

110TH CONGRESS
2D SESSION

S. 3571

To stimulate social policy and community environments to improve health by encouraging policies and programs to improve community health by policy and design, and for other purposes.

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

A BILL

To stimulate social policy and community environments to improve health by encouraging policies and programs to improve community health by policy and design, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Impact Assess-
5 ments Act of 2008” or the “HIA Act of 2008”.

1 **SEC. 2. STUDIES BY THE GOVERNMENT ACCOUNTABILITY**
2 **OFFICE TO IDENTIFY BEST PRACTICES OF AS-**
3 **SESSING THE PLANNING AND IMPACT OF**
4 **LAND USE, BUILDING DESIGN, AND SOCIAL**
5 **POLICY ON COMMUNITY HEALTH.**

6 (a) STUDY REGARDING HEALTH IMPACT ASSESS-
7 MENTS.—

8 (1) IN GENERAL.—The Comptroller General of
9 the United States shall conduct a study to determine
10 the best practices, standardized tools, and models
11 for using health impact assessments as a method to
12 promote health and reduce health disparities
13 through social policy, land use, the built environ-
14 ment, and other public policies and projects which
15 have an impact on the public health. Such study
16 shall specifically examine the potential use of health
17 impact assessments to link social determinants of
18 health to land use policies and social policies.

19 (2) SUBMISSION OF REPORT.—Not later than 1
20 year after the date of enactment of this Act, the
21 Comptroller General of the United States shall sub-
22 mit to Congress a report that describes the results
23 of the study conducted under paragraph (1).

24 (b) REVIEW OF FEDERAL POLICIES AND PRO-
25 GRAMS.—

1 (1) IN GENERAL.—The Comptroller General of
2 the United States shall conduct a study to review
3 the positive and negative health consequences of
4 Federal policies and programs, and how to consider
5 health impact assessments for any Federal, State or
6 local project that involves Federal funding or work
7 performed by the Federal Government. In con-
8 ducting such study, the Comptroller General shall
9 examine, and may use as a model, the environmental
10 impact statements process required by the National
11 Environmental Policy Act of 1969 (42 U.S.C. 4321
12 et seq.).

13 (2) SUBMISSION OF REPORT.—Not later than 1
14 year after the date of enactment of this Act, the
15 Comptroller General of the United States shall sub-
16 mit to Congress a report that describes the results
17 of the study conducted under paragraph (1).

18 **SEC. 3. NATIONAL DEMONSTRATION PROGRAM.**

19 (a) CENTER.—

20 (1) IN GENERAL.—The Secretary, acting
21 through the Director of the Centers for Disease
22 Control and Prevention, shall award a grant to an
23 institution of higher education to—

24 (A) provide technical assistance and grants
25 for States and localities to provide to States or

1 local health departments or metropolitan plan-
2 ning organizations or local planning depart-
3 ments expertise on health impact assessments;

4 (B) collect and disseminate best practices
5 and provide technical assistance and training
6 about the scope and uses of health impact as-
7 sessments related to community planning and
8 policy making;

9 (C) develop necessary data and evidence to
10 inform health impact assessments and land use
11 and community design and other broad policy
12 decisions; and

13 (D) administer the demonstration grant
14 program described in subsection (b).

15 (2) CONSULTATION.—In carrying out the grant
16 under paragraph (1), the Center awarded such grant
17 shall consult with national organizations with advice
18 and experience regarding health impact assessments.

19 (b) DEMONSTRATION PROGRAM.—

20 (1) IN GENERAL.—The Center awarded the
21 grant under subsection (a) shall award grants to eli-
22 gible entities to carry out a demonstration project to
23 establish and implement effective processes and
24 models for designing and administering health im-
25 pact assessments.

1 (2) ELIGIBLE ENTITY.—For purposes of this
2 subsection, the term “eligible entity” means—

3 (A) a State government, a State health de-
4 partment, or a State planning department; or

5 (B) a local government, a local health de-
6 partment, or a local planning department.

7 (3) CONSULTATION AMONG STATE ENTITIES
8 AND AMONG LOCAL ENTITIES.—An eligible entity de-
9 scribed in subparagraph (A) or (B) of paragraph (2)
10 that receives a grant under this subsection shall con-
11 sult with the other eligible entities described under
12 such subparagraph (A) or (B), respectively, in car-
13 rying out the activities under the grant.

14 (c) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated—

16 (1) to carry out subsection (a), \$1,000,000 for
17 fiscal year 2009, and such sums as may be nec-
18 essary for each of fiscal years 2010 through 2013;
19 and

20 (2) to carry out subsection (b), \$4,000,000 for
21 fiscal year 2009, and such sums as may be nec-
22 essary for each of fiscal years 2010 and 2011.

1 **SEC. 4. EXPANSION OF ACTIVITIES AT THE CENTERS FOR**
2 **DISEASE CONTROL AND PREVENTION.**

3 (a) IN GENERAL.—The Director of the Centers for
4 Disease Control and Prevention shall expand the capacity
5 of such Centers to promote the health impact assessment
6 processes to improve public health and health equity and
7 reduce health disparities in land use, the physical environ-
8 ment, social policies, and exposure to health risks. Such
9 expansion shall include developing guidance for assessing
10 the public participation and potential health effects of land
11 use and design, housing and transportation policy and
12 plans, and other social policy decisions as appropriate, the
13 expansion of training efforts, and the development and
14 dissemination of training tools.

15 (b) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 \$1,000,000 for fiscal year 2009, and such sums as may
18 be necessary for each of fiscal years 2010 through 2013.

19 **SEC. 5. DEFINITIONS.**

20 In this Act:

21 (1) BUILT ENVIRONMENT.—The term “built
22 environment” means an environment consisting of
23 all buildings, spaces, and products that are created
24 or modified by individuals, including—

1 (A) homes, schools, workplaces, parks and
2 recreation areas, greenways, business areas,
3 and transportation systems;

4 (B) electric transmission lines;

5 (C) waste disposal sites; and

6 (D) land-use planning and policies that im-
7 pact urban, rural, and suburban communities.

8 (2) HEALTH IMPACT ASSESSMENT.—The term
9 “health impact assessment” means any combination
10 of procedures, methods, tools, and means used to
11 analyze the actual or potential effects of a policy,
12 program, or project on the health of a population
13 (including the distribution of those effects within the
14 population), and that identifies appropriate actions
15 to manage those effects. Such term may include as-
16 sessments that can objectively evaluate the potential
17 health effects of a project or policy and provide rec-
18 ommendations to improve health outcomes through
19 collaboration, public transparency, and account-
20 ability in policy making about the societal dimen-
21 sions of health.

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

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