9 ceived under this section shall be used to supplement, and
10 not supplant, funding that would otherwise be used for
11 activities described under this section.

12 (g) PRIORITY.—In awarding grants under this sec-
13 tion, the Secretary—

14 (1) shall give priority to communities that do
15 not have sites already listed on the National Prior-
16 ities List for which remediation activities are actively
17 ongoing, as determined by the Environmental Pro-
18 tection Agency; and

19 (2) may give priority to empowerment zones
20 and enterprise communities designated pursuant to
21 section 1391 of the Internal Revenue Code of 1986.

22 (h) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 \$50,000,000 for fiscal year 2006 and \$50,000,000 for
25 each of the fiscal years 2007 through 2010.

1 **SEC. 6. ENVIRONMENTAL HEALTH RESEARCH.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services (referred to in this section as the “Sec-
4 retary”), in collaboration with the Administrator of the
5 Environmental Protection Agency, the Director of the
6 Centers for Disease Control and Prevention, and the Di-
7 rector of the National Institutes of Health, shall expand
8 and intensify environmental health research.

9 (b) AREAS OF FOCUS.—The Secretary shall expand
10 research on the following:

11 (1) The health effects of environmental toxins,
12 which shall include expansion and intensification of
13 biomonitoring, in order to—

14 (A) monitor the presence and concentra-
15 tion of designated chemicals;

16 (B) measure toxic chemical exposure levels
17 by testing blood, tissue, saliva, exhaled breath,
18 and urine samples from nationwide volunteers;

19 (C) identify the role of genetic and non-
20 genetic susceptibility factors such as underlying
21 disease rates, social demographics, psychosocial
22 factors, community access to nutritional food
23 and opportunities for recreational exercise, and
24 other factors in modifying health outcomes
25 from environmental pollutants; and

1 (D) determine the availability of and com-
 2 pliance with ethical guidelines when collecting
 3 samples and conducting research.

4 (2) The contribution of differential exposure to
 5 environmental toxicants and pollutants to racial, eth-
 6 nic, age, gender, and socioeconomic position dispari-
 7 ties in health.

8 (3) The methods to assess the cumulative risk
 9 of exposure or cumulative exposure to multiple pol-
 10 lutants from a variety of sources over time.

11 (4) The methods and tools to assess overall en-
 12 vironmental community health, including—

13 (A) the presence, level, and type of envi-
 14 ronmental contaminants;

15 (B) the burden of disease and other health
 16 conditions;

17 (C) predisposing factors such as race, eth-
 18 nicity, socioeconomic position, access to
 19 healthcare, geography, and cultural practices;

20 (D) available local health care resources;
 21 and

22 (E) other factors determined appropriate
 23 by the Secretary.

24 (c) STATE BIOMONITORING CAPACITY.—

1 (1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention (referred to in this sub-
4 section as the “Director”), shall provide grants to
5 States to enable the States to develop or expand the
6 capacity of such States to conduct biomonitoring in
7 order to, with respect to environmental toxicants and
8 pollutants—

9 (A) detect and monitor exposure;

10 (B) assess or predict population and indi-
11 vidual health risk as a result of exposure;

12 (C) develop and implement interventions to
13 reduce exposure;

14 (D) evaluate the effectiveness of interven-
15 tions to reduce exposure;

16 (E) monitor trends in exposure over time;

17 and

18 (F) conduct other biomonitoring-related
19 activities, as determined appropriate by the Di-
20 rector.

21 (2) REPORT.—Each State that receives a grant
22 under this subsection shall report to the Director
23 and to the public, information on the biomonitoring
24 findings and activities pursuant to paragraph (1).

1 (3) COORDINATION.—The Director shall ensure,
2 to the extent possible, that each State that receives
3 a grant under this subsection demonstrates the—

4 (A) coordination and integration of bio-
5 monitoring activities throughout the State; and

6 (B) interoperability of data collection and
7 reporting systems with neighboring States for
8 the formation of regional networks.

9 (4) TECHNICAL ASSISTANCE.—The Secretary,
10 acting through the Director, shall directly or
11 through grants or contracts, or both, provide tech-
12 nical assistance to States in the establishment and
13 operation of the State biomonitoring system, includ-
14 ing providing—

15 (A) training for environmental health per-
16 sonnel and for other appropriate personnel to
17 develop environmental health leadership capac-
18 ity at the State and local level, including inves-
19 tigative, diagnostic, analytical, risk communica-
20 tion, and response and prevention capabilities;

21 (B) assistance in improving relevant re-
22 gional and State laboratory capacity and other
23 activities to complement State and local inves-
24 tigative capabilities;

1 (C) assistance in establishing a computer-
 2 ized data collection, reporting, and processing
 3 system; and

4 (D) any other technical assistance the Sec-
 5 retary or Director determines to be necessary.

6 (5) AUTHORIZATION OF APPROPRIATIONS.—

7 There is authorized to be appropriated to carry out
 8 this subsection \$50,000,000 for fiscal year 2006 and
 9 such sums as may be necessary for the 4 succeeding
 10 fiscal years.

11 (d) TRANSLATION.—The Secretary shall promote
 12 translation and dissemination of findings to—

13 (1) inform the public; and

14 (2) facilitate use by States and communities to
 15 address environmental health concerns.

16 (e) INTEGRATION OF EFFORTS.—The Secretary shall
 17 incorporate the data collected pursuant to this section with
 18 existing data collection efforts, including the following sur-
 19 veys and registries as appropriate:

20 (1) The National Electronic Disease Surveil-
 21 lance System.

22 (2) State birth defects surveillance systems.

23 (3) Surveillance Epidemiology and End Results
 24 and State cancer registries.

25 (4) State asthma surveillance systems.

1 (5) The National Health and Nutrition Exam-
2 ination Survey.

3 (6) The Behavioral Risk Factor Surveillance
4 System.

5 (7) The Substance Release/Health Effects
6 Database.

7 (8) State blood lead surveillance systems.

8 (9) The Hazardous Substances Emergency
9 Events Surveillance System.

10 (10) The Health Alert Network.

11 (11) The National Hospital Discharge Survey.

12 (12) The National Ambulatory Medical Care
13 Survey.

14 (13) The National Health Interview Survey.

15 (14) The Environmental Public Health Track-
16 ing Network.

17 (15) The National Report on Human Exposure
18 to Environmental Chemicals.

19 (16) Other data and surveillance systems, reg-
20 istries, and surveys as considered appropriate by the
21 Secretary and the Administrator of the Environ-
22 mental Protection Agency.

1 **SEC. 7. ENVIRONMENTAL HEALTH WORKFORCE DEVELOP-**
2 **MENT.**

3 (a) IN GENERAL.—The Director of the Centers for
4 Disease Control and Prevention, in collaboration with the
5 Director of the National Institutes of Health and national
6 and professional organizations, shall expand training and
7 educational activities relating to environmental health and
8 environmental justice for health professionals and public
9 health practitioners, including those from health disparity
10 populations.

11 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 such sums as may be necessary.

14 **SEC. 8. DEFINITIONS.**

15 In this Act:

16 (1) ENVIRONMENTAL HEALTH.—The term “en-
17 vironmental health”, as defined by the World Health
18 Organization, includes both the direct pathological
19 effects of chemicals, radiation, and some biological
20 agents, and the effects (often indirect) on health and
21 well-being of the broad physical, psychological, so-
22 cial, and aesthetic environment.

23 (2) ENVIRONMENTAL JUSTICE.—The term “en-
24 vironmental justice”, as defined by the Environ-
25 mental Protection Agency, includes the fair treat-
26 ment and meaningful involvement of all people re-

1 regardless of race, color, national origin, or income
2 with respect to the development, implementation,
3 and enforcement of environmental laws, regulations,
4 and policies.

5 (3) HEALTH DISPARITY POPULATION.—The
6 term “health disparity population” means a health
7 disparity population as described in section 485E(d)
8 of the Public Health Service Act (42 U.S.C. 287c–
9 31(d)).

10 (4) STATE.—The term “State” means each of
11 the 50 States, the District of Columbia, the Com-
12 monwealth of Puerto Rico, the United States Virgin
13 Islands, Guam, American Samoa, the Common-
14 wealth of the Northern Mariana Islands, the Repub-
15 lic of the Marshall Islands, the Federated States of
16 Micronesia, the Republic of Palau, and any Indian
17 country (as defined in section 1151 of title 18,
18 United States Code).

○