

**Calendar No. 514**112<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. 76****[Report No. 112-213]**

To direct the Administrator of the Environmental Protection Agency to investigate and address cancer and disease clusters, including in infants and children.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 25 (legislative day, JANUARY 5), 2011

Mrs. BOXER (for herself, Mr. CRAPO, Mr. LAUTENBERG, Mr. NELSON of Florida, Mr. BROWN of Ohio, and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on Environment and Public Works

SEPTEMBER 19, 2012

Reported by Mrs. BOXER, without amendment

**A BILL**

To direct the Administrator of the Environmental Protection Agency to investigate and address cancer and disease clusters, including in infants and children.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Strengthening Protec-  
3 tions for Children and Communities From Disease Clus-  
4 ters Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds that—

7 (1) children are particularly at risk from envi-  
8 ronmental pollutants or toxic substances for various  
9 reasons, including because—

10 (A) the nervous, immune, digestive, and  
11 other systems of children are still developing as  
12 the children move through several stages of  
13 rapid growth and development;

14 (B) exposure to environmental pollutants  
15 or toxic substances can affect prenatal, infant,  
16 and childhood growth and development;

17 (C) children may be less able to detoxify  
18 and excrete toxins than adults;

19 (D) children eat proportionately more food,  
20 drink more fluids, breathe more air, and play  
21 outside more, which means children are more  
22 exposed to environmental pollutants and toxic  
23 substances than adults;

24 (E) children are less able to protect them-  
25 selves from exposures to environmental pollut-  
26 ants or toxic substances;

1           (F) the behavior of children exposes chil-  
2           dren to different environmental pollutants and  
3           toxic substances than adults;

4           (G) the natural curiosity and tendency of  
5           children to explore leaves children open to  
6           health risks that adults can more easily avoid;  
7           and

8           (H) the developing brains, reproductive  
9           systems, and other organs of children are more  
10          susceptible to permanent disruption that can re-  
11          sult in health problems during the lives of the  
12          children;

13          (2) according to the Department of Health and  
14          Human Services, birth defects are the leading cause  
15          of infant death in the first year of life, accounting  
16          for about 20 percent of infant deaths in 2006;

17          (3) according to the American Cancer Society,  
18          cancer is the second leading cause of death in chil-  
19          dren, exceeded only by accidents;

20          (4) according to the Centers for Disease Con-  
21          trol and Prevention, an estimated 1 in 110 children  
22          in the United States have an autism spectrum dis-  
23          order;

1           (5) scientific research on environmental, ge-  
2           netic, and other influences that may affect environ-  
3           mental health is a national priority;

4           (6) Federal agencies should work to address se-  
5           rious environmental health problems to better pro-  
6           tect children and other individuals in communities,  
7           both large and small, across the United States; and

8           (7) according to the National Academy of  
9           Sciences—

10           (A) it is in the national interest to place a  
11           higher priority on the health of children;

12           (B) in the short term, that priority will re-  
13           sult in children whose health and quality of life  
14           is improved and who are more ready and able  
15           to learn;

16           (C) children have important value in their  
17           own right and are worthy of that type of soci-  
18           etal commitment;

19           (D) it is also in the national interest to op-  
20           timize the health of children because, in the  
21           long term—

22           (i) the continuing viability of society  
23           depends on a citizenry and a workforce  
24           that are properly equipped to be productive  
25           and committed to serving the country; and

1 (ii) failure to improve the health of  
2 children will have a substantial long-term  
3 consequence for the health of the adult  
4 population; and

5 (E) investing in the health of children is  
6 necessary for all of the reasons described in  
7 subparagraphs (A) through (D) and is the right  
8 thing to do.

9 **SEC. 3. PURPOSES.**

10 The purposes of this Act are—

11 (1) to provide to the Administrator the author-  
12 ity to help conduct investigations into the potential  
13 for environmental pollutants or toxic substances to  
14 cause disease clusters;

15 (2) to ensure that the Administrator has the  
16 authority to undertake actions to help address exist-  
17 ing and potential environmental pollution and toxic  
18 substances that may contribute to the creation of  
19 disease clusters; and

20 (3) to enable the Administrator to integrate and  
21 work in conjunction with other Federal, State, and  
22 local agencies, institutions of higher education, and  
23 the public in investigating and helping to address  
24 the possible causes of disease clusters.

1 **SEC. 4. GOALS.**

2 The goals of this Act are—

3 (1) to protect and assist pregnant women, in-  
4 fants, children, and other individuals who have been,  
5 are, or could be harmed by, and become part of, a  
6 disease cluster;

7 (2) to enhance Federal resources, expertise,  
8 outreach, transparency, and accountability in re-  
9 sponding to public and State and local government  
10 inquiries about the potential causes of a disease  
11 cluster;

12 (3) to strengthen Federal analytical capacity  
13 and coordination, including with State and local au-  
14 thorities, in the investigation of the potential causes  
15 of disease clusters;

16 (4) to develop multidisciplinary teams that un-  
17 dertake a systematic, integrated approach to inves-  
18 tigate and help address the potential causes of dis-  
19 ease clusters that State and local officials cannot ad-  
20 dress or need assistance in addressing; and

21 (5) to help facilitate the rapid investigation of  
22 potential disease clusters and actions to address the  
23 potential causes of disease clusters.

24 **SEC. 5. DEFINITIONS.**

25 In this Act:

1           (1) ADMINISTRATOR.—The term “Adminis-  
2           trator” means the Administrator of the Environ-  
3           mental Protection Agency.

4           (2) AGENCY.—The term “Agency” means the  
5           Environmental Protection Agency.

6           (3) DIRECTOR.—The term “Director” means  
7           the Director of the National Institute of Environ-  
8           mental Health Sciences.

9           (4) DISEASE CLUSTER.—The term “disease  
10          cluster” means—

11           (A) the occurrence of a greater-than-ex-  
12          pected number of cases of a particular disease  
13          within a group of individuals, a geographical  
14          area, or a period of time; or

15           (B) the occurrence of a particular disease  
16          in such number of cases, or meeting such other  
17          criteria, as the Administrator, in consultation  
18          with the Administrator of the Agency for Toxic  
19          Substances and Disease Registry and the Direc-  
20          tor, may determine.

21          (5) ENVIRONMENTAL POLLUTANTS OR TOXIC  
22          SUBSTANCES.—The term “environmental pollutants  
23          or toxic substances” includes the substances de-  
24          scribed in paragraph (7).

1           (6) FEDERAL AGENCY.—The term “Federal  
2 agency” means—

3           (A) any department, agency, or other in-  
4 strumentality of the Federal Government;

5           (B) any independent agency or establish-  
6 ment of the Federal Government (including any  
7 Government corporation); and

8           (C) the Government Printing Office.

9           (7) POTENTIAL CAUSES OF A DISEASE CLUS-  
10 TER.—The term “potential causes of a disease clus-  
11 ter” includes environmental and public health fac-  
12 tors that could increase the possibility of disease  
13 clusters, including environmental pollutants or toxic  
14 substances and sources of those pollutants and sub-  
15 stances, including—

16           (A) emissions of air pollutants that are  
17 regulated under the Clean Air Act (42 U.S.C.  
18 7401 et seq.); and

19           (B) water pollutants that are regulated  
20 under the Federal Water Pollution Control Act  
21 (33 U.S.C. 1251 et seq.);

22           (C) a contaminant, as that term is defined  
23 in section 1401 of the Safe Drinking Water Act  
24 (42 U.S.C. 300f);



1 (D) a hazardous substance, as that term is  
2 defined in section 101 of the Comprehensive  
3 Environmental Response, Compensation, and  
4 Liability Act (42 U.S.C. 9601);

5 (E) solid waste and hazardous waste, as  
6 those terms are defined in section 1004 of the  
7 Solid Waste Disposal Act (42 U.S.C. 6903);

8 (F) a chemical substance, as that term is  
9 defined in section 3 of the Toxic Substances  
10 Control Act (15 U.S.C. 2602);

11 (G) a substance that is regulated under  
12 the Emergency Planning and Community  
13 Right-To-Know Act of 1986 (42 U.S.C. 11001  
14 et seq.); and

15 (H) any other form of environmental pollu-  
16 tion or toxic substance that is a known or po-  
17 tential cause of an adverse health effect, includ-  
18 ing a developmental, reproductive, neurotoxic,  
19 or carcinogenic effect.

20 (8) REGIONAL RESPONSE CENTER.—The term  
21 “Regional Response Center” means a Regional Dis-  
22 ease Cluster Information and Response Center es-  
23 tablished under section 7.

1           (9) RESPONSE TEAM.—The term “Response  
2           Team” means a Regional Disease Cluster Informa-  
3           tion and Response Team established under section 7.

4           (10) SECRETARY.—The term “Secretary”  
5           means the Secretary of Health and Human Services.

6 **SEC. 6. GUIDELINES FOR ENVIRONMENTAL INVESTIGA-**  
7           **TIONS OF DISEASE CLUSTERS.**

8           (a) ESTABLISHMENT.—

9           (1) IN GENERAL.—The Administrator, in con-  
10          sultation with the Administrator of the Agency for  
11          Toxic Substances and Disease Registry, the Sec-  
12          retary, and the Director, shall develop, publish, and  
13          periodically update guidelines that describe a sys-  
14          tematic, integrated approach that uses the best  
15          available science to investigate—

16                 (A) 1 or more suspected or potential dis-  
17                 ease clusters;

18                 (B) environmental pollutants or toxic sub-  
19                 stances associated with 1 or more suspected or  
20                 potential disease clusters; or

21                 (C) potential causes of 1 or more disease  
22                 clusters.

23           (2) COORDINATION.—The Administrator shall  
24          ensure that the Office of Children’s Health Protec-  
25          tion, in consultation with appropriate advisory com-

1       mittees, such as the Children’s Health Protection  
2       Advisory Committee, has a prominent role on behalf  
3       of the Agency in developing and updating guidelines  
4       under paragraph (1).

5       (b) REQUIREMENTS.—Guidelines developed under  
6 this section shall include—

7           (1) definitions of key concepts and actions;

8           (2) disease cluster identification and reporting  
9       protocols;

10          (3) standardized methods of reviewing and cat-  
11       egorizing data, including from health surveillance  
12       systems and disease cluster reports;

13          (4) guidance for using, in a health-protective  
14       way, an appropriate epidemiological, statistical, or  
15       other approach for the circumstances of an inves-  
16       tigation;

17          (5) procedures for peer review of key documents  
18       by individuals who have no direct or indirect conflict  
19       of interest; and

20          (6) a description of roles and responsibilities of  
21       the Administrator and the Administrator of the  
22       Agency for Toxic Substances and Disease Registry  
23       in conducting investigations described in those  
24       guidelines, in accordance with this Act.

25       (c) TIMING.—

1 (1) IN GENERAL.—Draft guidelines developed  
2 under this section shall be available for public review  
3 and comment for a period of not less than 60 days.

4 (2) FINAL GUIDELINES.—Not later than 1 year  
5 after the date of enactment of this Act, the Adminis-  
6 trator, in consultation with the Administrator of the  
7 Agency for Toxic Substances and Disease Registry,  
8 the Secretary, and the Director, shall publish in the  
9 Federal Register final guidelines under this section.

10 **SEC. 7. ENHANCED SUPPORT FOR ENVIRONMENTAL INVES-**  
11 **TIGATIONS OF DISEASE CLUSTERS.**

12 (a) ESTABLISHMENT OF REGIONAL DISEASE CLUS-  
13 TER INFORMATION AND RESPONSE CENTERS AND  
14 TEAMS.—

15 (1) ESTABLISHMENT.—

16 (A) IN GENERAL.—The Administrator, in  
17 consultation with the Administrator of the  
18 Agency for Toxic Substances and Disease Reg-  
19 istry, the Secretary, and the Director, and other  
20 appropriate Federal agencies, shall establish  
21 and operate Regional Disease Cluster Informa-  
22 tion and Response Centers and Regional Dis-  
23 ease Cluster Information and Response Teams.

24 (B) PRINCIPAL RESPONSIBILITY.—The Ad-  
25 ministrator shall be principally responsible for

1 directing, coordinating, and approving Federal  
2 efforts and assistance authorized under this  
3 section.

4 (2) COORDINATION.—

5 (A) IN GENERAL.—The Administrator  
6 shall ensure that the Office of Children’s  
7 Health Protection, in consultation with appro-  
8 priate advisory committees, such as the Chil-  
9 dren’s Health Protection Advisory Committee,  
10 has a prominent role on behalf of the Agency  
11 in establishing and operating the Regional Re-  
12 sponse Centers and the Response Teams.

13 (B) GRANTS AND COOPERATIVE AGREE-  
14 MENTS.—

15 (i) IN GENERAL.—The Administrator  
16 shall provide support (including research,  
17 program implementation, and operational  
18 support activities) to individuals on Re-  
19 sponse Teams described in subsection (b)  
20 and Community Disease Cluster Advisory  
21 Committees described in subsection (c)  
22 through grants and cooperative agreements  
23 with institutions of higher education that  
24 have programs or individuals with dem-

1           onstrated expertise in research, training,  
2           studies, and technical assistance.

3                   (ii) AUTHORIZATION OF APPROPRIA-  
4           TIONS.—There are authorized to be appro-  
5           priated to carry out this subparagraph  
6           such sums as are necessary.

7           (3) TIMING.—Not later than 1 year after the  
8           date of enactment of this Act, the Administrator  
9           shall establish at least—

10                   (A) 2 Regional Response Centers; and

11                   (B) 2 Response Teams.

12           (b) RESPONSE TEAMS.—

13                   (1) MEMBERSHIP.—Each Response Team shall  
14           include individuals who—

15                   (A) have expertise in epidemiology,  
16           toxicogenomics, molecular biology, toxicology,  
17           pollution control requirements, data analysis,  
18           environmental health and disease surveillance,  
19           exposure assessment, pediatric health, commu-  
20           nity outreach and involvement, and other rel-  
21           evant fields; and

22                   (B) have no direct or indirect conflict of  
23           interest.

24                   (2) LEADERSHIP.—Each Response Team shall  
25           have—

1 (A) an individual who is the leader of the  
2 Response Team and who reports to the Admin-  
3 istrator, the Administrator of the Agency for  
4 Toxic Substances and Disease Registry, and the  
5 Director; and

6 (B) an individual who has the skills or ex-  
7 perience necessary to carry out community out-  
8 reach and involvement activities, including—

9 (i) the establishment of Community  
10 Disease Cluster Advisory Committees  
11 under subsection (c); and

12 (ii) the facilitation of activities of  
13 those Committees.

14 (3) ACTIVITIES.—

15 (A) IN GENERAL.—The Administrator, in  
16 consultation with the Administrator of the  
17 Agency for Toxic Substances and Disease Reg-  
18 istry and the Director, shall establish the scope  
19 of activities for Response Teams to ensure that  
20 the activities are consistent with achieving the  
21 goals of this Act.

22 (B) REQUIREMENTS.—The activities of the  
23 Response Teams shall include—

24 (i) making guidelines, protocols, data,  
25 and other relevant information and exper-

1           tise available to State and local officials  
2           and the public to assist in efforts—

3                   (I) to investigate suspected or po-  
4                   tential disease clusters, environmental  
5                   pollutants or toxic substances associ-  
6                   ated with those disease clusters, and  
7                   potential causes of disease clusters;  
8                   and

9                   (II) to address potential causes  
10                  of disease clusters;

11                  (ii) responding rapidly to a petition  
12                  described in subparagraph (C) from any  
13                  person, including a State or local official,  
14                  regarding the need—

15                   (I) to investigate suspected or po-  
16                   tential disease clusters, environmental  
17                   pollutants or toxic substances associ-  
18                   ated with those disease clusters, and  
19                   potential causes of disease clusters;  
20                   and

21                   (II) to address the potential  
22                   causes of disease clusters;

23                  (iii) providing the best available envi-  
24                  ronmental sampling and laboratory equip-  
25                  ment to collect, analyze, and interpret



1 monitoring, health surveillance, and other  
2 relevant information at scales and  
3 timelines appropriate to an action;

4 (iv) involving community members, in  
5 accordance with established scientific  
6 methods and norms (including the preser-  
7 vation of the confidentiality of individuals),  
8 in—

9 (I) investigations of suspected or  
10 potential disease clusters, environ-  
11 mental pollutants or toxic substances  
12 associated with those disease clusters,  
13 or potential causes of disease clusters,  
14 including through—

15 (aa) environmental exposure  
16 assessments;

17 (bb) biomonitoring activities;

18 and

19 (cc) community-based  
20 participatory research initiatives;  
21 and

22 (II) other efforts to address the  
23 potential causes of disease clusters;

24 (v) working with State and local agen-  
25 cies—

1 (I) to help make the use and  
2 management of integrated environ-  
3 mental health data consistent and  
4 timely; and

5 (II) to fill data gaps; and

6 (vi) investigating suspected or poten-  
7 tial disease clusters, environmental pollut-  
8 ants or toxic substances associated with  
9 those disease clusters, and potential causes  
10 of disease clusters, and addressing the po-  
11 tential causes of disease clusters that the  
12 Administrator determines State and local  
13 officials need assistance in investigating or  
14 addressing, or that the Administrator de-  
15 termines should be investigated or ad-  
16 dressed.

17 (C) PETITION.—

18 (i) IN GENERAL.—Any person, includ-  
19 ing a State or local official, may submit a  
20 petition referred to in subparagraph (B)(ii)  
21 to the Administrator, the Administrator of  
22 the Agency for Toxic Substances and Dis-  
23 ease Registry, and the Director that re-  
24 quests that a Response Team conduct an  
25 investigation or take other action to ad-

1 dress the potential causes of disease clus-  
2 ters in accordance with this Act.

3 (ii) REQUIREMENTS.—Each petition  
4 submitted under clause (i) shall clearly de-  
5 scribe the basis for the requested investiga-  
6 tion or action, including any data sup-  
7 porting the request.

8 (iii) CONSIDERATION.—The Adminis-  
9 trator, in consultation with the Adminis-  
10 trator of the Agency for Toxic Substances  
11 and Disease Registry and the Director,  
12 shall establish criteria for the consideration  
13 of petitions submitted under this section  
14 using health-protective factors, including—

15 (I) evidence of the release of en-  
16 vironmental pollutants or toxic sub-  
17 stances;

18 (II) the locations in which there  
19 appear to be potentially significant  
20 health threats from the potential  
21 causes of disease clusters;

22 (III) cases in which existing data  
23 appear to be inadequate to fully as-  
24 sess the potential risks to public  
25 health; and

1 (IV) such other factors as the  
2 Administrator determines are nec-  
3 essary.

4 (iv) RESPONSE.—Not later than 60  
5 days after the date of receipt of a petition  
6 under clause (iii), the Administrator, in  
7 consultation with the Administrator of the  
8 Agency for Toxic Substances and Disease  
9 Registry and the Director, shall provide a  
10 written response that describes—

11 (I) the investigation or actions  
12 that will be undertaken in response to  
13 the petition, including the timeline  
14 and basis for the investigation or ac-  
15 tions; and

16 (II) the reasons for any denial or  
17 deferral in providing such a response.

18 (v) TIMING OF ISSUANCE OF CRI-  
19 TERIA.—

20 (I) IN GENERAL.—The Adminis-  
21 trator, in consultation with the Ad-  
22 ministrator of the Agency for Toxic  
23 Substances and Disease Registry and  
24 the Director, shall provide for public  
25 notice of draft criteria established

1 under this subparagraph for a period  
2 of not less than 60 days.

3 (II) FINAL CRITERIA.—Not later  
4 than 1 year after the date of enact-  
5 ment of this Act, the Administrator,  
6 in consultation with the Administrator  
7 of the Agency for Toxic Substances  
8 and Disease Registry and the Direc-  
9 tor, shall publish in the Federal Reg-  
10 ister final criteria required under this  
11 subparagraph.

12 (4) USE OF PUBLICLY AVAILABLE REPORTS.—  
13 Response Team investigations and actions shall—

14 (A) include publicly available reports pre-  
15 pared by the Response Team that contain state-  
16 ments of facts, findings, and recommendations  
17 for actions, to the extent appropriate; and

18 (B) be prepared in a manner that pre-  
19 serves the confidentiality of individuals.

20 (5) TRANSPARENCY AND ACCOUNTABILITY.—  
21 Response Team activities shall include measures to  
22 ensure—

23 (A) transparency and accountability to po-  
24 tentially affected individuals, State and local of-  
25 ficials, the public, and other persons and agen-

1           cies, while preserving the confidentiality of indi-  
2           viduals;

3           (B) that consistent, accurate, and mean-  
4           ingful information is provided to potentially af-  
5           fected individuals, State and local officials, the  
6           public, and other persons and agencies through  
7           the use of comprehensive, community-based  
8           communications plans; and

9           (C) accountability to meeting goals and  
10          timetables.

11         (6) DATABASE.—

12           (A) IN GENERAL.—The Administrator, in  
13           consultation with the Administrator of the  
14           Agency for Toxic Substances and Disease Reg-  
15           istry, the Secretary, and the Director, shall  
16           compile and regularly update information in a  
17           comprehensive electronic database that—

18                   (i) is publicly accessible through the  
19                   Internet;

20                   (ii) provides a centralized location for  
21                   information relating to—

22                           (I) disease cluster reports and in-  
23                           vestigations;

24                           (II) environmental pollutants or  
25                           toxic substances that are associated

1 with suspected or potential disease  
2 clusters;

3 (III) illnesses associated with  
4 suspected or potential disease clusters,  
5 including locally generated informa-  
6 tion;

7 (IV) systematic tracking of envi-  
8 ronmental pollutants or toxic sub-  
9 stances and illnesses associated with  
10 suspected or potential disease clusters;

11 (V) actions to help address the  
12 potential causes of disease clusters;  
13 and

14 (VI) any other information that  
15 the Administrator determines to be  
16 necessary; and

17 (iii) facilitates the rapid reporting and  
18 analysis of information described in clause  
19 (ii).

20 (B) CONFIDENTIALITY.—A database de-  
21 scribed in subparagraph (A) shall be main-  
22 tained in a manner that preserves the confiden-  
23 tiality of individuals.

24 (c) COMMUNITY DISEASE CLUSTER ADVISORY COM-  
25 MITTEES.—

1           (1) IN GENERAL.—The Administrator shall es-  
2           tablish Community Disease Cluster Advisory Com-  
3           mittees to provide oversight, guidance, and advice  
4           relating to—

5                   (A) the investigation of suspected and po-  
6                   tential disease clusters;

7                   (B) the investigation of environmental pol-  
8                   lutants or toxic substances associated with sus-  
9                   pected or potential disease clusters;

10                  (C) the investigation of potential causes of  
11                  disease clusters;

12                  (D) efforts to address the potential causes  
13                  of disease clusters; and

14                  (E) the most effective means of ensuring  
15                  outreach to and involvement of community  
16                  members.

17           (2) MEMBERSHIP.—Membership on Community  
18           Disease Cluster Advisory Committees shall be com-  
19           prised of representatives that include—

20                   (A) individuals who are or may be im-  
21                   pacted by a suspected or potential disease clus-  
22                   ter, and the designee of such an individual who  
23                   may participate with or in the place of such an  
24                   individual;



1           (B) State or local government health or  
2 environmental agencies;

3           (C) at least 2 individuals, appointed by the  
4 Administrator in consultation with the Adminis-  
5 trator of the Agency for Toxic Substances and  
6 Disease Registry and the Director, with dem-  
7 onstrated knowledge of the activities described  
8 in paragraph (1); and

9           (D) other appropriate individuals, as deter-  
10 mined by the Administrator, in consultation  
11 with the Administrator of the Agency for Toxic  
12 Substances and Disease Registry and the Direc-  
13 tor.

14           (3) PROHIBITION.—No member of a Committee  
15 may have any direct or indirect conflict of interest.

16           (4) TECHNICAL ASSISTANCE.—

17           (A) IN GENERAL.—The Administrator, in  
18 consultation with the Administrator of the  
19 Agency for Toxic Substances and Disease Reg-  
20 istry and the Director, may make grants avail-  
21 able to any group of individuals that may be af-  
22 fected by a suspected or potential disease clus-  
23 ter.

24           (B) USE OF FUNDS.—Grants made avail-  
25 able under subparagraph (A) may be used to

1 facilitate active involvement in all aspects of  
2 Committee activities and to assist Committee  
3 members in obtaining technical assistance in in-  
4 terpreting information with regard to—

5 (i) the investigation of—

6 (I) suspected or potential disease  
7 clusters;

8 (II) environmental pollutants or  
9 toxic substances that are associated  
10 with suspected or potential disease  
11 clusters; and

12 (III) the potential causes of dis-  
13 ease clusters;

14 (ii) addressing the potential causes of  
15 disease clusters;

16 (iii) understanding the health con-  
17 cerns associated with suspected or poten-  
18 tial disease clusters; and

19 (iv) understanding other scientific and  
20 technical issues relating to the activities of  
21 a Regional Response Team and Commu-  
22 nity Disease Cluster Advisory Committee,  
23 including the potential need for and inter-  
24 pretation of any biomonitoring of individ-  
25 uals in the area.

1 (d) ENVIRONMENTAL RESEARCH AND ANALYSIS.—  
2 The Administrator, in consultation with the Administrator  
3 of the Agency for Toxic Substances and Disease Registry,  
4 the Secretary, and the Director, shall use available au-  
5 thorities and programs to compile, research, and analyze  
6 information generated by actions authorized under this  
7 section, including by—

8 (1) using those authorities to test environ-  
9 mental pollutants or toxic substances identified  
10 under subsection (b)(6); and

11 (2) incorporating environmental pollutants or  
12 toxic substances identified under subsection (b)(6) in  
13 appropriate national biomonitoring initiatives.

14 **SEC. 8. FEDERAL REPORTS TO CONGRESS.**

15 (a) IN GENERAL.—Not later than 1 year after the  
16 date of enactment of this Act and annually thereafter, the  
17 Administrator, in consultation with the Administrator of  
18 the Agency for Toxic Substances and Disease Registry,  
19 the Secretary, and the Director, shall prepare a report  
20 that describes—

21 (1) the status of activities under this Act to in-  
22 vestigate and address the suspected and potential  
23 causes of disease clusters;

1           (2) environmental pollutants or toxic substances  
2           that are associated with suspected or potential dis-  
3           ease clusters;

4           (3) the potential causes of disease clusters; and

5           (4) ways to address the potential causes of  
6           those disease clusters.

7           (b) REQUIREMENTS.—The report shall include a de-  
8           scription of—

9           (1) outreach activities to State and local offi-  
10          cials and communities;

11          (2) actions that the Administrator has taken to  
12          prioritize the testing of environmental pollutants or  
13          toxic substances;

14          (3) actions that the Administrator has taken to  
15          include environmental pollutants or toxic substances  
16          identified under section 7(b)(7) in appropriate na-  
17          tional biomonitoring initiatives;

18          (4) actions that the Administrator is taking or  
19          plans to take to address problems in implementing  
20          this Act;

21          (5) actions that the Secretary is taking or plans  
22          to take to address problems in implementing this  
23          Act;

24          (6) actions that the Administrator of the Agen-  
25          cy for Toxic Substances and Disease Registry has

1       undertaken or is considering taking with respect to  
2       any disease clusters under subparagraphs (D) and  
3       (E) of section 104(i)(1) of Comprehensive Environ-  
4       mental Response, Compensation, and Liability Act  
5       (42 U.S.C. 9604(i)(1)) and other provisions of that  
6       section;

7               (7) actions that the Director is taking or plans  
8       to take to address problems in implementing this  
9       Act; and

10              (8) other relevant information.

11       (c) SUBMISSION AND AVAILABILITY.—The Adminis-  
12   trator shall—

13              (1) submit the report under this subsection  
14       to—

15                      (A) the Committees on Environment and  
16                      Public Works and Health, Education, Labor,  
17                      and Pensions of the Senate; and

18                      (B) the Committee on Energy and Com-  
19                      merce of the House of Representatives; and

20              (2) make the report available to the public.

21 **SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

22       There are authorized to be appropriated such sums  
23   as are necessary to carry out this Act.

**1 SEC. 10. EFFECT ON OTHER LAW.**

2       Nothing in this Act modifies, limits, or otherwise af-  
3 fects the application of, or obligation to comply with, any  
4 law, including any environmental or public health law.



**Calendar No. 514**

112<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 76**

[Report No. 112-213]

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**A BILL**

To direct the Administrator of the Environmental Protection Agency to investigate and address cancer and disease clusters, including in infants and children.

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SEPTEMBER 19, 2012

Reported without amendment