Public Law 114–182
114th Congress

An Act

To modernize the Toxic Substances Control Act, 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; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Frank R. Lautenberg Chemical Safety for the 21st Century Act”.

(b) Table of Contents.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—CHEMICAL SAFETY

Sec. 2. Findings, policy, and intent.
Sec. 3. Definitions.
Sec. 4. Testing of chemical substances and mixtures.
Sec. 5. Manufacturing and processing notices.
Sec. 6. Prioritization, risk evaluation, and regulation of chemical substances and mixtures.
Sec. 7. Imminent hazards.
Sec. 8. Reporting and retention of information.
Sec. 9. Relationship to other Federal laws.
Sec. 10. Exports of elemental mercury.
Sec. 11. Confidential information.
Sec. 12. Penalties.
Sec. 15. Citizens' civil actions.
Sec. 16. Studies.
Sec. 17. Administration of the Act.
Sec. 18. State programs.
Sec. 19. Conforming amendments.
Sec. 20. No retroactivity.
Sec. 21. Trevor's Law.

TITLE II—RURAL HEALTHCARE CONNECTIVITY

Sec. 201. Short title.
Sec. 202. Telecommunications services for skilled nursing facilities.

TITLE I—CHEMICAL SAFETY

SEC. 2. FINDINGS, POLICY, AND INTENT.

Section 2(c) of the Toxic Substances Control Act (15 U.S.C. 2601(c)) is amended by striking “proposes to take” and inserting “proposes as provided”.

SEC. 3. DEFINITIONS.

Section 3 of the Toxic Substances Control Act (15 U.S.C. 2602) is amended—
factors, including an unreasonable risk to a potentially exposed or susceptible subpopulation, under the conditions of use”.

(p) Section 24.—Section 24(b)(2)(B) of the Toxic Substances Control Act (15 U.S.C. 2623(b)(2)(B)) is amended—
(1) by inserting “and” at the end of clause (i);
(2) by striking clause (ii); and
(3) by redesignating clause (iii) as clause (ii).

(q) Section 26.—Section 26 of the Toxic Substances Control Act (15 U.S.C. 2625) is amended—
(1) in subsection (e), by striking “Health, Education, and Welfare” each place it appears and inserting “Health and Human Services”; and
(2) in subsection (g)(1), by striking “data” and inserting “information”.

(r) Section 27.—Section 27(a) of the Toxic Substances Control Act (15 U.S.C. 2626(a)) is amended—
(1) by striking “Health, Education, and Welfare” and inserting “Health and Human Services”;
(2) by striking “test data” both places it appears and inserting “information”;
(3) by striking “rules promulgated” and inserting “rules, orders, or consent agreements”; and
(4) by striking “standards” and inserting “protocols and methodologies”.

(s) Section 30.—Section 30(2) of the Toxic Substances Control Act (15 U.S.C. 2629(2)) is amended by striking “rule” and inserting “rule, order, or consent agreement”.

SEC. 20. NO RETROACTIVITY.

Nothing in sections 1 through 19, or the amendments made by sections 1 through 19, shall be interpreted to apply retroactively to any State, Federal, or maritime legal action filed before the date of enactment of this Act.

SEC. 21. TREVOR’S LAW.

(a) PURPOSES.—The purposes of this section are—
(1) to provide the appropriate Federal agencies with the authority to help conduct investigations into potential cancer clusters;
(2) to ensure that Federal agencies have the authority to undertake actions to help address cancer clusters and factors that may contribute to the creation of potential cancer clusters; and
(3) to enable Federal agencies to coordinate with other Federal, State, and local agencies, institutes of higher education, and the public in investigating and addressing cancer clusters.

(b) DESIGNATION AND INVESTIGATION OF POTENTIAL CANCER CLUSTERS.—Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

SEC. 399V–6. DESIGNATION AND INVESTIGATION OF POTENTIAL CANCER CLUSTERS.

“(a) DEFINITIONS.—In this section:
“(1) CANCER CLUSTER.—The term ‘cancer cluster’ means the incidence of a particular cancer within a population group,
a geographical area, and a period of time that is greater than expected for such group, area, and period.

“(2) PARTICULAR CANCER.—The term ‘particular cancer’ means one specific type of cancer or a type of cancers scientifically proven to have the same cause.

“(3) POPULATION GROUP.—The term ‘population group’ means a group, for purposes of calculating cancer rates, defined by factors such as race, ethnicity, age, or gender.

“(b) CRITERIA FOR DESIGNATION OF POTENTIAL CANCER CLUSTERS.—

“(1) DEVELOPMENT OF CRITERIA.—The Secretary shall develop criteria for the designation of potential cancer clusters.

“(2) REQUIREMENTS.—The criteria developed under paragraph (1) shall consider, as appropriate—

“(A) a standard for cancer cluster identification and reporting protocols used to determine when cancer incidence is greater than would be typically observed;

“(B) scientific screening standards that ensure that a cluster of a particular cancer involves the same type of cancer, or types of cancers;

“(C) the population in which the cluster of a particular cancer occurs by factors such as race, ethnicity, age, and gender, for purposes of calculating cancer rates;

“(D) the boundaries of a geographic area in which a cluster of a particular cancer occurs so as not to create or obscure a potential cluster by selection of a specific area; and

“(E) the time period over which the number of cases of a particular cancer, or the calculation of an expected number of cases, occurs.

“(c) GUIDELINES FOR INVESTIGATION OF POTENTIAL CANCER CLUSTERS.—The Secretary, in consultation with the Council of State and Territorial Epidemiologists and representatives of State and local health departments, shall develop, publish, and periodically update guidelines for investigating potential cancer clusters. The guidelines shall—

“(1) recommend that investigations of cancer clusters—

“(A) use the criteria developed under subsection (b);

“(B) use the best available science; and

“(C) rely on a weight of the scientific evidence;

“(2) provide standardized methods of reviewing and categorizing data, including from health surveillance systems and reports of potential cancer clusters; and

“(3) provide guidance for using appropriate epidemiological and other approaches for investigations.

“(d) INVESTIGATION OF CANCER CLUSTERS.—

“(1) SECRETARY DISCRETION.—The Secretary—

“(A) in consultation with representatives of the relevant State and local health departments, shall consider whether it is appropriate to conduct an investigation of a potential cancer cluster; and

“(B) in conducting investigations shall have the discretion to prioritize certain potential cancer clusters, based on the availability of resources.

“(2) COORDINATION.—In investigating potential cancer clusters, the Secretary shall coordinate with agencies within the
Department of Health and Human Services and other Federal agencies, such as the Environmental Protection Agency.

“(3) BIOMONITORING.—In investigating potential cancer clusters, the Secretary shall rely on all appropriate biomonitoring information collected under other Federal programs, such as the National Health and Nutrition Examination Survey. The Secretary may provide technical assistance for relevant biomonitoring studies of other Federal agencies.

“(e) DUTIES.—The Secretary shall—

“(1) ensure that appropriate staff of agencies within the Department of Health and Human Services are prepared to provide timely assistance, to the extent practicable, upon receiving a request to investigate a potential cancer cluster from a State or local health authority;

“(2) maintain staff expertise in epidemiology, toxicology, data analysis, environmental health and cancer surveillance, exposure assessment, pediatric health, pollution control, community outreach, health education, laboratory sampling and analysis, spatial mapping, and informatics;

“(3) consult with community members as investigations into potential cancer clusters are conducted, as the Secretary determines appropriate;

“(4) collect, store, and disseminate reports on investigations of potential cancer clusters, the possible causes of such clusters, and the actions taken to address such clusters; and

“(5) provide technical assistance for investigating cancer clusters to State and local health departments through existing programs, such as the Epi-Aids program of the Centers for Disease Control and Prevention and the Assessments of Chemical Exposures Program of the Agency for Toxic Substances and Disease Registry.”.

TITLE II—RURAL HEALTHCARE CONNECTIVITY

SEC. 201. SHORT TITLE.

This title may be cited as the “Rural Healthcare Connectivity Act of 2016”.

SEC. 202. TELECOMMUNICATIONS SERVICES FOR SKILLED NURSING FACILITIES.

(a) IN GENERAL.—Section 254(h)(7)(B) of the Communications Act of 1934 (47 U.S.C. 254(h)(7)(B)) is amended—

(1) in clause (vi), by striking “and” at the end;

(2) by redesignating clause (vii) as clause (viii);

(3) by inserting after clause (vi) the following:

“(vii) skilled nursing facilities (as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1396i–3(a)); and”;

and

(4) in clause (viii), as redesignated, by striking “clauses (i) through (vi)” and inserting “clauses (i) through (vii)”;

(b) SAVINGS CLAUSE.—Nothing in subsection (a) shall be construed to affect the aggregate annual cap on Federal universal service support for health care providers under section 54.675 of title 47, Code of Federal Regulations, or any successor regulation.