110TH CONGRESS
1ST SESSION

S. 1068

To promote healthy communities.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

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

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A BILL

To promote healthy communities.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Healthy Communities Act of 2007''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Environmental quality is a leading health indicator. An estimated 25 percent of preventable illnesses worldwide can be attributed to poor environmental quality.

(2) Many diseases are caused or exacerbated by environmental hazards, including cancer, heart disease, asthma, birth defects, behavioral disorders, infertility, and obesity.

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

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

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

(6) In children, environmental toxins are estimated to cause up to 35 percent of asthma cases, up to 10 percent of cancer cases, and up to 20 percent of neurobehavioral disorders.

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

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

(9) Elevated lead levels can also harm adults by causing difficulties during pregnancy, high blood pressure, digestive problems, nerve disorders, memory and concentration problems, and muscle and joint pain.

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

with 1 or more abandoned or uncontrolled toxic waste sites.

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

SEC. 3. ADVISORY COMMITTEE ON ENVIRONMENTAL HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in collaboration with the Administrator of the Environmental Protection Agency (referred to in this section as the ''Administrator''), shall establish an independent, 5-year Advisory Committee on Environmental Health (referred to in this section as the ''Committee'').

(b) MEMBERSHIP.—

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

(A) the areas of—

(i) environmental health and public health;

(ii) environmental justice;

(iii) community-based participatory research;

(iv) adult and child health and development;

(v) data collection, analysis, and reporting;

(vi) health and health care disparities;

(vii) community engagement and mobilization, including grassroots organizing and community-level activism in communities with health disparity populations; and

(viii) urban, suburban, rural, and regional planning; and

(B) other areas determined appropriate by the Secretary.

(2) TERM.—Members of the Committee shall serve on the Committee for the life of the Committee.

(3) SELECTION.—The Secretary shall appoint members of the Committee from health disparity populations. No candidate for appointment on the Committee shall be asked to provide non-relevant information, such as voting record, political party affiliation, or position on particular policies.

(4) PROHIBITION AGAINST FEDERAL EMPLOYEES.—No member of the Committee may be a Federal employee.

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

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

(e) DUTIES OF THE COMMITTEE.—The Committee shall review environmental health data and studies, as well as Federal environmental health research and programmatic initiatives, in order to—

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

(2) identify and recommend ways to—

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

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

(C) address gaps in environmental health research or programs at the Federal level, particularly research or programs that address the needs of health-disparity populations;

(D) prevent or mitigate harm from Federal policies and federally operated or supported programs and practices, that may adversely affect environmental health and environmental justice;

(E) increase coordination and integration of interagency environmental health and environmental justice initiatives; and

(F) promote efforts to meet Healthy People 2010 goals and objectives relating to environmental health;

(3) assist in the development of the Environmental Health Report Card;

(4) assist in the development of the Health Action Zone Program, including identification of eligible communities; and

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

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

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

Group on Environmental Justice and the National Environmental Justice Advisory Council.

(h) PUBLIC INPUT.—

(1) PUBLIC NOTICE.—The Chairperson of the Committee shall provide public notice of the availability of draft recommendations not less than 90 days prior to the date of finalization of such recommendations.

(2) CONSIDERATION.—The Committee shall solicit and take into consideration public review and comment on draft recommendations pursuant to this section.

(i) PERSONNEL.—

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

(2) STAFF, INFORMATION, OR OTHER ASSISTANCE.—The Secretary and the Administrator of the Environmental Protection Agency shall provide to the Committee such staff, information, and other assistance as may be necessary to carry out the duties of the Committee.

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

(k) FEDERAL RESPONSE.—Not later than 1 year after the date the Committee submits a report under subsection (j), the Secretary and the Administrator shall propose a plan to implement relevant recommendations of the Committee included in such report.

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

SEC. 4. ENVIRONMENTAL HEALTH REPORT CARD.

(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention (referred to in this section as the ''Director''), in collaboration with the Administrator of the Environmental Protection Agency (referred to in this section as the ''Administrator''), shall assess and report the environmental health of the Nation and, to the extent possible, for each State.

(b) ENVIRONMENTAL HEALTH REPORT CARD.—The Director and the Administrator shall prepare an Environmental Health Report Card (referred to in this section as a ''Report Card'') for the Nation and, to the extent pos-

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

(1) potential risk of high or cumulative exposure to environmental toxicants and pollutants—

(A) taking into consideration the prevalence and health effect;

(B) including those measured in the National Report on Human Exposure to Environmental Chemicals;

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

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

(2) burden of acute and chronic disease empirically shown to be associated with or exacerbated by exposure to environmental toxicants or pollutants;

(3) demographic characteristics of populations that are most affected by overexposure to environmental toxicants or pollutants; and

(4) environmental health resources and initiatives, including national and State health tracking and biomonitoring activities.

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

(1) submit each Report Card to Congress; and

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

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

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

(f) UPDATED REPORT.—Each Report Card that is prepared after the initial Report Card shall include trend analysis for the Nation, and, to the extent possible, for each State, in order to track progress in meeting established national goals and objectives for improving environmental health (including Healthy People 2010), and to inform policy and program development.

SEC. 5. HEALTH ACTION ZONES.

(a) PURPOSE.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in collaboration with the Administrator of the Environmental Protection Agency, shall establish the Health Action Zone Program for comprehensive environmental health improvement activities.

(b) HEALTH ACTION ZONE PROGRAM.—

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

(2) ELIGIBLE COMMUNITIES.—

(A) IDENTIFICATION.—The Advisory Committee on Environmental Health, established under section 3, shall identify eligible communities under this section, pursuant to subparagraph (B), and report such identifications to the Secretary and the public.

(B) TYPES OF COMMUNITIES.—Eligible communities under this section shall be communities that are most at risk, or at greatest disproportionate risk, for adverse health outcomes from environmental toxicants and pollutants, as measured by—

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

(I) measured in the National Report on Human Exposure to Environmental Chemicals;

(II) man-made, natural, or biogenic; or

(III) in air, water, or soil;

(ii) burden of disease and health conditions that may be caused or exacerbated by environmental toxicants or pollutants;

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

(iv) other factors determined appropriate by the Advisory Committee on Environmental Health.

(3) NOTIFICATION.—The Secretary shall solicit applications for Health Action Zone Program grants from communities identified by the Advisory Committee on Environmental Health pursuant to paragraph (2).

(4) APPLICATIONS.—

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

Secretary may require, including a strategic plan described in subparagraph (B) and a description of the community advisory board under subparagraph (C).

(B) STRATEGIC PLAN.—

(i) IN GENERAL.—An eligible community shall include in an application under subparagraph (A) a strategic plan that shall—

(I) describe the proposed activities pursuant to subsection (c);

(II) report the extent to which local institutions and organizations and community residents have participated in the strategic plan development;

(III) identify State, local, and private resources that will be available;

(IV) describe the private and public partnerships to be used, which may include partnerships with community-based organizations and advocacy groups, institutions of higher education, federally qualified health

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

(V) identify Federal funding needed to support the proposed activities; and

(VI) report the baselines, methods, and benchmarks for measuring the success of activities proposed in the strategic plan, including health and environmental health outcomes and community engagement and participation.

(ii) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance, as needed, for the development and implementation of strategic plans in—

(I) the areas of—

(aa) public health;

(bb) environmental health;

(cc) environmental justice;

(dd) community-based participatory research;

(ee) health tracking, biomonitoring, and other relevant exposure technologies;

(ff) health and health care disparities; and

(gg) human disease genetics; and

(II) other areas determined appropriate by the Secretary.

(C) COMMUNITY ADVISORY BOARD.—

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

(ii) MEMBERS.—

(I) FROM COMMUNITY.—The majority of the members of a community advisory board under clause (i) shall be individuals that will benefit from the activities or services provided by the grants under this section.

(II) REPRESENTATIVES.—A community advisory board shall include representatives from the respective State health department and county

or local health department, community-based organizations, environmental and public health experts, health care professionals and providers, nonprofit leaders, community organizers, and elected officials.

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

(I) oversee the functions and operations of Health Action Zone Program grant activities;

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

(III) prepare an annual report that—

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

(bb) recommends future courses of action.

(c) USE OF FUNDS.—An eligible community that receives a grant under this section may use the grant funding to—

(1) promote disease prevention and health promotion, particularly for health disparity populations;

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

(3) enhance the local capacity for environmental health data collection and reporting, which may include using information from health tracking and biomonitoring;

(4) coordinate and integrate economic development, healthcare and social services, transportation, education, community, and physical development plans, as well as policymaking and other related activities at the local level to comprehensively address environmental health concerns;

(5) mobilize financial and other resources from the public and private sector to increase local capacity to address environmental health issues;

(6) build upon existing environmental and economic efforts to address contaminated sites through the Department of Health and Human Services, the Environmental Protection Agency, and other Federal and State programs that address public health and the environment;

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

(A) the historical use of planning mechanisms such as zoning practices;

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

(C) abuse of extraterritorial jurisdiction or redlining;

(8) support the training of staff in communication and outreach to the general public, particularly those at disproportionate risk from environmental health hazards;

(9) assist eligible communities in meeting Healthy People 2010 objectives relating to environmental health; and

(10) aid eligible communities in developing environmental management systems to improve the processes and actions that an organization undertakes to meet its business and environmental goals.

(d) PLANNING GRANT.—

(1) IN GENERAL.—At the discretion of the Secretary, an eligible community may receive a 1-time planning grant to—

(A) establish or strengthen State or local partnerships;

(B) identify Federal, State, or local resources;

(C) research promising health practices and models;

(D) develop a strategic plan for community intervention;

(E) create necessary data collection systems or linkages to facilitate baseline and follow-up data assessment and evaluation;

(F) engage target communities in all planning activities, including formation of a community advisory board; and

(G) prepare a Health Action Zone Program grant application.

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

(3) ELIGIBLE COMMUNITIES NOT RECEIVING PLANNING GRANTS.—An eligible community that does not receive a planning grant under this subsection shall still be eligible to receive a Health Action Zone Program grant under this section.

(e) EVALUATION.—

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

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

(f) SUPPLEMENT, NOT SUPPLANT.—Grant funds received under this section shall be used to supplement, and not supplant, funding that would otherwise be used for activities described under this section.

(g) PRIORITY.—In awarding grants under this section, the Secretary—

(1) shall give priority to communities that do not have sites already listed on the National Priorities List for which remediation activities are actively ongoing, as determined by the Environmental Protection Agency; and

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

(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $50,000,000 for fiscal year 2008 and $50,000,000 for each of the fiscal years 2009 through 2012.

SEC. 6. ENVIRONMENTAL HEALTH RESEARCH.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in collaboration with the Administrator of the Environmental Protection Agency, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health, shall expand and intensify environmental health research.

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

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

(A) monitor the presence and concentration of designated chemicals;

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

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

(D) determine the availability of and compliance with ethical guidelines when collecting samples and conducting research.

(2) The contribution of differential exposure to environmental toxicants and pollutants to racial, ethnic, age, gender, and socioeconomic position disparities in health.

(3) The methods to assess the cumulative risk of exposure or cumulative exposure to multiple pollutants from a variety of sources over time.

(4) The methods and tools to assess overall environmental community health, including—

(A) the presence, level, and type of environmental contaminants;

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

(C) predisposing factors such as race, ethnicity, socioeconomic position, access to healthcare, geography, and cultural practices;

(D) available local health care resources; and

(E) other factors determined appropriate by the Secretary.

(c) STATE BIOMONITORING CAPACITY.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this subsection as the ''Director''), shall provide grants to States to enable the States to develop or expand the capacity of such States to conduct biomonitoring in order to, with respect to environmental toxicants and pollutants—

(A) detect and monitor exposure;

(B) assess or predict population and individual health risk as a result of exposure;

(C) develop and implement interventions to reduce exposure;

(D) evaluate the effectiveness of interventions to reduce exposure;

(E) monitor trends in exposure over time; and

(F) conduct other biomonitoring-related activities, as determined appropriate by the Director.

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

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

(A) coordination and integration of biomonitoring activities throughout the State; and

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

(4) TECHNICAL ASSISTANCE.—The Secretary, acting through the Director, shall directly or through grants or contracts, or both, provide technical assistance to States in the establishment and operation of the State biomonitoring system, including providing—

(A) training for environmental health personnel and for other appropriate personnel to develop environmental health leadership capacity at the State and local level, including investigative, diagnostic, analytical, risk communication, and response and prevention capabilities;

(B) assistance in improving relevant regional and State laboratory capacity and other activities to complement State and local investigative capabilities;

(C) assistance in establishing a computerized data collection, reporting, and processing system; and

(D) any other technical assistance the Secretary or Director determines to be necessary.

(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection $50,000,000 for fiscal year 2008 and such sums as may be necessary for the 4 succeeding fiscal years.

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

(1) inform the public; and

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

(e) INTEGRATION OF EFFORTS.—The Secretary shall incorporate the data collected pursuant to this section with existing data collection efforts, including the following surveys and registries as appropriate:

(1) The National Electronic Disease Surveillance System.

(2) State birth defects surveillance systems.

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

(4) State asthma surveillance systems.

(5) The National Health and Nutrition Examination Survey.

(6) The Behavioral Risk Factor Surveillance System.

(7) The Substance Release/Health Effects Database.

(8) State blood lead surveillance systems.

(9) The Hazardous Substances Emergency Events Surveillance System.

(10) The Health Alert Network.

(11) The National Hospital Discharge Survey.

(12) The National Ambulatory Medical Care Survey.

(13) The National Health Interview Survey.

(14) The Environmental Public Health Tracking Network.

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

(16) Other data and surveillance systems, registries, and surveys as considered appropriate by the Secretary and the Administrator of the Environmental Protection Agency.

SEC. 7. ENVIRONMENTAL HEALTH WORKFORCE DEVELOPMENT.

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

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

SEC. 8. DEFINITIONS.

In this Act:

(1) ENVIRONMENTAL HEALTH.—The term ''environmental health'', as defined by the World Health Organization, includes both the direct pathological effects of chemicals, radiation, and some biological agents, and the effects (often indirect) on health and well-being of the broad physical, psychological, social, and aesthetic environment.

(2) ENVIRONMENTAL JUSTICE.—The term ''environmental justice'', as defined by the Environmental Protection Agency, includes the fair treatment and meaningful involvement of all people re-

gardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

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

(4) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and any Indian country (as defined in section 1151 of title 18, United States Code).

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