111TH CONGRESS 1ST SESSION

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H.R.3793

To establish the Council on Healthy Housing, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 13, 2009

Mr. Brady of Pennsylvania introduced the following bill; which was referred to the Committee on Financial Services

A BILL

To establish the Council on Healthy Housing, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Healthy Housing Council Act of 2009".

SEC. 2. FINDINGS.

Congress finds the following:

(1) In the United States—

(A) 5,700,000 households live in homes

with moderate or severe physical hazards;

1	(B) 23,000,000 homes have significant
2	lead-based paint hazards;
3	(C) 8,700,000 homes have had leaks in the
4	last 12 months;
5	(D) 6,000,000 homes have had signs of
6	mice in the last 3 months; and
7	(E) 1 in 15 homes have dangerous levels of
8	radon.
9	(2) Residents of housing that is poorly de-
10	signed, constructed, or maintained are at risk for
11	cancer, carbon monoxide poisoning, burns, falls, ro-
12	dent bites, childhood lead poisoning, asthma, and
13	other illnesses and injuries. Vulnerable subpopula-
14	tions, such as children and the elderly, are at ele-
15	vated risk for housing-related illnesses and injuries.
16	(3) Because substandard housing typically
17	poses the greatest risks, the disparities in the dis-
18	tribution of housing-related health hazards are strik-
19	ing. One million two-hundred thousand housing
20	units with significant lead-based paint hazards house
21	low-income families with children under 6 years of
22	age.
23	(4) Housing-related illnesses, including asthma
24	and lead poisoning, disproportionately affect children

from lower-income families and from specific racial

- and ethnic groups. In 2005, 13 percent of Black children were reported to have asthma, as compared with 9 percent of both Hispanic and White children.

 Black children are twice as likely to die from residential injuries as White children, and 3 percent of Black children and 2 percent of Mexican-American children have elevated blood lead levels, as compared to only 1.3 percent of White children.
 - (5) The annual costs for environmentally attributable childhood diseases in the United States, including lead poisoning, asthma, and cancer, total \$54,900,000,000. This amount is approximately 3 percent of total health care costs.
 - (6) Appropriate housing design, construction, and maintenance, timely correction of deficiencies, planning efforts, and low-cost preventative measures can reduce the incidence of serious injury or death, improve the ability of residents to survive in the event of a major catastrophe, and contribute to overall well-being and mental health. Housing units that are kept lead-safe are approximately 25 percent less likely to have another child with elevated blood lead levels. Properly installed and maintained smoke alarms reduce the risk of fire deaths by 50 percent.

- 1 (7) Providing healthy housing to families and 2 individuals in the United States will help prevent an estimated 240,000 elevated blood lead levels in 3 young children, 11,000 unintentional injury deaths, 5 12,000,000 nonfatal injuries, 3,000 deaths in house 6 fires, 14,000 burn injuries, and 21,000 radon-associ-7 ated lung cancer deaths that occur in United States 8 housing each year, as well as 20,000,000 asthma 9 cases and 14,000,000 missed school days.
 - (8) While there are many programs in place to address housing-related health hazards, these programs are fragmented and spread across many agencies, making it difficult for at-risk families and individuals to access assistance or to receive comprehensive information.
 - (9) Better coordination among Federal agencies is needed, as is better coordination at State and local levels, to ensure that families and individuals can access government programs and services in an effective and efficient manner.

21 SEC. 3. DEFINITIONS.

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- In this Act, the following definitions shall apply:
- 23 (1) COUNCIL.—The term "Council" means the 24 Interagency Council on Healthy Housing established 25 under section 4.

- 1 (2) Housing.—The term "housing" means any 2 form of residence, including rental housing, home-3 ownership, group home, or supportive housing ar-4 rangement.
 - (3) HEALTHY HOUSING.—The term "healthy housing" means housing that is designed, constructed, rehabilitated, and maintained in a manner that supports the health of the occupants of such housing.
 - (4) Housing-related health hazard" means any biterm "housing-related health hazard" means any biological, physical, or chemical source of exposure or condition either in, or immediately adjacent to, housing, that can adversely affect human health.
 - (5) Low-income families and individuals" means any household or individual with an income at or below 200 percent of the Federal poverty line.
 - (6) POVERTY LINE.—The term "poverty line" means the official poverty line defined by the Office of Management and Budget based on the most recent data available from the Bureau of the Census.
- 24 (7) PROGRAM.—The term "program" includes 25 any Federal, State, or local program providing hous-

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- 1 ing or financial assistance, health care, mortgages,
- 2 bond and tax financing, homebuyer support courses,
- 3 financial education, mortgage insurance or loan
- 4 guarantees, housing counseling, supportive services,
- 5 energy assistance, or other assistance related to
- 6 healthy housing.
- 7 (8) Service.—The term "service" includes
- 8 public and environmental health services, housing
- 9 services, energy efficiency services, human services,
- and any other services needed to ensure that fami-
- lies and individuals in the United States have access
- to healthy housing.

13 SEC. 4. INTERAGENCY COUNCIL ON HEALTHY HOUSING.

- (a) Establishment.—There is established in the ex-
- 15 ecutive branch an independent council to be known as the
- 16 Interagency Council on Healthy Housing.
- 17 (b) Objectives.—The objectives of the Council are
- 18 as follows:
- 19 (1) To promote the supply of and demand for
- 20 healthy housing in the United States through capac-
- 21 ity building, technical assistance, education, and
- 22 public policy.
- 23 (2) To promote coordination and collaboration
- among the Federal departments and agencies in-
- volved with housing, public health, energy efficiency,

- emergency preparedness and response, and the environment to improve services for families and individuals residing in inadequate or unsafe housing and to make recommendations about needed changes in programs and services with an emphasis on—
 - (A) maximizing the impact of existing programs and services by transitioning the focus of such programs and services from categorical approaches to comprehensive approaches that consider and address multiple housing-related health hazards;
 - (B) reducing or eliminating areas of overlap and duplication in the provision and accessibility of such programs and services;
 - (C) ensuring that resources, including assistance with capacity building, are targeted to and sufficient to meet the needs of high-risk communities, families, and individuals; and
 - (D) facilitating access by families and individuals to programs and services that help reduce health hazards in housing.
 - (3) To identify knowledge gaps, research needs, and policy and program deficiencies associated with inadequate housing conditions and housing-related illnesses and injuries.

1	(4) To help identify best practices for achieving
2	and sustaining healthy housing.
3	(5) To help improve the quality of existing and
4	newly constructed housing and related programs and
5	services, including those programs and services
6	which serve low-income families and individuals.
7	(6) To establish an ongoing system of coordina-
8	tion among and within such agencies or organiza-
9	tions so that the healthy housing needs of families
10	and individuals are met in a more effective and effi-
11	cient manner.
12	(c) Membership.—The Council shall be composed of
13	the following members:
14	(1) The Secretary of Health and Human Serv-
15	ices.
16	(2) The Secretary of Housing and Urban Devel-
17	opment.
18	(3) The Administrator of the Environmental
19	Protection Agency.
20	(4) The Secretary of Energy.
21	(5) The Secretary of Labor.
22	(6) The Secretary of Veterans Affairs.
23	(7) The Secretary of the Treasury.
24	(8) The Secretary of Agriculture.
25	(9) The Secretary of Education.

1	(10) The head of any other Federal agency as
2	the Council considers appropriate.
3	(11) Six additional non-Federal employee mem-
4	bers, as appointed by the President to serve terms
5	not to exceed 2 years, of whom—
6	(A) 1 shall be a State or local Government
7	Director of Health or the Environment;
8	(B) 1 shall be a State or local Government
9	Director of Housing or Community Develop-
10	ment;
11	(C) 2 shall represent non-profit organiza-
12	tions involved in housing or health issues; and
13	(D) 2 shall represent for-profit entities in-
14	volved in the housing, banking, or health insur-
15	ance industries.
16	(d) Co-Chairpersons.—The co-Chairpersons of the
17	Council shall be the Secretary of Housing and Urban De-
18	velopment and the Secretary of Health and Human Serv-
19	ices.
20	(e) Vice Chair.—Every 2 years, the Council shall
21	elect a Vice Chair from among its members.
22	(f) Meetings.—The Council shall meet at the call
23	of either co-Chairperson or a majority of its members at
24	any time, and no less often than annually.

1 SEC. 5. FUNCTIONS OF THE COUNCIL.

2	(a) Relevant Activities.—In carrying out the ob-
3	jectives described in section 4(b), the Council shall—
4	(1) review Federal programs and services that
5	provide housing, health, energy, or environmental
6	services to families and individuals;
7	(2) monitor, evaluate, and recommend improve-
8	ments in existing programs and services adminis-
9	tered, funded, or financed by Federal, State, and
10	local agencies to assist families and individuals in
11	accessing healthy housing and make recommenda-
12	tions about how such agencies can better work to
13	meet the healthy housing and related needs of low-
14	income families and individuals;
15	(3) recommend ways to—
16	(A) reduce duplication among programs
17	and services by Federal agencies that assist
18	families and individuals in meeting their
19	healthy housing and related service needs;
20	(B) ensure collaboration among and within
21	agencies in the provision and availability of pro-
22	grams and services so that families and individ-
23	uals are able to easily access needed programs
24	and services;

1	(C) work with States and local govern-
2	ments to better meet the needs of families and
3	individuals for healthy housing by—
4	(i) holding meetings with State and
5	local representatives; and
6	(ii) providing ongoing technical assist-
7	ance and training to States and localities
8	in better meeting the housing-related needs
9	of such families and individuals;
10	(D) identify best practices for programs
11	and services that assist families and individuals
12	in accessing healthy housing, including model—
13	(i) programs linking housing, health,
14	environmental, human, and energy serv-
15	ices;
16	(ii) housing and remodeling financing
17	products offered by government, quasi-gov-
18	ernment, and private sector entities;
19	(iii) housing and building codes and
20	regulatory practices;
21	(iv) existing and new consensus speci-
22	fications and work practices documents;
23	(v) capacity building and training pro-
24	grams that help increase and diversify the
25	supply of practitioners who perform assess-

1	ments of housing-related health hazards
2	and interventions to address housing-re-
3	lated health hazards; and
4	(vi) programs that increase commu-
5	nity awareness of, and education on, hous-
6	ing-related health hazards and available
7	assessments and interventions;
8	(E) develop a comprehensive healthy hous-
9	ing research agenda that considers health, safe-
10	ty, environmental, and energy factors, to—
11	(i) identify cost-effective assessments
12	and treatment protocols for housing-re-
13	lated health hazards in existing housing;
14	(ii) establish links between housing
15	hazards and health outcomes;
16	(iii) track housing-related health prob-
17	lems including injuries, illnesses, and
18	death;
19	(iv) track housing conditions that may
20	be associated with health problems;
21	(v) identify cost-effective protocols for
22	construction of new healthy housing; and
23	(vi) identify replicable and effective
24	programs or strategies for addressing
25	housing-related health hazards;

- (4) hold biannual meetings with stakeholders and other interested parties in a location convenient for such stakeholders, or hold open Council meetings, to receive input and ideas about how to best meet the healthy housing needs of families and individuals;
 - (5) maintain an updated website of policies, meetings, best practices, programs and services, making use of existing websites as appropriate, to keep people informed of the activities of the Council; and
 - (6) work with member agencies to collect and maintain data on housing-related health hazards, illnesses, and injuries so that all data can be accessed in 1 place and to identify and address unmet data needs.

(b) Reports.—

- (1) By Members.—Each year the head of each agency who is a member of the Council shall prepare and transmit to the Council a report that briefly summarizes—
 - (A) each healthy housing-related program and service administered by the agency and the number of families and individuals served by each program or service, the resources available

1	in each program or service, and a breakdown of
2	where each program and service can be
3	accessed;
4	(B) the barriers and impediments, includ-
5	ing statutory or regulatory, to the access and
6	use of such programs and services by families
7	and individuals, with particular attention to the
8	barriers and impediments experienced by low-
9	income families and individuals;
10	(C) the efforts made by the agency to in-
11	crease opportunities for families and individ-
12	uals, including low-income families and individ-
13	uals, to reside in healthy housing, including how
14	the agency is working with other agencies to
15	better coordinate programs and services; and
16	(D) any new data collected by the agency
17	relating to the healthy housing needs of families
18	and individuals.
19	(2) By the council.—Each year the Council
20	shall prepare and transmit to the President and the
21	Congress, a report that—
22	(A) summarizes the reports required in
23	paragraph (1);
24	(B) utilizes recent data to assess the na-
25	ture of housing-related health hazards, and as-

1	sociated illnesses and injuries, in the United
2	States;
3	(C) provides a comprehensive and detailed
4	description of the programs and services of the
5	Federal Government in meeting the needs and
6	problems described in subparagraph (B);
7	(D) describes the activities and accomplish-
8	ments of the Council in working with Federal,
9	State, and local governments, non-profit organi-
10	zations and for-profit entities in coordinating
11	programs and services to meet the needs de-
12	scribed in subparagraph (B) and the resources
13	available to meet those needs;
14	(E) assesses the level of Federal assistance
15	required to meet the needs described in sub-
16	paragraph (B); and
17	(F) makes recommendations for appro-
18	priate legislative and administrative actions to
19	meet the needs described in subparagraph (B)
20	and for coordinating programs and services de-
21	signed to meet those needs.
22	SEC. 6. POWERS OF THE COUNCIL.
23	(a) Hearings.—The Council may hold such hear-
24	ings, sit and act at such times and places, take such testi-

- 1 mony, and receive such evidence as the Council considers
- 2 advisable to carry out the purposes of this Act.
- 3 (b) Information From Agencies.—Agencies which
- 4 are represented on the Council shall provide all requested
- 5 information and data to the Council as requested.
- 6 (c) Postal Services.—The Council may use the
- 7 United States mails in the same manner and under the
- 8 same conditions as other departments and agencies of the
- 9 Federal Government.
- 10 (d) Gifts.—
- 11 (1) IN GENERAL.—The Council may accept,
- use, and dispose of gifts or donations of services or
- property.
- 14 (2) Internal regulations.—The Council
- shall adopt internal regulations governing the receipt
- of gifts or donations of services or property similar
- to those described in part 2601 of title 5, Code of
- 18 Federal Regulations.
- 19 (e) Contracts and Interagency Agreements.—
- 20 The Council may enter into contracts with State, Tribal,
- 21 and local governments, public agencies and private-sector
- 22 entities, and into interagency agreements with Federal
- 23 agencies. Such contracts and interagency agreements may
- 24 be single-year or multi-year in duration.

1 SEC. 7. COUNCIL PERSONNEL MATTERS.

2	(a) Compensation of Members.—
3	(1) Non-federal employees.—A member of
4	the Council who is not an officer or employee of the
5	Federal Government shall be reasonably com-
6	pensated for that member's participation in the
7	Council, including reimbursement for travel expenses
8	as described in subsection (b).
9	(2) FEDERAL EMPLOYEES.—A member of the
10	Council who is an officer or employee of the United
11	States shall serve without compensation in addition
12	to the compensation received for services of the
13	member as an officer or employee of the Federal
14	Government.
15	(b) TRAVEL EXPENSES.—The members of the Coun-
16	cil shall be allowed travel expenses, including per diem in
17	lieu of subsistence, at rates authorized for employees of
18	agencies under subchapter I of chapter 57 of title 5,
19	United States Code, while away from their homes or reg-
20	ular places of business in the performance of services for
21	the Council.
22	(c) Staff.—
23	(1) Executive director.—The Council shall
24	appoint an Executive Director at its initial meeting.
25	The Executive Director shall be compensated at a
26	rate not to exceed the rate of pay payable for level

- V of the Executive Schedule under section 5316 of title 5, United States Code.
- (2) Compensation.—With the approval of the 3 Council, the Executive Director may appoint and fix 5 the compensation of such additional personnel as are 6 necessary to carry out the duties of the Council. The 7 rate of compensation may be set without regard to 8 the provisions of chapter 51 and subchapter II of 9 chapter 53 of title 5, United States Code, relating 10 to classification of positions and General Schedule pay rates, except that the rate of pay may not ex-11 12 ceed the rate payable for level V of the Executive 13 Schedule under section 5316 of such title.
- (d) Temporary and Intermittent Services.—In carrying out its objectives, the Council may procure temporary and intermittent services of consultants and experts under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.
- 22 (e) Detail of Government Employees.—Upon 23 request of the Council, any Federal Government employee 24 may be detailed to the Council without reimbursement,

- 1 and such detail shall be without interruption or loss of
- 2 civil service status or privilege.
- 3 (f) Administrative Support.—The Secretary of
- 4 Housing and Urban Development shall provide the Coun-
- 5 cil with such administrative (including office space) and
- 6 supportive services as are necessary to ensure that the
- 7 Council can carry out its functions.
- 8 SEC. 8. AUTHORIZATION OF APPROPRIATIONS.
- 9 (a) In General.—There are authorized to be appro-
- 10 priated to carry out this Act, \$750,000 for each of fiscal
- 11 years 2010 through 2014.
- 12 (b) AVAILABILITY.—Amounts authorized to be appro-
- 13 priated by subsection (a) shall remain available for the 2
- 14 fiscal years following such appropriation.

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