

110TH CONGRESS  
1ST SESSION

# S. 2005

To amend the Public Health Service Act to provide education on the health consequences of exposure to secondhand smoke, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

AUGUST 3, 2007

Mrs. CLINTON (for herself, Mr. SANDERS, and Mrs. MURRAY) 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 amend the Public Health Service Act to provide education on the health consequences of exposure to secondhand smoke, 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 “Secondhand Smoke  
5       Education and Outreach Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Secondhand smoke contains more than 50  
9       carcinogens (California Environmental Protection

1 Agency, 2005; “The Health Consequences of Invol-  
2 untary Exposure to Tobacco Smoke”, A Report of  
3 the Surgeon General, 2006).

4 (2) Secondhand smoke causes approximately  
5 46,000 cardiac deaths in the United States annually  
6 (California Environmental Protection Agency, 2005).

7 (3) Secondhand smoke causes 3,000 lung can-  
8 cer deaths a year in the United States (California  
9 Environmental Protection Agency, 2005).

10 (4) There is a causal relationship between in-  
11 fants’ and children’s exposure to secondary smoke  
12 and their development of lower respiratory illnesses.  
13 Involuntary exposure to tobacco smoke causes an es-  
14 timated 150,000 lower respiratory tract infections  
15 each year in infants and children under 18 months  
16 of age. These illnesses result in as many as 15,000  
17 hospitalizations every year (“Respiratory Health Ef-  
18 fects of Passive Smoking: Lung Cancer and Other  
19 Disorders”, Environmental Protection Agency, 1992;  
20 “Health Effects of Exposure to Environmental To-  
21 bacco Smoke”, National Cancer Institute Report,  
22 1999; “The Health Consequences of Involuntary Ex-  
23 posure to Tobacco Smoke”, A Report of the Surgeon  
24 General, 2006).

1           (5) Children exposed to secondhand smoke are  
2           at an increased risk for acute respiratory infections  
3           and more severe asthma, among other diseases  
4           (California Environmental Protection Agency, 2005;  
5           “The Health Consequences of Involuntary Exposure  
6           to Tobacco Smoke”, A Report of the Surgeon Gen-  
7           eral, 2006).

8           (6) Secondhand smoke exposure has both imme-  
9           diate and long-term adverse health effects on the  
10          adult cardiovascular system. Exposure to second-  
11          hand smoke for 30 minutes can damage coronary ar-  
12          teries, potentially leading to the constriction of blood  
13          vessels, abnormal fatty deposits in arteries, and  
14          blood clot formation. Sustained exposure to second-  
15          hand smoke can increase the risk of coronary heart  
16          disease by 25 to 30 percent (Otsuka et al., “Acute  
17          Effects of Passive Smoking on the Coronary Circula-  
18          tion in Healthy Young Adults,” Journal of the  
19          American Medical Association, 2001; “The Health  
20          Consequences of Involuntary Exposure to Tobacco  
21          Smoke,” A Report of the Surgeon General, 2006).

22          (7) Living with a smoker increases a non-smok-  
23          er’s risk of developing lung cancer by 20 to 30 per-  
24          cent (Hackshaw et al., “The Accumulated Evidence  
25          on Lung Cancer and Environmental Tobacco

1 Smoke.” British Medical Journal, 1997; Zhong et  
2 al., “Exposure to Environmental Tobacco Smoke  
3 and the Risk of Lung Cancer: A Meta-Analysis.”  
4 Lung Cancer, 2000; “The Health Consequences of  
5 Involuntary Exposure to Tobacco Smoke”, A Report  
6 of the Surgeon General, 2006).

7 (8) The Surgeon General declared that there is  
8 no safe level of exposure to secondhand smoke.

9 (9) Although more than 20 States have passed  
10 smoke-free laws, including laws that ban smoking in  
11 restaurants and bars, Americans of all age groups  
12 are involuntarily exposed to tobacco smoke through  
13 exposure in workplaces, homes, cars, apartments,  
14 and even outdoor public spaces.

15 (10) Annually, an estimated 11 percent of  
16 American children aged 6 years were reported to be  
17 exposed to secondhand smoke in their homes on a  
18 regular basis. Nearly 60 percent of children between  
19 the ages of 3 and 11 years of age are exposed to sec-  
20 ondhand smoke each year (“The Health Con-  
21 sequences of Involuntary Exposure to Tobacco  
22 Smoke”, A Report of the Surgeon General, 2006).

23 (11) Air conditioning, ventilation, and heating  
24 systems can not reduce or eliminate the risks associ-  
25 ated with exposure to secondhand smoke in indoor

1 environments (ASHRAE position document on envi-  
2 ronmental tobacco smoke, American Society of Heat-  
3 ing, Refrigerating and Air-Conditioning Engineers  
4 (ASHRAE), 2005).

5 (12) Racial and ethnic minorities in the United  
6 States have higher rates of occupational exposure to  
7 secondhand smoke, with Latinos and Native Ameri-  
8 cans having the highest rates (National Cancer In-  
9 stitute, 1997).

10 (13) Nationally, an estimated of 20.9 percent of  
11 American adults currently smoke cigarettes. This  
12 statistic includes the estimated 16.2 percent of His-  
13 panic adults, 13.3 percent of Asian Americans, 21.9  
14 percent of Caucasians, 21.5 percent of African  
15 Americans, and 32.0 percent of American Indians/  
16 Alaska Natives who smoke cigarettes in the United  
17 States (Centers for Disease Control and Prevention,  
18 2005).

19 (14) Nationally, an estimated 69.5 percent of  
20 current adult smokers want to quit smoking, this in-  
21 cludes the estimated 61.5 percent of Hispanic adult  
22 smokers, 70.3 percent of Caucasian adult smokers,  
23 70.7 percent of African American adult smokers,  
24 and 68.8 percent of Asian American adult smokers

1 who want to quit smoking (National Center for  
2 Health Statistics, 2005).

3 (15) Racial and ethnic minority communities  
4 are disproportionately targeted with advertising cam-  
5 paigns for tobacco products (U.S. Department of  
6 Health and Human Services, 1998).

7 (16) The tobacco industry has contributed to  
8 primary and secondary schools, funded universities  
9 and colleges, and supported scholarship programs  
10 targeting racial and ethnic minorities. Tobacco com-  
11 panies have also placed advertising in community  
12 publications and sponsored cultural events in racial  
13 and ethnic minority communities (U.S. Department  
14 of Health and Human Services, 1998).

15 **SEC. 3. SENSE OF CONGRESS ON HEALTH AND ENVIRON-**  
16 **MENTAL CONSEQUENCES OF SECONDHAND**  
17 **SMOKE.**

18 It is the sense of Congress that—

19 (1) scientific research has found that children  
20 and adults suffer adverse health consequences from  
21 exposure to tobacco smoke;

22 (2) individuals, especially children, who do not  
23 smoke should not be exposed to tobacco smoke;

24 (3) there is a continued need for—

1 (A) the dissemination of educational mate-  
 2 rial on the adverse health consequences of sec-  
 3 ondhand smoke; and

4 (B) parents to receive education about the  
 5 adverse health consequences that they and their  
 6 children may suffer as a result of exposure to  
 7 tobacco smoke so that they no longer expose  
 8 their children and themselves to secondhand  
 9 smoke; and

10 (4) in order to lessen the human and economic  
 11 toll of tobacco, it is critical that the Department of  
 12 Health and Human Services take action to ensure  
 13 that all healthcare professionals receive training in  
 14 the delivery of evidence-based tobacco dependence  
 15 treatment.

16 **SEC. 4. GRANTS FOR EDUCATION CAMPAIGNS ON THE CON-**  
 17 **SEQUENCES OF SECONDHAND SMOKE IN**  
 18 **MULTI-UNIT HOUSING, DEMONSTRATION**  
 19 **PROJECTS TO SUPPORT EDUCATION IN PUB-**  
 20 **LIC SPACES ON THE CONSEQUENCES OF SEC-**  
 21 **ONDHAND SMOKE, AND TOBACCO CONTROL**  
 22 **EDUCATION.**

23 Part A of title V of the Public Health Service Act  
 24 (42 U.S.C. 290aa et seq.) is amended by adding at the  
 25 end the following:

1 **“SEC. 506C. GRANTS FOR EDUCATION CAMPAIGNS ON CON-**  
2 **SEQUENCES OF SECONDHAND SMOKE IN**  
3 **MULTI-UNIT HOUSING.**

4 “(a) IN GENERAL.—The Secretary, acting through  
5 the Administrator and in consultation with the Secretary  
6 of Housing and Urban Development, shall award grants  
7 for the implementation of educational campaigns, devel-  
8 oped or disseminated, with emphasis on, but not limited  
9 to, organizations that involve the participation of youth,  
10 on the health consequences of secondhand smoke in multi-  
11 unit housing.

12 “(b) REQUIREMENTS.—To be eligible to receive a  
13 grant under this section an entity shall—

14 “(1) be a private nonprofit entity, a State or  
15 local Government, a faith-based or community-based  
16 organization, or other tax exempt organization;

17 “(2) not accept anything of value from, or have  
18 any affiliation or contractual relationship with, any  
19 tobacco company, its affiliates, its subsidiaries, or its  
20 parent company, or enter into any affiliation or con-  
21 tractual relationship that could create a conflict or  
22 perceived conflict of interest at any time during the  
23 term of the grant; and

24 “(3) include with any grant application, a state-  
25 ment that discloses information (if any) on the ap-  
26 plicant’s existing affiliations and contractual rela-



1        tionships with tobacco companies or their subsidi-  
2        aries.

3        “(c) CONSIDERATIONS IN AWARDING GRANTS.—

4                “(1) IN GENERAL.—In awarding grants under  
5        this section, the Secretary, to the extent feasible and  
6        acting through the Administrator, shall ensure  
7        that—

8                “(A) grant activities are funded in a vari-  
9        ety of geographic areas, including urban and  
10       rural areas and frontier areas as well as Amer-  
11       ican Indian/Alaskan native and native Hawaiian  
12       communities; and

13               “(B) grant activities impact a variety of  
14       populations, including racial and ethnic minori-  
15       ties, including American Indian, native Alaskan,  
16       native Hawaiian, and low-income.

17               “(2) SPECIAL CONSIDERATION.—In awarding  
18       grants under this section, the Secretary shall give  
19       special consideration to—

20               “(A) organizations whose participants in-  
21       clude secondary school or college-age individuals  
22       and that provide adult supervision and  
23       mentorship; and

24               “(B) organizations that reach racial or  
25       ethnic populations that experience a dispropor-

1           tionate share of the cancer burden through  
2           community-based participation in education, re-  
3           search, and training.

4           “(d) DURATION.—A grant shall be awarded under  
5 this section for a period of not to exceed 3 years, with  
6 an extension period of an additional 2 years, at the discre-  
7 tion of the Secretary.

8           “(e) APPLICATION.—To be eligible to receive a grant  
9 under this section, a entity shall—

10           “(1) submit an application to the Secretary (at  
11 such time, in such form, and containing such infor-  
12 mation as the Secretary may specify); and

13           “(2) agree to report to the Secretary a descrip-  
14 tion of the manner in which grant funds were used,  
15 and the degree of dissemination of the information  
16 produced under the grant concerning the health con-  
17 sequences of exposure to secondhand smoke in  
18 multi-unit housing.

19           “(f) EVALUATION.—Not later than July 31 of the  
20 second calendar year after the date of enactment of this  
21 section, and July 31 of every year thereafter, the Sec-  
22 retary shall submit to Congress a report, consistent with  
23 the Government Performance and Results Act of 1993,  
24 evaluating the activities conducted under grants awarded  
25 under this section for such year.

1       “(g) SUPPLEMENT, NOT SUPPLANT.—Funds made  
 2 available under this section shall supplement, and not sup-  
 3 plant, other Federal, State, or local funds available to an  
 4 entity to carry out activities of the type described in this  
 5 section.

6       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
 7 is authorized to be appropriated such sums as may be nec-  
 8 essary to carry out this section for fiscal year 2008 and  
 9 each fiscal year thereafter.

10   **“SEC. 506D. DEMONSTRATION PROJECTS TO SUPPORT EDU-**  
 11                   **CATION IN PUBLIC SPACES ON CON-**  
 12                   **SEQUENCES OF SECONDHAND SMOKE.**

13       “(a) IN GENERAL.—The Secretary, acting through  
 14 the Administrator, shall award grants to public and pri-  
 15 vate nonprofit entities for the conduct of projects to dem-  
 16 onstrate ways of educating the public about the health  
 17 consequences of secondhand smoking in public spaces, in-  
 18 cluding public parks, playgrounds, and national parks.

19       “(b) REQUIREMENT.—To be eligible for a grant  
 20 under this section—

21               “(1) the grantee shall be a private nonprofit en-  
 22 tity, a State or local government, an Indian or tribal  
 23 organization, a faith-based or community-based or-  
 24 ganization, or other tax exempt organization;

1           “(2) the project to be carried out by the entity  
2           under the grant shall be designed to provide infor-  
3           mation on the health consequences of secondhand  
4           smoking in public spaces, including the findings  
5           from the 2006 Surgeon General’s report entitled  
6           ‘The Health Consequences of Involuntary Exposure  
7           to Tobacco Smoke’;

8           “(3) the grantee may not accept anything of  
9           value from, or have any affiliation or contractual re-  
10          lationship with, any tobacco company, its affiliates,  
11          its subsidiaries, or its parent company, or enter into  
12          any affiliation or contractual relationship that could  
13          create a conflict or perceived conflict of interest at  
14          any time during the term of the grant; and

15          “(4) the grantee shall include with any grant  
16          application, a statement that discloses information  
17          (if any) on the applicant’s existing affiliations and  
18          contractual relationships with tobacco companies or  
19          their subsidiaries.

20          “(c) CONSIDERATIONS IN AWARDING GRANTS.—

21                 “(1) IN GENERAL.—In awarding grants under  
22                 this section, the Secretary, to the extent feasible and  
23                 acting through the Administrator, shall ensure  
24                 that—

1           “(A) projects are funded in a variety of ge-  
2           ographic areas, including urban and rural areas  
3           and frontier areas as well as American Indian/  
4           Alaskan native and native Hawaiian commu-  
5           nities; and

6           “(B) a variety of populations, including ra-  
7           cial and ethnic minorities, including American  
8           Indian, native Alaskan, native Hawaiian, and  
9           low-income populations, are served by projects  
10          funded under this section.

11          “(2) SPECIAL CONSIDERATION.—In awarding  
12          grants under this section, the Secretary shall give  
13          special consideration to

14               “(A) organizations whose participants in-  
15               clude secondary school or college-age individuals  
16               and that provide adult supervision and  
17               mentorship; and

18               “(B) organizations that reach racial or  
19               ethnic populations that experience a dispropor-  
20               tionate share of the cancer burden through  
21               community-based participation in education, re-  
22               search, and training.

23          “(d) DURATION.—A project may receive funding  
24          under a grant under this section for a period of not to

1 exceed 3 years, with an extension period of an additional  
2 2 years, at the discretion of the Secretary.

3 “(e) APPLICATION.—To be eligible to receive a grant  
4 under this section, a public or private nonprofit entity  
5 shall—

6 “(1) submit an application to the Secretary (at  
7 such time, in such form, and containing such infor-  
8 mation as the Secretary may specify); and

9 “(2) agree to report to the Secretary the infor-  
10 mation, and accompanying citations, on health con-  
11 sequences of exposure to secondhand smoke that will  
12 be disseminated through the demonstration project.

13 “(f) EVALUATION.—Not later than July 31 of the  
14 second calendar year after the date of enactment of this  
15 section, and July 31 of every year thereafter, the Sec-  
16 retary shall submit to Congress a report evaluating the  
17 projects receiving awards under this section for the year  
18 involved.

19 “(g) SUPPLEMENT, NOT SUPPLANT.—Funds made  
20 available under this section shall supplement, and not sup-  
21 plant, other Federal, State, or local funds available to an  
22 entity to carry out activities of the type described in this  
23 section.

24 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated such sums as may be nec-

1   essary to carry out this section for fiscal year 2008 and  
 2   each fiscal year thereafter.

3   **“SEC. 506E. GRANTS FOR THE IMPLEMENTATION OF RE-**  
 4                   **GIONAL OR LOCAL TOBACCO CONTROL EDU-**  
 5                   **CATION FOR HEALTH CARE WORKERS AND**  
 6                   **PROVIDERS.**

7       “(a) IN GENERAL.—The Secretary, in consultation  
 8   with the Administrator, may award competitive grants to  
 9   eligible entities to implement regional or local education  
 10   programs at medical schools, hospitals, health centers and  
 11   Federally qualified health centers, and rural health clinics  
 12   as well as through medical professional membership orga-  
 13   nizations to provide health care providers and workers (in-  
 14   cluding primary care physicians, nurses, licensed mental  
 15   health professionals, and addiction counselors) with min-  
 16   imum tobacco cessation training as part of their ongoing  
 17   medical education.

18       “(b) ELIGIBILITY.—To be eligible to receive a grant  
 19   under subsection (a) an entity shall—

20               “(1) be a—

21                   “(A) medical school;

22                   “(B) hospital (including a hospital that  
 23                   provide services to low income and underserved  
 24                   populations such as critical access or dispropor-

1           tionate share hospitals as well as native hos-  
2           pitals);

3           “(C) health center or Federally qualified  
4           health center;

5           “(D) medical professional membership or-  
6           ganization; or

7           “(E) rural health clinic or American In-  
8           dian/Alaskan native and native Hawaiian clinic;

9           “(2) demonstrate that the entity has included  
10          tobacco cessation training to improve healthcare  
11          quality and curricula;

12          “(3) ensure that healthcare providers will be re-  
13          quired to complete course work in training curricula  
14          as described in subsection (e), appropriate to their  
15          practice, regarding treatment of tobacco use and de-  
16          pendence;

17          “(4) not accept anything of value from, or have  
18          any affiliation or contractual relationship with, any  
19          tobacco company, its affiliates, its subsidiaries, or its  
20          parent company, or enter into any affiliation or con-  
21          tractual relationship that could create a conflict or  
22          perceived conflict of interest at any time during the  
23          term of the grant; and

24          “(5) prepare and submit to the Secretary an  
25          application in accordance with subsection (c), that



1 includes a statement that discloses information (if  
2 any) on the applicant’s existing affiliations and con-  
3 tractual relationships with tobacco companies or  
4 their subsidiaries.

5 “(c) APPLICATION.—To be eligible to receive a grant  
6 under this section, an entity shall—

7 “(1) submit an application to the Secretary (in  
8 such form, containing such information, and at such  
9 time as the Secretary may specify); and

10 “(2) agree to report to the Secretary standard-  
11 ized performance data necessary to facilitate evalua-  
12 tions across participating programs.

13 “(d) USE OF FUNDS.—Amounts received under a  
14 grant under subsection (a) shall be used to establish and  
15 implement a regional or local tobacco control education  
16 program for health care workers in accordance with this  
17 section. Such education program may include cessation  
18 training relevant to other substances (legal or illegal, in-  
19 cluding alcohol and drugs). Grantees may provide services  
20 under a grant under this section through the use of tech-  
21 nology, including telemedicine technology, to educate pa-  
22 tients about tobacco use remotely, as opposed to educating  
23 patients through person-to-person contact.

24 “(e) TRAINING CURRICULA.—

1           “(1) PURPOSE.—The training curricula to be  
2 funded under this section shall provide the knowl-  
3 edge and skills necessary to implement evidenced-  
4 based strategies to—

5                   “(A) assist smokers to quit smoking;

6                   “(B) educate smokers and nonsmokers  
7 about the health consequences of secondhand  
8 smoke; and

9                   “(C) promote at the community level, as  
10 well as the healthcare system level, self-sus-  
11 taining networks for the delivery of affordable,  
12 accessible, and effective cessation services.

13           “(2) CONTENT.—The training curricula to be  
14 funded under this section shall—

15                   “(A) be consistent with the recommenda-  
16 tions of the Public Health Service Clinical Prac-  
17 tice Guideline: ‘Treating Tobacco Use and De-  
18 pendence’ and the Department of Health and  
19 Human Service Interagency Committee on  
20 Smoking and Health’s ‘National Action Plan  
21 for Tobacco Cessation’;

22                   “(B) ensure that individuals providing to-  
23 bacco cessation services have received education  
24 and training consistent with current best prac-  
25 tices described in this section and have dem-

1           onstrated competency in core skills associated  
2           with such practices;

3           “(C) enhance the capacity of communities  
4           to provide tobacco cessation services at multiple  
5           levels of intensity; and

6           “(D) incorporate—

7                 “(i) behavioral treatment;

8                 “(ii) pharmacotherapy;

9                 “(iii) relapse prevention; and

10                “(iv) smoking cessation in special pop-  
11                ulations including pregnant women, adoles-  
12                cents, and individuals with comorbidities  
13                including psychiatric illness and other  
14                chemical illnesses.

15           “(f) EVALUATION.—

16                “(1) IN GENERAL.—Not later than July 31 of  
17                the second calendar year after the date of enactment  
18                of this section, and July 31 of every year thereafter,  
19                the Secretary, in consultation with the Adminis-  
20                trator, shall submit to Congress a report evaluating  
21                the tobacco cessation education programs receiving  
22                awards under this section for such year.

23                “(2) CONTRACTS.—The Secretary, in consulta-  
24                tion with the Administrator of the Substance Abuse  
25                and Mental Health Services Administration, may

1       enter into contract where appropriate, with public  
2       health organizations with established infrastructure,  
3       research, and experience for the conduct of evalua-  
4       tions of tobacco dependence treatment and edu-  
5       cational programs under this section.

6       “(g) CLARIFICATION.—An eligible entity that receives  
7       a grant under this section shall not mandate tobacco use  
8       training as a condition of employment.

9       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
10      is authorized to be appropriated to carry out this section  
11      such sums as may be necessary for each of fiscal years  
12      2008 through 2012.”.

○