

110TH CONGRESS
1ST SESSION

S. 2244

To require the Secretary of Health and Human Services to carry out demonstration projects and outreach programs for the identification and abatement of lead hazards, to establish the Joint Task Force on Lead-Based Hazards and the Task Force on Children's Environmental Health and Safety, to strengthen the authority of the Secretary of Housing and Urban Development, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 25, 2007

Mr. REID (for Mrs. CLINTON) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To require the Secretary of Health and Human Services to carry out demonstration projects and outreach programs for the identification and abatement of lead hazards, to establish the Joint Task Force on Lead-Based Hazards and the Task Force on Children's Environmental Health and Safety, to strengthen the authority of the Secretary of Housing and Urban Development, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Lead Elimination,
3 Abatement, and Poisoning Prevention Act of 2007” or the
4 “LEAPP Act of 2007”.

5 **SEC. 2. FINDINGS.**

6 Congress finds that—

7 (1) lead is a soft, heavy metal that can produce
8 a wide range of adverse health effects among hu-
9 mans when ingested or absorbed into the body;

10 (2) while lead is naturally-occurring, human ac-
11 tivities such as mining and using lead in paint and
12 gasoline have spread lead throughout the environ-
13 ment around the world;

14 (3) in the United States, the serious health ef-
15 fects of lead were recognized as early as 1914;

16 (4) in the following decades, the use of lead in
17 paint, gasoline, and other products combined with
18 increased fossil fuel burning to result in a rapid es-
19 calation of environmental lead exposures;

20 (5) there is no documented safe level of lead ex-
21 posure;

22 (6) the Centers for Disease Control and Preven-
23 tion considers a blood lead level of 10 micrograms
24 per deciliter to be a level of concern warranting re-
25 ferral to a health care provider, but adverse health

1 effects have been documented at lower blood lead
2 levels;

3 (7) children are more vulnerable to some forms
4 of lead poisoning than adults;

5 (8) lead has a sweet taste that makes objects
6 containing lead attractive to young children engaged
7 in mouthing behaviors;

8 (9) children play indoors and outdoors where
9 lead dust and contaminated surfaces are readily ac-
10 cessible;

11 (10) a child who swallows large quantities of
12 lead may develop blood anemia, severe stomachache,
13 muscle weakness, and brain damage;

14 (11) acute lead poisoning can be fatal;

15 (12) if a child swallows smaller quantities of
16 lead, less severe but significant effects on blood and
17 brain function may occur;

18 (13) even at much lower levels of exposure, lead
19 can affect a child's mental and physical growth;

20 (14) lead is believed to have measurable effects
21 on behavioral issues, leading to increased aggression
22 and lower academic achievement;

23 (15) exposure to lead is more dangerous for
24 young and unborn children;

1 (16) unborn children can be exposed to lead
2 through their mothers;

3 (17) harmful effects of in-utero exposure to
4 lead include premature births, smaller babies, de-
5 creased mental ability in the infant, learning difficul-
6 ties, and reduced growth in young children;

7 (18) some of those effects may persist beyond
8 childhood;

9 (19) through the 1970s and 1980s, the United
10 States phased out the use of lead in gasoline;

11 (20) in 1978, the United States banned the use
12 of lead in residential paint;

13 (21) the use of lead solder in water pipes and
14 soft drink and food cans was sharply curtailed or
15 eliminated during that period;

16 (22) as a result of those measures, average
17 blood lead levels for people in the United States, as
18 reported by the Centers for Disease Control and
19 Prevention, fell from approximately 15 micrograms
20 per deciliter in 1976 to less than 3 micrograms per
21 deciliter in 1990;

22 (23) despite those reductions, high blood lead
23 levels still exist in significant portions of the popu-
24 lation;

1 (24) in 2005, the Centers for Disease Control
2 and Prevention recorded more than 47,000 children
3 in the United States under the age of 6 with ele-
4 vated blood lead;

5 (25) in addition, the Centers for Disease Con-
6 trol and Prevention estimates that approximately
7 310,000 children in the United States with elevated
8 blood-lead levels remain undiagnosed;

9 (26) a major source of lead exposure among
10 children in the United States is pre-1978 housing
11 containing lead paint and the contaminated dust and
12 soil generated by that paint;

13 (27) such housing-related lead poisoning fre-
14 quently occurs in “clusters”, and it is not unusual
15 for a single home to be implicated in poisoning mul-
16 tiple children repeatedly;

17 (28) according to the Department of Housing
18 and Urban Development, an estimated 38,000,000
19 housing units in the United States contain lead-
20 based paint;

21 (29) minority children are at especially high
22 risk of lead exposure;

23 (30) while blood lead levels have dropped for all
24 populations, the Centers for Disease Control and
25 Prevention reports that the incidence of elevated

1 blood lead levels are approximately 3 times higher in
2 African-American and Mexican-American infants
3 than white infants;

4 (31) the Federal Medicaid program requires
5 blood tests for all participating children at the ages
6 of 1 and 2 years, when blood lead levels usually
7 peak;

8 (32) according to the Alliance for Healthy
9 Homes, in fiscal year 2003, approximately 77 per-
10 cent of eligible children were not screened for expo-
11 sure to lead;

12 (33) because lead accumulates within the body,
13 pregnant women with elevated blood lead levels are
14 at risk of not only experiencing toxic effects from
15 lead, but also of exposing children to high levels of
16 lead in utero, and more must be done to ensure that
17 women with elevated blood lead levels are screened,
18 identified, and treated; and

19 (34) because lead exposure is a major public
20 health threat, the United States should continue to
21 engage in aggressive public health and policy efforts
22 to reduce children's exposure to lead and to mitigate
23 that exposure in areas documented to contain lead
24 at dangerous levels.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

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

6 (2) JOINT TASK FORCE.—The term “Joint
7 Task Force” means the “Joint Task Force on Lead-
8 Based Hazards” established under section 5(a).

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

11 (4) TASK FORCE.—The term “Task Force”
12 means the Task Force on Children’s Environmental
13 Health and Safety established under section 6(a).

14 **SEC. 4. DEMONSTRATION PROJECTS FOR CLUSTER IDENTI-
15 FICATION AND ABATEMENT.**

16 (a) IN GENERAL.—The Secretary, acting through the
17 Director of the Centers for Disease Control and Preven-
18 tion, shall carry out demonstration projects with local gov-
19 ernment agencies—

20 (1) to identify residences or buildings in which
21 multiple lead poisonings have occurred, or to which
22 elevated blood lead levels have been connected, and
23 once such buildings have been identified, to engage
24 in collaborative projects among health departments,
25 housing agencies, other agencies, and relevant non-
26 profit organizations and community-based groups to

1 abate or remediate exposures to lead hazards in
2 those buildings;

3 (2) to ensure coordination between public
4 health, housing, and environmental agencies and re-
5 search databases to identify residences and buildings
6 in which children from multiple families have been
7 exposed to lead hazards;

8 (3) to carry out lead abatement and remedi-
9 ation activities in localities that contain those resi-
10 dences and buildings, which place multiple children
11 at risk for elevated blood lead levels;

12 (4) to encourage outreach, screening, and treat-
13 ment activities for children at those residences and
14 buildings; and

15 (5) to accomplish other related goals, as deter-
16 mined by the Secretary.

17 (b) COLLABORATION.—

18 (1) IN GENERAL.—In carrying out subsection
19 (a), the Secretary shall collaborate with—

20 (A) State and local housing agencies;

21 (B) State and local health departments;

22 (C) State Medicaid agencies;

23 (D) State and local environmental agen-
24 cies; and

1 (E) other appropriate governmental enti-
2 ties, as determined by the Secretary.

3 (2) LOCAL GOVERNMENT AGENCIES.—The Sec-
4 retary shall encourage local government agencies to
5 collaborate with appropriate nonprofit organizations
6 and community-based groups to carry out activities
7 under this section.

8 (c) PRIORITY.—The Secretary shall give priority in
9 providing assistance under this section to communities—

10 (1) that contain buildings that pose a signifi-
11 cant risk of exposing individuals to lead hazards;

12 (2) that have a high incidence and prevalence of
13 elevated blood lead levels among children; and

14 (3) that have a demonstrated ability to carry
15 out projects in collaboration with multiple agencies
16 and nongovernmental partners, including commu-
17 nity-based organizations.

18 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section
20 \$5,000,000 for each of fiscal years 2008 through 2012.

21 **SEC. 5. JOINT TASK FORCE ON LEAD-BASED HAZARDS.**

22 (a) ESTABLISHMENT.—Not later than 180 days after
23 the date of enactment of this Act, the Secretary, in con-
24 junction with the Administrator and the Secretary of

1 Housing and Urban Development, shall establish the Joint
2 Task Force on Lead-Based Hazards—

3 (1) to evaluate the efforts of the Federal Gov-
4 ernment to support lead screening, lead poisoning
5 prevention, and lead remediation and abatement ac-
6 tivities; and

7 (2) to develop a 5-year strategic plan to maxi-
8 mize resources and coordinate activities among lead
9 screening, lead poisoning prevention, and lead reme-
10 diation and abatement programs of the Federal Gov-
11 ernment.

12 (b) MEMBERSHIP.—The Joint Task Force shall be
13 composed of—

14 (1) representatives of the Lead-Based Paint
15 Hazard Reduction and Financing Task Force, or
16 any successor interagency efforts headed by the De-
17 partment of Housing and Urban Development;

18 (2) representatives of the Interagency Task
19 Force on the Prevention of Lead Poisoning, or any
20 successor interagency efforts headed by the Depart-
21 ment of Health and Human Services;

22 (3) representatives from—

23 (A) the Environmental Protection Agency;

24 (B) the Centers for Disease Control and

25 Prevention;

1 (C) the Department of Housing and Urban
2 Development;

3 (D) the Centers for Medicare & Medicaid
4 Services; and

5 (E) the Consumer Product Safety Commis-
6 sion;

7 (4) individuals representing—

8 (A) State and local governments;

9 (B) communities disproportionately af-
10 fected by lead hazards, as determined by the
11 Secretary; and

12 (C) families that have been exposed to lead
13 hazards;

14 (5) individuals with acknowledged expertise
15 in—

16 (A) environmental public health policy;

17 (B) lead inspection, remediation, and
18 abatement;

19 (C) child development and pediatrics;

20 (D) housing; and

21 (E) other related fields, as determined by
22 the Secretary; and

23 (6) other appropriate individuals, as determined
24 by the Secretary.

1 (c) NON-DUPLICATION.—The Secretary, Adminis-
2 trator, and Secretary of Health and Human Services may
3 use existing Federal interagency mechanisms to meet the
4 requirements of this section, on the condition that the
5 mechanisms conform to all the requirements of this sec-
6 tion.

7 (d) REPORT.—

8 (1) IN GENERAL.—Not later than 1 year after
9 the date of the first meeting of the Joint Task
10 Force, the Joint Task Force shall submit to Con-
11 gress, the Secretary, the Administrator, and the Sec-
12 retary of Housing and Urban Development, a report
13 containing—

14 (A) an evaluation of every lead poisoning
15 prevention and lead hazard remediation activity
16 of the Federal Government; and

17 (B) recommendations of the Joint Task
18 Force for carrying out a 5-year strategic plan
19 to improve the response of the Federal Govern-
20 ment to lead hazards, including recommenda-
21 tions that incorporate and build upon the lead
22 poisoning prevention goals outlined in the ini-
23 tiative of the Department of Health and
24 Human Services known as “Healthy People
25 2010”.

1 (4) the Attorney General;

2 (5) the Secretary of Energy;

3 (6) the Secretary of Housing and Urban Devel-
4 opment;

5 (7) the Secretary of Agriculture;

6 (8) the Secretary of Transportation;

7 (9) the Director of the Office of Management
8 and Budget;

9 (10) the Chairman of the Council on Environ-
10 mental Quality;

11 (11) the Chairman of the Consumer Product
12 Safety Commission;

13 (12) the Assistant to the President for Eco-
14 nomic Policy;

15 (13) the Assistant to the President for Domes-
16 tic Policy;

17 (14) the Director of the Office of Science and
18 Technology Policy; and

19 (15) the Chairman of the Council of Economic
20 Advisers.

21 (c) STRATEGIC PLAN.—

22 (1) IN GENERAL.—Not later than 1 year after
23 the date of enactment of this Act, the Task Force
24 shall submit to the President a strategic plan relat-

1 ing to the improvement of the environmental health
2 and safety of the children of the United States.

3 (2) CONTENTS.—The strategic plan under
4 paragraph (1) shall contain—

5 (A) statements of principles, general poli-
6 cies, and targeted annual priorities to assist the
7 Federal Government in protecting the environ-
8 mental health and safety of the children of the
9 United States;

10 (B) a coordinated research agenda for the
11 Federal Government (including steps to carry
12 out a review of the research databases described
13 in section 4(a)(2));

14 (C) recommendations for encouraging ini-
15 tiatives involving the collaboration of—

16 (i) Federal, State, local, and tribal
17 governments; and

18 (ii) the private, academic, and non-
19 profit sectors;

20 (D) proposals to enhance public outreach
21 and communication that are designed to assist
22 families in—

23 (i) evaluating the risk of lead expo-
24 sure to the children of those families; and

1 (ii) making informed consumer
2 choices when purchasing a residence;

3 (E) an identification of high-priority initia-
4 tives that the Federal Government has under-
5 taken or will undertake to improve the protec-
6 tion of the environmental health and safety of
7 the children of the United States; and

8 (F) a statement relating to the desirability
9 of new legislation to ensure the environmental
10 health and safety of the children of the United
11 States.

12 (d) REPORT.—

13 (1) IN GENERAL.—Not later than 2 years after
14 the date of enactment of this Act, and every 2 years
15 thereafter, the Task Force shall submit to the rel-
16 evant committees of Congress and the President a
17 report that contains research, data, and other infor-
18 mation relating to the improvement of the ability of
19 the Federal Government to understand, analyze, and
20 respond to environmental health and safety risks to
21 the children of the United States.

22 (2) REQUESTS FROM DESIGNATED AGENCIES.—
23 Each agency designated by the Task Force shall
24 submit to the Task Force a request for any re-
25 search, data, or other information relating to any ac-

1 tivity of the agency that addresses environmental
2 health and safety risks to the children of the United
3 States.

4 (3) INCORPORATION OF REQUESTS.—The Task
5 Force shall incorporate in each report under para-
6 graph (1) each agency request described in para-
7 graph (2) received during the preceding 2-year pe-
8 riod.

9 (4) DISSEMINATION OF REPORT.—The Task
10 Force shall ensure that the research, data, and other
11 information contained in the reports under para-
12 graph (1) are accessible to the public and widely dis-
13 seminated as the Task Force determines to be ap-
14 propriate.

15 (5) CONSIDERATION OF REPORT.—The Office
16 of Science and Technology Policy and the National
17 Science and Technology Council shall ensure that
18 each report under paragraph (1) is considered when
19 establishing a research priority.

20 **SEC. 7. OFFICE OF MINORITY HEALTH OUTREACH AND**
21 **EDUCATION ACTIVITIES.**

22 (a) IN GENERAL.—The Secretary, acting through the
23 Deputy Assistant Secretary for Minority Health, the Of-
24 fice of Refugee Resettlement, and the Centers for Disease
25 Control and Prevention, shall carry out culturally appro-

1 piate outreach and education activities that are de-
2 signed—

3 (1) to raise public awareness of—

4 (A) imported products that contain unsafe
5 levels of lead; and

6 (B) medical practices, including com-
7 plementary and alternative medical practices,
8 that may result in lead exposure;

9 (2) to increase public knowledge of the symp-
10 toms of lead exposure;

11 (3) to promote efforts to increase the access of
12 the public to blood-lead level screening; and

13 (4) to assist families in identifying and seeking
14 medical assistance to prevent and treat lead expo-
15 sure.

16 (b) CONSULTATION.—In carrying out this section,
17 the Secretary shall consult with—

18 (1) State and local departments of health; and

19 (2) community-based organizations, particularly
20 those community-based organizations that represent
21 populations most at risk from exposure to non-paint
22 lead-based hazards.

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section
25 \$2,000,000 for each of fiscal years 2008 through 2012.

1 **SEC. 8. PREGNANCY TESTING PILOT PROJECTS.**

2 (a) IN GENERAL.—The Secretary, in conjunction
3 with the Administrator of the Centers for Medicare &
4 Medicaid Services, shall undertake a pilot project in not
5 more than 10 States to provide lead poisoning risk assess-
6 ments, blood-lead level screening, interventions to reduce
7 exposure to lead-based hazards, and medically appropriate
8 treatment to pregnant women enrolled in the Medicaid
9 program under title XIX of the Social Security Act (42
10 U.S.C. 1396 et seq.).

11 (b) APPLICATION.—

12 (1) IN GENERAL.—To be eligible to receive a
13 grant under this section, a State shall submit to the
14 Secretary an application at such time, in such man-
15 ner, and containing such information as the Sec-
16 retary may require.

17 (2) ALLOCATION OF FUNDS.—In allocating
18 funds under the pilot project, the Secretary shall
19 give preference to a State that—

20 (A) provides coverage for prenatal and
21 postpartum services as a part of the Medicaid
22 program of that State;

23 (B) demonstrates significant enrollment of
24 pregnant women in the Medicaid program of
25 that State; and

1 (C) contains buildings that pose a signifi-
2 cant risk of exposing individuals to lead haz-
3 ards.

4 (c) EVALUATION AND REPORT.—Not later than 3
5 years after the date of enactment of this Act, the Sec-
6 retary shall—

7 (1) evaluate the effectiveness of the pilot pro-
8 gram under this section, including an evaluation
9 of—

10 (A) the best practices resulting from the
11 pilot program; and

12 (B) the success of the pilot program in
13 proving increased outreach, education, screen-
14 ing, and treatment to pregnant women; and

15 (2) submit to the relevant committees of Con-
16 gress a report that contains the results of the eval-
17 uation.

18 (d) AUTHORIZATIONS.—There is authorized to be ap-
19 propriated to carry out this section \$5,000,000 for each
20 of fiscal years 2008 through 2012.

1 **SEC. 9. LEAD-BASED PAINT INSPECTION, RISK ASSESS-**
2 **MENT, AND HAZARD CONTROL BEFORE SALE**
3 **OR LEASE.**

4 Section 1018(a)(1) of the Residential Lead-Based
5 Paint Hazard Reduction Act of 1992 (42 U.S.C.
6 4852d(a)(1)) is amended—

7 (1) in subparagraph (B), by striking “; and”
8 and inserting a semicolon; and

9 (2) by striking subparagraph (C), and inserting
10 the following:

11 “(C) conduct an inspection and risk as-
12 sessment for the presence of lead-based paint
13 hazards;

14 “(D) disclose to the purchaser or lessee the
15 results of any such inspection or assessment
16 and hazard control measures carried out under
17 subparagraph (C);

18 “(E) remediate any lead-based paint haz-
19 ards found during any inspection or assessment
20 conducted under subparagraph (C); and

21 “(F) include in any contract for the pur-
22 chase or lease of housing documentation of any
23 inspection, risk assessment, or hazard control
24 measure carried out under subparagraph (C).”.

1 **SEC. 10. LEAD ABATEMENT IN UNITS WHERE POISONING**
 2 **HAS BEEN FOUND.**

3 If the primary residence of a child who is less than
 4 6 years of age is in a unit of public or private housing,
 5 and such child is diagnosed by a certified medical practi-
 6 tioner as having contracted lead poisoning, the public
 7 housing authority or landlord for such residence shall—

8 (1) immediately temporarily relocate, at the ex-
 9 pense of the public housing authority or landlord,
 10 the affected family;

11 (2) conduct an inspection and risk assessment
 12 for the presence of lead-based paint hazards in the
 13 unit; and

14 (3) if lead is found as a result of the inspection
 15 and risk assessment—

16 (A) completely abate the unit in which the
 17 child resided; and

18 (B) conduct an inspection and risk assess-
 19 ment for the presence of lead-based paint haz-
 20 ards for all remaining units in the residence
 21 and abate lead where found.

22 **SEC. 11. ZERO-BEDROOM APARTMENTS, HOUSING FOR THE**
 23 **ELDERLY, AND HOUSING FOR PERSONS WITH**
 24 **DISABILITIES.**

25 (a) **DEFINITION OF TARGET HOUSING.**—Section
 26 1004(27) of the Residential Lead-Based Paint Hazard Re-

1 duction Act of 1992 (42 U.S.C. 4851b(27)) is amended
 2 by striking “, except housing for the elderly or persons
 3 with disabilities (unless any child who is less than 6 years
 4 of age resides or is expected to reside in such housing for
 5 the elderly or persons with disabilities) or any 0-bedroom
 6 dwelling”.

7 (b) AMENDMENT TO THE TOXIC CONTROL SUB-
 8 STANCES ACT.—Section 401(17) of the Toxic Substances
 9 Control Act (15 U.S.C. 2681(17)) is amended by striking
 10 “, except housing for the elderly or persons with disabil-
 11 ities (unless any child who is less than 6 years of age re-
 12 sides or is expected to reside in such housing for the elder-
 13 ly or persons with disabilities) or any 0-bedroom dwell-
 14 ing”.

15 **SEC. 12. LOW-INCOME HOUSING TAX CREDIT AND LEAD-**
 16 **BASED PAINT HAZARD ABATEMENT.**

17 (a) IN GENERAL.—Section 42(m)(1)(B) of the Inter-
 18 nal Revenue Code of 1986 (defining qualified allocation
 19 plan) is amended by striking “and” at the end of clause
 20 (ii)(III), by redesignating clause (iii) as clause (iv), and
 21 by inserting after clause (ii) the following new clause:

22 “(iii) which—

23 “(I) requires that with respect to
 24 the allocation of housing credit dollar
 25 amounts to existing buildings in any

1 requirement that participants in the programs conduct
2 cleanup measures and dust testing for lead after comple-
3 tion of any paint-disturbing activities.

4 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS FOR LEAD**
5 **HAZARD REDUCTION PROGRAM.**

6 There is authorized to be appropriated to carry out
7 the Lead Hazard Reduction Program of the Department
8 of Housing and Urban Development \$230,000,000 for
9 each of fiscal years 2008 through 2010.

○