

110TH CONGRESS  
2D SESSION

# S. 3570

To establish a National Public Health Coordinating Council to assess the impact of Federal health-related socio-economic and environmental policies across Federal agencies to improve the public's health.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 24 (legislative day, SEPTEMBER 17), 2008

Mr. MENENDEZ 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 establish a National Public Health Coordinating Council to assess the impact of Federal health-related socio-economic and environmental policies across Federal agencies to improve the public's health.

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 “Public Health Coordi-  
5        nating Council Act”.

1 **SEC. 2. NATIONAL PUBLIC HEALTH COORDINATING COUN-**  
2 **CIL.**

3 (a) ESTABLISHMENT.—The Secretary of Health and  
4 Human Services (referred to in this section as the “Sec-  
5 retary”), acting in collaboration with the Surgeon General,  
6 shall establish a National Public Health Coordinating  
7 Council (referred to in this section as the “Council”) to  
8 facilitate and strengthen sustained communication and co-  
9 ordination across Federal agencies and offices regarding  
10 public health and to review and make recommendations  
11 concerning adequate and needed socio-economic and envi-  
12 ronmental policies to reduce health disparities and im-  
13 prove the public’s health.

14 (b) COMPOSITION.—The Council shall be composed  
15 of—

16 (1) the heads of each Federal department or  
17 agency (or their designees) that administers a pro-  
18 gram related to, or affected by, public health policies  
19 and projects (including medical and population-  
20 based public health programs), including the Sec-  
21 retary, the Surgeon General, the heads of the insti-  
22 tutes and agencies within the Department of Health  
23 and Human Services, the heads of those Centers for  
24 Disease Control and Prevention centers determined  
25 appropriate by the Secretary, and the heads of other  
26 Federal departments and agencies, including the De-

1 department of Agriculture, the Department of Com-  
2 merce, the Department of Defense, the Department  
3 of Education, the Department of Energy, the Envi-  
4 ronmental Protection Agency, the Department of  
5 Housing and Urban Development, the Department  
6 of Homeland Security, the Department of the Inte-  
7 rior, the Department of Justice, the Department of  
8 Labor, and the Department of Transportation;

9 (2) representatives from each of the 10 regional  
10 health offices of the Department of Health and  
11 Human Services, who shall provide a State, local,  
12 and tribal perspective;

13 (3) health advisors or other members of the  
14 President's domestic policy and domestic security  
15 councils;

16 (4) public health experts who are not employed  
17 by the Federal Government, of whom—

18 (A) two individuals shall be appointed by  
19 the President pro tempore of the Senate upon  
20 the recommendation of the Majority Leader of  
21 the Senate, after consultation with the Chair-  
22 man of the Committee on Health, Education,  
23 Labor, and Pensions of the Senate;

24 (B) two individuals shall be appointed by  
25 the President pro tempore of the Senate upon

1 the recommendation of the Minority Leader of  
2 the Senate, after consultation with the ranking  
3 minority member of the Committee on Health,  
4 Education, Labor, and Pensions;

5 (C) three individuals shall be appointed by  
6 the Speaker of the House of Representatives,  
7 after consultation with the Chairman of the  
8 Committee on Energy and Commerce of the  
9 House of Representatives; and

10 (D) three individuals shall be appointed by  
11 the Minority Leader of the House of Represent-  
12 atives, after consultation with the ranking mi-  
13 nority member of the Committee on Energy and  
14 Commerce of the House of Representatives; and

15 (5) other individuals determined appropriate by  
16 the Secretary or the co-chairpersons of the Council.

17 (c) ADMINISTRATIVE PROVISIONS.—

18 (1) CHAIRPERSON.—The Surgeon General and  
19 the Assistant Secretary for Health shall serve as the  
20 co-chairpersons of the Council.

21 (2) TERMS.—Members of the Council appointed  
22 under subsection (b)(4) shall serve for a term of 2  
23 years and members appointed under subsection  
24 (b)(5) shall serve for a term of 3 years, except that  
25 the initial terms of the members appointed under

1 subsection (b)(4) shall be staggered. Such members  
2 may be reappointed for one or more additional term.  
3 Any member appointed to fill a vacancy for an unex-  
4 pired term shall be appointed for the remainder of  
5 such term. A member may serve after the expiration  
6 of the member's term until a successor has taken of-  
7 fice.

8 (3) MEETINGS.—The Council shall meet at the  
9 call of the chairperson, but not fewer than 2 times  
10 each year. All meetings of the Council shall be public  
11 and shall include appropriate time periods for ques-  
12 tions and presentations by the public.

13 (4) SUBCOMMITTEES; ESTABLISHMENT AND  
14 MEMBERSHIP.—In carrying out its functions, the  
15 Council may establish subcommittees and convene  
16 workshops and conferences. Such subcommittees  
17 shall be composed of Council members and may hold  
18 such meetings as are necessary to enable the sub-  
19 committees to carry out their duties.

20 (5) SUPPORT.—The Council shall receive nec-  
21 essary and appropriate administrative and other  
22 support from the Secretary, including the detailing  
23 of Department of Health and Human Services staff.  
24 The heads of the Federal entities represented on the

1 Council shall share information, data, resources, and  
2 staff as appropriate.

3 (d) DUTIES.—The Secretary shall determine the du-  
4 ties of the Council, which shall at a minimum include—

5 (1) reviewing existing Federal health programs  
6 and policies, the Federal administration of such pro-  
7 grams, and whether such program provide for the  
8 availability of equitable public health services across  
9 communities;

10 (2) making recommendations for the modifica-  
11 tion of such Federal programs and policies to im-  
12 prove public health;

13 (3) making recommendations for the funding of  
14 such Federal programs at levels that would improve  
15 public health;

16 (4) seeking to strengthen the impact of Federal  
17 public health efforts by improving interagency col-  
18 laboration and promoting a dialogue on broad public  
19 health issues;

20 (5) making recommendations to improve the ef-  
21 ficiency of Federal health programs;

22 (6) providing for the demonstration of Federal  
23 health leadership through the activities of the coun-  
24 cil;

1           (7) improving Federal communication regarding  
2 health programs and policies through—

3           (A) the sharing of health-related informa-  
4 tion, knowledge, and data and the identification  
5 of gaps in comparable data and knowledge  
6 needed to improve the public's health; and

7           (B) the facilitation of new health-related  
8 partnerships, and enhancing existing networks  
9 across Federal agencies;

10          (8) identifying needed technical assistance to  
11 State and local public health agencies; and

12          (9) carrying out other activities determined ap-  
13 propriate by the Council to improve public health.

14          (e) REPORTS.—Not later than 1 year after the date  
15 on which the Council is established, and biennially there-  
16 after, the Council shall submit to the President, the Com-  
17 mittee on Health, Education, Labor, and Pensions of the  
18 Senate, and the Committee on Energy and Commerce of  
19 the House of Representatives, a report that contains—

20           (1) a description of the demonstrated strategic  
21 collaboration among Federal entities with respect to  
22 health programs and policies;

23           (2) a summary of any evidence of improvements  
24 in communication and collaboration between such

1 Federal entities with respect to Federal health pro-  
2 grams and policies;

3 (3) a description of any improvements in effi-  
4 ciencies of activities by such Federal entities with re-  
5 spect to such health programs and policies;

6 (4) a description of the impact on public health  
7 of any modifications to such Federal programs and  
8 policies made as a result of the activities of the  
9 Council;

10 (5) a description of progress made in meeting  
11 national health objectives and the public health in-  
12 frastructure required to meet such objectives; and

13 (6) recommendations for policies and programs  
14 to reduce health disparities.

15 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section,  
17 such sums as may be necessary.

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