

112TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

\_\_\_\_\_ introduced the following bill; which was read twice  
and referred to the Committee on \_\_\_\_\_

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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.

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 “Strengthening Protec-  
5 tions for Children and Communities From Disease Clus-  
6 ters Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds that—

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

4                   (A) the nervous, immune, digestive, and  
5                   other systems of children are still developing as  
6                   the children move through several stages of  
7                   rapid growth and development;

8                   (B) exposure to environmental pollutants  
9                   or toxic substances can affect prenatal, infant,  
10                  and childhood growth and development;

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

13                  (D) children eat proportionately more food,  
14                  drink more fluids, breathe more air, and play  
15                  outside more, which means children are more  
16                  exposed to environmental pollutants and toxic  
17                  substances than adults;

18                  (E) children are less able to protect them-  
19                  selves from exposures to environmental pollut-  
20                  ants or toxic substances;

21                  (F) the behavior of children exposes chil-  
22                  dren to different environmental pollutants and  
23                  toxic substances than adults;

24                  (G) the natural curiosity and tendency of  
25                  children to explore leaves children open to

1 health risks that adults can more easily avoid;  
2 and

3 (H) the developing brains, reproductive  
4 systems, and other organs of children are more  
5 susceptible to permanent disruption that can re-  
6 sult in health problems during the lives of the  
7 children;

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

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

15 (4) according to the Centers for Disease Con-  
16 trol and Prevention, an estimated 1 in 110 children  
17 in the United States have an autism spectrum dis-  
18 order;

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

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

1           (7) according to the National Academy of  
2 Sciences—

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

5           (B) in the short term, that priority will re-  
6 sult in children whose health and quality of life  
7 is improved and who are more ready and able  
8 to learn;

9           (C) children have important value in their  
10 own right and are worthy of that type of soci-  
11 etal commitment;

12           (D) it is also in the national interest to op-  
13 timize the health of children because, in the  
14 long term—

15           (i) the continuing viability of society  
16 depends on a citizenry and a workforce  
17 that are properly equipped to be productive  
18 and committed to serving the country; and

19           (ii) failure to improve the health of  
20 children will have a substantial long-term  
21 consequence for the health of the adult  
22 population; and

23           (E) investing in the health of children is  
24 necessary for all of the reasons described in

1           subparagraphs (A) through (D) and is the right  
2           thing to do.

3 **SEC. 3. PURPOSES.**

4           The purposes of this Act are—

5           (1) to provide to the Administrator the author-  
6           ity to help conduct investigations into the potential  
7           for environmental pollutants or toxic substances to  
8           cause disease clusters;

9           (2) to ensure that the Administrator has the  
10          authority to undertake actions to help address exist-  
11          ing and potential environmental pollution and toxic  
12          substances that may contribute to the creation of  
13          disease clusters; and

14          (3) to enable the Administrator to integrate and  
15          work in conjunction with other Federal, State, and  
16          local agencies, institutions of higher education, and  
17          the public in investigating and helping to address  
18          the possible causes of disease clusters.

19 **SEC. 4. GOALS.**

20          The goals of this Act are—

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

1           (2) to enhance Federal resources, expertise,  
2           outreach, transparency, and accountability in re-  
3           sponding to public and State and local government  
4           inquiries about the potential causes of a disease  
5           cluster;

6           (3) to strengthen Federal analytical capacity  
7           and coordination, including with State and local au-  
8           thorities, in the investigation of the potential causes  
9           of disease clusters;

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

15          (5) to help facilitate the rapid investigation of  
16          potential disease clusters and actions to address the  
17          potential causes of disease clusters.

18 **SEC. 5. DEFINITIONS.**

19         In this Act:

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

23           (2) AGENCY.—The term “Agency” means the  
24           Environmental Protection Agency.



1 (B) any independent agency or establish-  
2 ment of the Federal Government (including any  
3 Government corporation); and

4 (C) the Government Printing Office.

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

12 (A) emissions of air pollutants that are  
13 regulated under the Clean Air Act (42 U.S.C.  
14 7401 et seq.); and

15 (B) water pollutants that are regulated  
16 under the Federal Water Pollution Control Act  
17 (33 U.S.C. 1251 et seq.);

18 (C) a contaminant, as that term is defined  
19 in section 1401 of the Safe Drinking Water Act  
20 (42 U.S.C. 300f);

21 (D) a hazardous substance, as that term is  
22 defined in section 101 of the Comprehensive  
23 Environmental Response, Compensation, and  
24 Liability Act (42 U.S.C. 9601);

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

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

7 (G) a substance that is regulated under  
8 the Emergency Planning and Community  
9 Right-To-Know Act of 1986 (42 U.S.C. 11001  
10 et seq.); and

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

16 (8) REGIONAL RESPONSE CENTER.—The term  
17 “Regional Response Center” means a Regional Dis-  
18 ease Cluster Information and Response Center es-  
19 tablished under section 7.

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

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

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

3 (a) ESTABLISHMENT.—

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

11 (A) 1 or more suspected or potential dis-  
12 ease clusters;

13 (B) environmental pollutants or toxic sub-  
14 stances associated with 1 or more suspected or  
15 potential disease clusters; or

16 (C) potential causes of 1 or more disease  
17 clusters.

18 (2) COORDINATION.—The Administrator shall  
19 ensure that the Office of Children’s Health Protec-  
20 tion, in consultation with appropriate advisory com-  
21 mittees, such as the Children’s Health Protection  
22 Advisory Committee, has a prominent role on behalf  
23 of the Agency in developing and updating guidelines  
24 under paragraph (1).

25 (b) REQUIREMENTS.—Guidelines developed under  
26 this section shall include—

1 (1) definitions of key concepts and actions;

2 (2) disease cluster identification and reporting  
3 protocols;

4 (3) standardized methods of reviewing and cat-  
5 egorizing data, including from health surveillance  
6 systems and disease cluster reports;

7 (4) guidance for using, in a health-protective  
8 way, an appropriate epidemiological, statistical, or  
9 other approach for the circumstances of an inves-  
10 tigation;

11 (5) procedures for peer review of key documents  
12 by individuals who have no direct or indirect conflict  
13 of interest; and

14 (6) a description of roles and responsibilities of  
15 the Administrator and the Administrator of the  
16 Agency for Toxic Substances and Disease Registry  
17 in conducting investigations described in those  
18 guidelines, in accordance with this Act.

19 (c) TIMING.—

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

23 (2) FINAL GUIDELINES.—Not later than 1 year  
24 after the date of enactment of this Act, the Adminis-  
25 trator, in consultation with the Administrator of the

1 Agency for Toxic Substances and Disease Registry,  
2 the Secretary, and the Director, shall publish in the  
3 Federal Register final guidelines under this section.

4 **SEC. 7. ENHANCED SUPPORT FOR ENVIRONMENTAL INVES-**  
5 **TIGATIONS OF DISEASE CLUSTERS.**

6 (a) ESTABLISHMENT OF REGIONAL DISEASE CLUS-  
7 TER INFORMATION AND RESPONSE CENTERS AND  
8 TEAMS.—

9 (1) ESTABLISHMENT.—

10 (A) IN GENERAL.—The Administrator, in  
11 consultation with the Administrator of the  
12 Agency for Toxic Substances and Disease Reg-  
13 istry, the Secretary, and the Director, and other  
14 appropriate Federal agencies, shall establish  
15 and operate Regional Disease Cluster Informa-  
16 tion and Response Centers and Regional Dis-  
17 ease Cluster Information and Response Teams.

18 (B) PRINCIPAL RESPONSIBILITY.—The Ad-  
19 ministrator shall be principally responsible for  
20 directing, coordinating, and approving Federal  
21 efforts and assistance authorized under this  
22 section.

23 (2) COORDINATION.—

24 (A) IN GENERAL.—The Administrator  
25 shall ensure that the Office of Children's

1 Health Protection, in consultation with appro-  
2 priate advisory committees, such as the Chil-  
3 dren's Health Protection Advisory Committee,  
4 has a prominent role on behalf of the Agency  
5 in establishing and operating the Regional Re-  
6 sponse Centers and the Response Teams.

7 (B) GRANTS AND COOPERATIVE AGREE-  
8 MENTS.—

9 (i) IN GENERAL.—The Administrator  
10 shall provide support (including research,  
11 program implementation, and operational  
12 support activities) to individuals on Re-  
13 sponse Teams described in subsection (b)  
14 and Community Disease Cluster Advisory  
15 Committees described in subsection (c)  
16 through grants and cooperative agreements  
17 with institutions of higher education that  
18 have programs or individuals with dem-  
19 onstrated expertise in research, training,  
20 studies, and technical assistance.

21 (ii) AUTHORIZATION OF APPROPRIA-  
22 TIONS.—There are authorized to be appro-  
23 priated to carry out this subparagraph  
24 such sums as are necessary.

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

4                     (A) 2 Regional Response Centers; and

5                     (B) 2 Response Teams.

6           (b) RESPONSE TEAMS.—

7                     (1) MEMBERSHIP.—Each Response Team shall  
8           include individuals who—

9                     (A) have expertise in epidemiology,  
10                    toxicogenomics, molecular biology, toxicology,  
11                    pollution control requirements, data analysis,  
12                    environmental health and disease surveillance,  
13                    exposure assessment, pediatric health, commu-  
14                    nity outreach and involvement, and other rel-  
15                    evant fields; and

16                    (B) have no direct or indirect conflict of  
17           interest.

18                    (2) LEADERSHIP.—Each Response Team shall  
19           have—

20                    (A) an individual who is the leader of the  
21                    Response Team and who reports to the Admin-  
22                    istrator, the Administrator of the Agency for  
23                    Toxic Substances and Disease Registry, and the  
24                    Director; and

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

4 (i) the establishment of Community  
5 Disease Cluster Advisory Committees  
6 under subsection (c); and

7 (ii) the facilitation of activities of  
8 those Committees.

9 (3) ACTIVITIES.—

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

17 (B) REQUIREMENTS.—The activities of the  
18 Response Teams shall include—

19 (i) making guidelines, protocols, data,  
20 and other relevant information and exper-  
21 tise available to State and local officials  
22 and the public to assist in efforts—

23 (I) to investigate suspected or po-  
24 tential disease clusters, environmental  
25 pollutants or toxic substances associ-

1           ated with those disease clusters, and  
2           potential causes of disease clusters;  
3           and

4                   (II) to address potential causes  
5           of disease clusters;

6                   (ii) responding rapidly to a petition  
7           described in subparagraph (C) from any  
8           person, including a State or local official,  
9           regarding the need—

10                   (I) to investigate suspected or po-  
11           tential disease clusters, environmental  
12           pollutants or toxic substances associ-  
13           ated with those disease clusters, and  
14           potential causes of disease clusters;  
15           and

16                   (II) to address the potential  
17           causes of disease clusters;

18                   (iii) providing the best available envi-  
19           ronmental sampling and laboratory equip-  
20           ment to collect, analyze, and interpret  
21           monitoring, health surveillance, and other  
22           relevant information at scales and  
23           timelines appropriate to an action;

24                   (iv) involving community members, in  
25           accordance with established scientific

1 methods and norms (including the preser-  
2 vation of the confidentiality of individuals),  
3 in—

4 (I) investigations of suspected or  
5 potential disease clusters, environ-  
6 mental pollutants or toxic substances  
7 associated with those disease clusters,  
8 or potential causes of disease clusters,  
9 including through—

10 (aa) environmental exposure  
11 assessments;

12 (bb) biomonitoring activities;  
13 and

14 (cc) community-based  
15 participatory research initiatives;  
16 and

17 (II) other efforts to address the  
18 potential causes of disease clusters;

19 (v) working with State and local agen-  
20 cies—

21 (I) to help make the use and  
22 management of integrated environ-  
23 mental health data consistent and  
24 timely; and

25 (II) to fill data gaps; and

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

12 (C) PETITION.—

13 (i) IN GENERAL.—Any person, includ-  
14 ing a State or local official, may submit a  
15 petition referred to in subparagraph (B)(ii)  
16 to the Administrator, the Administrator of  
17 the Agency for Toxic Substances and Dis-  
18 ease Registry, and the Director that re-  
19 quests that a Response Team conduct an  
20 investigation or take other action to ad-  
21 dress the potential causes of disease clus-  
22 ters in accordance with this Act.

23 (ii) REQUIREMENTS.—Each petition  
24 submitted under clause (i) shall clearly de-  
25 scribe the basis for the requested investiga-

1                   tion or action, including any data sup-  
2                   porting the request.

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

10                   (I) evidence of the release of en-  
11                   vironmental pollutants or toxic sub-  
12                   stances;

13                   (II) the locations in which there  
14                   appear to be potentially significant  
15                   health threats from the potential  
16                   causes of disease clusters;

17                   (III) cases in which existing data  
18                   appear to be inadequate to fully as-  
19                   sess the potential risks to public  
20                   health; and

21                   (IV) such other factors as the  
22                   Administrator determines are nec-  
23                   essary.

24                   (iv) RESPONSE.—Not later than 60  
25                   days after the date of receipt of a petition

1 under clause (iii), the Administrator, in  
2 consultation with the Administrator of the  
3 Agency for Toxic Substances and Disease  
4 Registry and the Director, shall provide a  
5 written response that describes—

6 (I) the investigation or actions  
7 that will be undertaken in response to  
8 the petition, including the timeline  
9 and basis for the investigation or ac-  
10 tions; and

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

13 (V) TIMING OF ISSUANCE OF CRI-  
14 TERIA.—

15 (I) IN GENERAL.—The Adminis-  
16 trator, in consultation with the Ad-  
17 ministrator of the Agency for Toxic  
18 Substances and Disease Registry and  
19 the Director, shall provide for public  
20 notice of draft criteria established  
21 under this subparagraph for a period  
22 of not less than 60 days.

23 (II) FINAL CRITERIA.—Not later  
24 than 1 year after the date of enact-  
25 ment of this Act, the Administrator,

1 in consultation with the Administrator  
2 of the Agency for Toxic Substances  
3 and Disease Registry and the Direc-  
4 tor, shall publish in the Federal Reg-  
5 ister final criteria required under this  
6 subparagraph.

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

9 (A) include publicly available reports pre-  
10 pared by the Response Team that contain state-  
11 ments of facts, findings, and recommendations  
12 for actions, to the extent appropriate; and

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

15 (5) TRANSPARENCY AND ACCOUNTABILITY.—  
16 Response Team activities shall include measures to  
17 ensure—

18 (A) transparency and accountability to po-  
19 tentially affected individuals, State and local of-  
20 ficials, the public, and other persons and agen-  
21 cies, while preserving the confidentiality of indi-  
22 viduals;

23 (B) that consistent, accurate, and mean-  
24 ingful information is provided to potentially af-  
25 fected individuals, State and local officials, the

1 public, and other persons and agencies through  
2 the use of comprehensive, community-based  
3 communications plans; and

4 (C) accountability to meeting goals and  
5 timetables.

6 (6) DATABASE.—

7 (A) IN GENERAL.—The Administrator, in  
8 consultation with the Administrator of the  
9 Agency for Toxic Substances and Disease Reg-  
10 istry, the Secretary, and the Director, shall  
11 compile and regularly update information in a  
12 comprehensive electronic database that—

13 (i) is publicly accessible through the  
14 Internet;

15 (ii) provides a centralized location for  
16 information relating to—

17 (I) disease cluster reports and in-  
18 vestigations;

19 (II) environmental pollutants or  
20 toxic substances that are associated  
21 with suspected or potential disease  
22 clusters;

23 (III) illnesses associated with  
24 suspected or potential disease clusters,

1 including locally generated informa-  
2 tion;

3 (IV) systematic tracking of envi-  
4 ronmental pollutants or toxic sub-  
5 stances and illnesses associated with  
6 suspected or potential disease clusters;

7 (V) actions to help address the  
8 potential causes of disease clusters;  
9 and

10 (VI) any other information that  
11 the Administrator determines to be  
12 necessary; and

13 (iii) facilitates the rapid reporting and  
14 analysis of information described in clause  
15 (ii).

16 (B) CONFIDENTIALITY.—A database de-  
17 scribed in subparagraph (A) shall be main-  
18 tained in a manner that preserves the confiden-  
19 tiality of individuals.

20 (c) COMMUNITY DISEASE CLUSTER ADVISORY COM-  
21 MITTEES.—

22 (1) IN GENERAL.—The Administrator shall es-  
23 tablish Community Disease Cluster Advisory Com-  
24 mittees to provide oversight, guidance, and advice  
25 relating to—

1 (A) the investigation of suspected and po-  
2 tential disease clusters;

3 (B) the investigation of environmental pol-  
4 lutants or toxic substances associated with sus-  
5 pected or potential disease clusters;

6 (C) the investigation of potential causes of  
7 disease clusters;

8 (D) efforts to address the potential causes  
9 of disease clusters; and

10 (E) the most effective means of ensuring  
11 outreach to and involvement of community  
12 members.

13 (2) MEMBERSHIP.—Membership on Community  
14 Disease Cluster Advisory Committees shall be com-  
15 prised of representatives that include—

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

21 (B) State or local government health or  
22 environmental agencies;

23 (C) at least 2 individuals, appointed by the  
24 Administrator in consultation with the Adminis-  
25 trator of the Agency for Toxic Substances and

1 Disease Registry and the Director, with dem-  
2 onstrated knowledge of the activities described  
3 in paragraph (1); and

4 (D) other appropriate individuals, as deter-  
5 mined by the Administrator, in consultation  
6 with the Administrator of the Agency for Toxic  
7 Substances and Disease Registry and the Direc-  
8 tor.

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

11 (4) TECHNICAL ASSISTANCE.—

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

19 (B) USE OF FUNDS.—Grants made avail-  
20 able under subparagraph (A) may be used to  
21 facilitate active involvement in all aspects of  
22 Committee activities and to assist Committee  
23 members in obtaining technical assistance in in-  
24 terpreting information with regard to—

25 (i) the investigation of—

1 (I) suspected or potential disease  
2 clusters;

3 (II) environmental pollutants or  
4 toxic substances that are associated  
5 with suspected or potential disease  
6 clusters; and

7 (III) the potential causes of dis-  
8 ease clusters;

9 (ii) addressing the potential causes of  
10 disease clusters;

11 (iii) understanding the health con-  
12 cerns associated with suspected or poten-  
13 tial disease clusters; and

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

21 (d) ENVIRONMENTAL RESEARCH AND ANALYSIS.—

22 The Administrator, in consultation with the Administrator  
23 of the Agency for Toxic Substances and Disease Registry,  
24 the Secretary, and the Director, shall use available au-  
25 thorities and programs to compile, research, and analyze

1 information generated by actions authorized under this  
2 section, including by—

3 (1) using those authorities to test environ-  
4 mental pollutants or toxic substances identified  
5 under subsection (b)(6); and

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

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

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

16 (1) the status of activities under this Act to in-  
17 vestigate and address the suspected and potential  
18 causes of disease clusters;

19 (2) environmental pollutants or toxic substances  
20 that are associated with suspected or potential dis-  
21 ease clusters;

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

23 (4) ways to address the potential causes of  
24 those disease clusters.

1 (b) REQUIREMENTS.—The report shall include a de-  
2 scription of—

3 (1) outreach activities to State and local offi-  
4 cials and communities;

5 (2) actions that the Administrator has taken to  
6 prioritize the testing of environmental pollutants or  
7 toxic substances;

8 (3) actions that the Administrator has taken to  
9 include environmental pollutants or toxic substances  
10 identified under section 7(b)(7) in appropriate na-  
11 tional biomonitoring initiatives;

12 (4) actions that the Administrator is taking or  
13 plans to take to address problems in implementing  
14 this Act;

15 (5) actions that the Secretary is taking or plans  
16 to take to address problems in implementing this  
17 Act;

18 (6) actions that the Administrator of the Agen-  
19 cy for Toxic Substances and Disease Registry has  
20 undertaken or is considering taking with respect to  
21 any disease clusters under subparagraphs (D) and  
22 (E) of section 104(i)(1) of Comprehensive Environ-  
23 mental Response, Compensation, and Liability Act  
24 (42 U.S.C. 9604(i)(1)) and other provisions of that  
25 section; and

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

4           (8) other relevant information.

5           (c) SUBMISSION AND AVAILABILITY.—The Adminis-  
6           trator shall—

7           (1) submit the report under this subsection  
8           to—

9                   (A) the Committees on Environment and  
10                  Public Works and Health, Education, Labor,  
11                  and Pensions of the Senate; and

12                   (B) the Committee on Energy and Com-  
13                  merce of the House of Representatives; and

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

15 **SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

16           There are authorized to be appropriated such sums  
17           as are necessary to carry out this Act.

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

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