

113TH CONGRESS
2^D SESSION

H. R. 5244

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

IN THE HOUSE OF REPRESENTATIVES

JULY 29, 2014

Ms. ESTY (for herself, Ms. SLAUGHTER, and 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.

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 “Healthy Housing
5 Council Act of 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In the United States—

9 (A) 5,757,000 households live in homes
10 with moderate or severe physical hazards;

1 (B) 23,000,000 homes have significant
2 lead-based paint hazards;

3 (C) 6,000,000 homes have had signs of
4 mice in the last 3 months; and

5 (D) 1 in 15 homes have dangerous levels
6 of radon.

7 (2) Residents of housing that is poorly de-
8 signed, constructed, or maintained are at risk for
9 cancer, carbon monoxide poisoning, burns, falls, ro-
10 dent bites, childhood lead poisoning, asthma, and
11 other illnesses and injuries. Vulnerable subpopula-
12 tions, such as children and the elderly, are at ele-
13 vated risk for housing-related illnesses and injuries.

14 (3) Because substandard housing typically
15 poses the greatest risks, the disparities in the dis-
16 tribution of housing-related health hazards are strik-
17 ing. One million two hundred thousand housing
18 units with significant lead-based paint hazards house
19 low-income families with children under 6 years of
20 age.

21 (4) Housing-related illnesses, including asthma
22 and lead poisoning, disproportionately affect children
23 from lower-income families and from specific racial
24 and ethnic groups. The prevalence of being diag-
25 nosed with asthma in a lifetime is 24 percent among

1 Puerto Rican children, 10.1 percent for Mexican-
2 American children, 12.4 percent for non-Hispanic
3 White children, and 21.8 percent for non-Hispanic
4 Black children. Black children are twice as likely to
5 die from residential injuries as White children, and
6 3 percent of Black children and 2 percent of Mexi-
7 can-American children have elevated blood lead lev-
8 els, as compared to only 1.3 percent of White chil-
9 dren.

10 (5) The annual costs for environmentally attrib-
11 utable childhood diseases in the United States, in-
12 cluding lead poisoning, asthma, and cancer, total
13 \$76,000,000,000 in 2008 dollars. This amount is
14 approximately 3.5 percent of total health care costs.

15 (6) Appropriate housing design, construction,
16 and maintenance, timely correction of deficiencies,
17 planning efforts, and low-cost preventive measures
18 can reduce the incidence of serious injury or death,
19 improve the ability of residents to survive in the
20 event of a major catastrophe, and contribute to over-
21 all well-being and mental health. Lead hazard con-
22 trol in homes with lead-based paint hazards can re-
23 duce children's blood lead levels by as much as 34
24 percent. Properly installed and maintained smoke
25 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
3 estimated 250,000 children from having elevated
4 blood lead levels, 18,000 injury deaths, 12,000,000
5 nonfatal injuries, 3,000 deaths in house fires, 9,600
6 emergency department visits for carbon monoxide
7 exposure, and 21,000 radon-associated lung cancer
8 deaths that occur in United States housing each
9 year, as well as 12,300,000 asthma attacks, and
10 14,000,000 missed school days.

11 (8) While there are many programs in place to
12 address housing-related health hazards, these pro-
13 grams are fragmented and spread across many agen-
14 cies, making it difficult for at-risk families and indi-
15 viduals to access assistance or to receive comprehen-
16 sive information.

17 (9) Better coordination among Federal agencies
18 is needed, as is better coordination at State and
19 local levels, to ensure that families and individuals
20 can access government programs and services in an
21 effective and efficient manner.

22 **SEC. 3. DEFINITIONS.**

23 In this Act, the following definitions shall apply:

1 (1) COUNCIL.—The term “Council” means the
2 Interagency Council on Healthy Housing established
3 under section 4.

4 (2) HEALTHY HOUSING.—The term “healthy
5 housing” means housing that is designed, con-
6 structed, rehabilitated, and maintained in a manner
7 that supports the health of the occupants of such
8 housing.

9 (3) HOUSING.—The term “housing” means any
10 form of residence, including rental housing, home-
11 ownership, group home, or supportive housing ar-
12 rangement.

13 (4) HOUSING-RELATED HEALTH HAZARD.—The
14 term “housing-related health hazard” means any bi-
15 ological, physical, or chemical source of exposure or
16 condition either in, or immediately adjacent to, hous-
17 ing, that can adversely affect human health.

18 (5) LOW-INCOME FAMILIES AND INDIVID-
19 UALS.—The term “low-income families and individ-
20 uals” means any household or individual with an in-
21 come at or below 200 percent of the Federal poverty
22 line.

23 (6) POVERTY LINE.—The term “poverty line”
24 means the official poverty line defined by the Office

1 of Management and Budget based on the most re-
2 cent data available from the Bureau of the Census.

3 (7) PROGRAM.—The term “program” includes
4 any Federal, State, or local program providing hous-
5 ing or financial assistance, health care, mortgages,
6 bond and tax financing, homebuyer support courses,
7 financial education, mortgage insurance or loan
8 guarantees, housing counseling, supportive services,
9 energy assistance, or other assistance related to
10 healthy housing.

11 (8) SERVICE.—The term “service” includes
12 public and environmental health services, housing
13 services, energy efficiency services, human services,
14 and any other services needed to ensure that fami-
15 lies and individuals in the United States have access
16 to healthy housing.

17 **SEC. 4. INTERAGENCY COUNCIL ON HEALTHY HOUSING.**

18 (a) ESTABLISHMENT.—There is established in the ex-
19 ecutive branch an independent council to be known as the
20 Interagency Council on Healthy Housing.

21 (b) OBJECTIVES.—The objectives of the Council are
22 as follows:

23 (1) To promote the supply of and demand for
24 healthy housing in the United States through capac-

1 ity building, technical assistance, education, and
2 public policy.

3 (2) To promote coordination and collaboration
4 among the Federal departments and agencies in-
5 volved with housing, public health, energy efficiency,
6 emergency preparedness and response, and the envi-
7 ronment to improve services for families and individ-
8 uals residing in inadequate or unsafe housing and to
9 make recommendations about needed changes in
10 programs and services with an emphasis on—

11 (A) maximizing the impact of existing pro-
12 grams and services by transitioning the focus of
13 such programs and services from categorical ap-
14 proaches to comprehensive approaches that con-
15 sider and address multiple housing-related
16 health hazards;

17 (B) reducing or eliminating areas of over-
18 lap and duplication in the provision and accessi-
19 bility of such programs and services;

20 (C) ensuring that resources, including as-
21 sistance with capacity building, are targeted to
22 and sufficient to meet the needs of high-risk
23 communities, families, and individuals; and

1 (D) facilitating access by families and indi-
2 viduals to programs and services that help re-
3 duce health hazards in housing.

4 (3) To identify knowledge gaps, research needs,
5 and policy and program deficiencies associated with
6 inadequate housing conditions and housing-related
7 illnesses and injuries.

8 (4) To help identify best practices for achieving
9 and sustaining healthy housing.

10 (5) To help improve the quality of existing and
11 newly constructed housing and related programs and
12 services, including those programs and services
13 which serve low-income families and individuals.

14 (6) To establish an ongoing system of coordina-
15 tion among and within such agencies or organiza-
16 tions so that the healthy housing needs of families
17 and individuals are met in a more effective and effi-
18 cient manner.

19 (c) MEMBERSHIP.—The Council shall be composed of
20 the following members:

21 (1) The Secretary of Health and Human Serv-
22 ices.

23 (2) The Secretary of Housing and Urban Devel-
24 opment.

1 (3) The Administrator of the Environmental
2 Protection Agency.

3 (4) The Secretary of Energy.

4 (5) The Secretary of Labor.

5 (6) The Secretary of Veterans Affairs.

6 (7) The Secretary of the Treasury.

7 (8) The Secretary of Agriculture.

8 (9) The Secretary of Education.

9 (10) The head of any other Federal agency as
10 the Council considers appropriate.

11 (11) Six additional non-Federal employee mem-
12 bers, as appointed by the President to serve terms
13 not to exceed 2 years, of whom—

14 (A) 1 shall be a State or local Government
15 Director of Health or the Environment;

16 (B) 1 shall be a State or local Government
17 Director of Housing or Community Develop-
18 ment;

19 (C) 2 shall represent nonprofit organiza-
20 tions involved in housing or health issues; and

21 (D) 2 shall represent for-profit entities in-
22 volved in the housing, banking, or health insur-
23 ance industries.

24 (d) CO-CHAIRPERSONS.—The co-Chairpersons of the
25 Council shall be the Secretary of Housing and Urban De-

1 velopment and the Secretary of Health and Human Serv-
2 ices.

3 (e) VICE CHAIR.—Every 2 years, the Council shall
4 elect a Vice Chair from among its members.

5 (f) MEETINGS.—The Council shall meet at the call
6 of either co-Chairperson or a majority of its members at
7 any time, and no less often than annually.

8 **SEC. 5. FUNCTIONS OF THE COUNCIL.**

9 (a) RELEVANT ACTIVITIES.—In carrying out the ob-
10 jectives described in section 4(b), the Council shall—

11 (1) review Federal programs and services that
12 provide housing, health, energy, or environmental
13 services to families and individuals;

14 (2) monitor, evaluate, and recommend improve-
15 ments in programs and services administered, fund-
16 ed, or financed by Federal, State, and local agencies
17 to assist families and individuals in accessing
18 healthy housing and make recommendations about
19 how such agencies can better work to meet the
20 healthy housing and related needs of low-income
21 families and individuals; and

22 (3) recommend ways to—

23 (A) reduce duplication among programs
24 and services by Federal agencies that assist

1 families and individuals in meeting their
2 healthy housing and related service needs;

3 (B) ensure collaboration among and within
4 agencies in the provision and availability of pro-
5 grams and services so that families and individ-
6 uals are able to easily access needed programs
7 and services;

8 (C) work with States and local govern-
9 ments to better meet the needs of families and
10 individuals for healthy housing by—

11 (i) holding meetings with State and
12 local representatives; and

13 (ii) providing ongoing technical assist-
14 ance and training to States and localities
15 in better meeting the housing-related needs
16 of such families and individuals;

17 (D) identify best practices for programs
18 and services that assist families and individuals
19 in accessing healthy housing, including model—

20 (i) programs linking housing, health,
21 environmental, human, and energy serv-
22 ices;

23 (ii) housing and remodeling financing
24 products offered by government, quasi-gov-
25 ernment, and private sector entities;

1 (iii) housing and building codes and
2 regulatory practices;

3 (iv) existing and new consensus speci-
4 fications and work practices documents;

5 (v) capacity building and training pro-
6 grams that help increase and diversify the
7 supply of practitioners who perform assess-
8 ments of housing-related health hazards
9 and interventions to address housing-re-
10 lated health hazards; and

11 (vi) programs that increase commu-
12 nity awareness of, and education on, hous-
13 ing-related health hazards and available
14 assessments and interventions;

15 (E) develop a comprehensive healthy hous-
16 ing research agenda that considers health, safe-
17 ty, environmental, and energy factors, to—

18 (i) identify cost-effective assessments
19 and treatment protocols for housing-re-
20 lated health hazards in existing housing;

21 (ii) establish links between housing
22 hazards and health outcomes;

23 (iii) track housing-related health prob-
24 lems including injuries, illnesses, and
25 death;

1 (iv) track housing conditions that may
2 be associated with health problems;

3 (v) identify cost-effective protocols for
4 construction of new healthy housing; and

5 (vi) identify replicable and effective
6 programs or strategies for addressing
7 housing-related health hazards;

8 (4) hold biannual meetings with stakeholders
9 and other interested parties in a location convenient
10 for such stakeholders, or hold open Council meet-
11 ings, to receive input and ideas about how to best
12 meet the healthy housing needs of families and indi-
13 viduals;

14 (5) maintain an updated website of policies,
15 meetings, best practices, programs, and services,
16 making use of existing websites as appropriate, to
17 keep people informed of the activities of the Council;
18 and

19 (6) work with member agencies to collect and
20 maintain data on housing-related health hazards, ill-
21 nesses, and injuries so that all data can be accessed
22 in 1 place and to identify and address unmet data
23 needs.

24 (b) REPORTS.—

1 (1) BY MEMBERS.—Each year the head of each
2 agency who is a member of the Council shall prepare
3 and transmit to the Council a report that briefly
4 summarizes—

5 (A) each healthy housing-related program
6 and service administered by the agency and the
7 number of families and individuals served by
8 each program or service, the resources available
9 in each program or service, and a breakdown of
10 where each program and service can be
11 accessed;

12 (B) the barriers and impediments, includ-
13 ing statutory or regulatory, to the access and
14 use of such programs and services by families
15 and individuals, with particular attention to the
16 barriers and impediments experienced by low-
17 income families and individuals;

18 (C) the efforts made by the agency to in-
19 crease opportunities for families and individ-
20 uals, including low-income families and individ-
21 uals, to reside in healthy housing, including how
22 the agency is working with other agencies to
23 better coordinate programs and services; and

1 (D) any new data collected by the agency
2 relating to the healthy housing needs of families
3 and individuals.

4 (2) BY THE COUNCIL.—Each year, the Council
5 shall prepare and transmit to the President and the
6 Congress, a report that—

7 (A) summarizes the reports required in
8 paragraph (1);

9 (B) utilizes recent data to assess the na-
10 ture of housing-related health hazards, and as-
11 sociated illnesses and injuries, in the United
12 States;

13 (C) provides a comprehensive and detailed
14 description of the programs and services of the
15 Federal Government in meeting the needs and
16 problems described in subparagraph (B);

17 (D) describes the activities and accomplish-
18 ments of the Council in working with Federal,
19 State, and local governments, nonprofit organi-
20 zations and for-profit entities in coordinating
21 programs and services to meet the needs de-
22 scribed in subparagraph (B) and the resources
23 available to meet those needs;

1 (E) assesses the level of Federal assistance
2 required to meet the needs described in sub-
3 paragraph (B); and

4 (F) makes recommendations for appro-
5 priate legislative and administrative actions to
6 meet the needs described in subparagraph (B)
7 and for coordinating programs and services de-
8 signed to meet those needs.

9 **SEC. 6. POWERS OF THE COUNCIL.**

10 (a) HEARINGS.—The Council may hold such hear-
11 ings, sit and act at such times and places, take such testi-
12 mony, and receive such evidence as the Council considers
13 advisable to carry out the purposes of this Act.

14 (b) INFORMATION FROM AGENCIES.—Agencies which
15 are represented on the Council shall provide all requested
16 information and data to the Council as requested.

17 (c) POSTAL SERVICES.—The Council may use the
18 United States mails in the same manner and under the
19 same conditions as other departments and agencies of the
20 Federal Government.

21 (d) CONTRACTS AND INTERAGENCY AGREEMENTS.—
22 The Council may enter into contracts with State, Tribal,
23 and local governments, public agencies and private-sector
24 entities, and into interagency agreements with Federal

1 agencies. Such contracts and interagency agreements may
2 be single-year or multi-year in duration.

3 **SEC. 7. COUNCIL PERSONNEL MATTERS.**

4 (a) STAFF.—

5 (1) EXECUTIVE DIRECTOR.—The Council shall
6 appoint an Executive Director at its initial meeting.
7 The Executive Director shall be compensated at a
8 rate not to exceed the rate of basic pay payable for
9 level V of the Executive Schedule under section 5316
10 of title 5, United States Code.

11 (2) COMPENSATION.—With the approval of the
12 Council, the Executive Director may appoint and fix
13 the compensation of such additional personnel as the
14 Executive Director considers necessary to carry out
15 the duties of the Council, except that the rate of pay
16 for any such additional personnel may not exceed
17 the rate of basic pay payable for level V of the Exec-
18 utive Schedule under section 5316 of such title.

19 (b) TEMPORARY AND INTERMITTENT SERVICES.—In
20 carrying out its objectives, the Executive Director with the
21 approval of the Council, may procure temporary and inter-
22 mittent services of consultants and experts under section
23 3109(b) of title 5, United States Code, at rates for individ-
24 uals which do not exceed the daily equivalent of the annual

1 rate of basic pay payable for level V of the Executive
2 Schedule under section 5316 of such title.

3 (c) DETAIL OF GOVERNMENT EMPLOYEES.—Upon
4 request of the Council, any Federal Government employee
5 may be detailed to the Council with reimbursement, and
6 such detail shall be without interruption or loss of civil
7 service status or privilege.

8 (d) ADMINISTRATIVE SUPPORT.—The Secretary of
9 Housing and Urban Development shall provide the Coun-
10 cil with such administrative (including office space) and
11 support services as are necessary to ensure that the Coun-
12 cil can carry out its functions in an efficient and expedi-
13 tious manner.

14 **SEC. 8. GAO REPORT ON EFFECTIVENESS OF FEDERAL**
15 **HEALTH CARE PROGRAMS FOR CHILDREN AT**
16 **RISK OF LEAD POISONING.**

17 Not later than the expiration of the 12-month period
18 beginning on the date of the enactment of this Act, the
19 Comptroller General of the United States shall submit to
20 the Congress a report analyzing the same issues as, and
21 updating the findings and conclusions of, the report of the
22 Comptroller General to the Ranking Minority Member,
23 Committee on Government Reform, House of Representa-
24 tives of January 1999 entitled “Lead Poisoning: Federal

1 Health Care Programs Are Not Effectively Reaching At-
2 Risk Children” (GAO/HEHS–99–18).

3 **SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

4 (a) IN GENERAL.—There are authorized to be appro-
5 priated to carry out this Act, \$750,000 for each of fiscal
6 years 2015 through 2019.

7 (b) AVAILABILITY.—Amounts authorized to be appro-
8 priated by subsection (a) shall remain available for the 2
9 fiscal years following such appropriation.

○