

118TH CONGRESS
1ST SESSION

S. 2183

To require the Secretary of Health and Human Services to establish an exposure registry and conduct epidemiological studies to assess health outcomes associated with the Red Hill Incident.

IN THE SENATE OF THE UNITED STATES

JUNE 22, 2023

Mr. SCHATZ (for himself, Mr. MORAN, and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require the Secretary of Health and Human Services to establish an exposure registry and conduct epidemiological studies to assess health outcomes associated with the Red Hill Incident.

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 “Red Hill Health Im-
5 pact Act”.

1 **SEC. 2. REGISTRY FOR IMPACTED INDIVIDUALS OF THE**
2 **RED HILL INCIDENT.**

3 (a) ESTABLISHMENT OF REGISTRY.—The Secretary
4 of Health and Human Services (referred to in this section
5 as the “Secretary”) shall establish within the Agency for
6 Toxic Substances and Disease Registry or the Centers for
7 Disease Control and Prevention or through an award of
8 a grant or contract, as the Secretary determines appro-
9 priate, a Red Hill Incident exposure registry to collect
10 data on health implications of petroleum-contaminated
11 water for impacted individuals on a voluntary basis. Such
12 registry shall be complementary to, and not duplicative of,
13 the Red Hill Incident Report of the Defense Occupational
14 and Environmental Health Readiness System.

15 (b) OTHER RESPONSIBILITIES.—

16 (1) IN GENERAL.—The Secretary, in coordina-
17 tion with the Director of the Centers for Disease
18 Control and Prevention, and in consultation with the
19 Secretary of Defense, the Secretary of Veterans Af-
20 fairs, and such State and local authorities or other
21 partners as the Secretary of Health and Human
22 Services considers appropriate, shall—

23 (A) review the Federal programs and serv-
24 ices available to individuals exposed to petro-
25 leum;

1 (B) review current research on petroleum
2 exposure in order to identify additional research
3 needs;

4 (C) identify effective services, individuals
5 and communities affected by petroleum-con-
6 taminated water; and

7 (D) undertake any other review or activi-
8 ties that the Secretary determines to be appro-
9 priate.

10 (2) REPORT.—Not later than 1 year after the
11 date of enactment of this Act, and annually there-
12 after for 6 additional years, the Secretary shall sub-
13 mit to the appropriate congressional committees a
14 report on the review and activities undertaken under
15 paragraph (1) that includes—

16 (A) strategies for communicating and en-
17 gaging with stakeholders on the Red Hill Inci-
18 dent;

19 (B) the number of impacted and poten-
20 tially impacted individuals enrolled in the reg-
21 istry established under subsection (a);

22 (C) processes for referring such registry
23 enrollees to comprehensive, coordinated services
24 to mitigate the effects of petroleum exposure;

1 (D) measures and frequency of follow-up
2 to collect data and specimens related to expo-
3 sure, health, and developmental milestones as
4 appropriate; and

5 (E) a summary of data and analyses on
6 exposure, health, and developmental milestones
7 for impacted individuals.

8 (3) CONSULTATION.—In carrying out para-
9 graphs (1) and (2), the Secretary shall consult with
10 non-Federal experts, including individuals with cer-
11 tification in epidemiology, toxicology, mental health,
12 pediatrics, and environmental health, and members
13 of the impacted community.

14 (c) FUNDING.—Without regard to section 2215 of
15 title 10, United States Code, the Secretary of Defense is
16 authorized to provide, from amounts made available to
17 such Secretary, such sums as may be necessary for each
18 of fiscal years 2024 through 2030 for the Secretary of
19 Health and Human Services to carry out this section.

20 **SEC. 3. RED HILL EPIDEMIOLOGICAL HEALTH OUTCOMES**
21 **STUDY.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services, in consultation with the Secretary of De-
24 fense, the Secretary of Veterans Affairs, and such State
25 and local health authorities or other partners as the Sec-

1 retary of Health and Human Services considers appro-
2 priate, shall conduct an epidemiological study or studies
3 for a period of not less than 20 years to assess health
4 outcomes for impacted individuals of the Red Hill Inci-
5 dent.

6 (b) **ADDITIONAL CONTRACTS.**—The Secretary of
7 Health and Human Services may contract with inde-
8 pendent research institutes or consultants, nonprofit or
9 public entities, laboratories, or medical schools, as the Sec-
10 retary considers appropriate, that are not part of the Fed-
11 eral Government to assist with the feasibility assessment
12 required by subsection (d) and the study or studies under
13 subsection (a).

14 (c) **FUNDING.**—Without regard to section 2215 of
15 title 10, United States Code, the Secretary of Defense is
16 authorized to provide, from amounts made available to
17 such Secretary, no less than \$4,000,000 for fiscal year
18 2024 for the Secretary of Health and Human Services to
19 carry out the assessment under subsection (d), and such
20 sums as may be necessary to complete the study or studies
21 under subsection (a).

22 (d) **FEASIBILITY ASSESSMENT.**—Not later than one
23 year after the date of the enactment of this Act, the Sec-
24 retary of Health and Human Services shall submit to the
25 appropriate congressional committees the results of a fea-

1 sibility assessment to inform the design of the epidemio-
2 logical study or studies to assess health outcomes for im-
3 pacted individuals and a plan for such study or studies
4 under subsection (a), which may include—

5 (1) a strategy to recruit impacted individuals to
6 participate in the study or studies, including incen-
7 tives for participation;

8 (2) a description of protocols and methodologies
9 to assess health outcomes from the Red Hill Inci-
10 dent, including data management protocols to secure
11 the privacy and security of the personal information
12 of impacted individuals; and

13 (3) the periodicity for data collection that takes
14 into account the differences between health care
15 practices among impacted individuals who are—

16 (A) members of the Armed Forces on ac-
17 tive duty or spouses or dependents of such
18 members;

19 (B) members of the Armed Forces sepa-
20 rating from active duty or spouses or depend-
21 ents of such members;

22 (C) veterans and other individuals with ac-
23 cess to health care from the Department of Vet-
24 erans Affairs; and

1 (D) individuals without access to health
2 care from the Department of Defense or the
3 Department of Veterans Affairs;

4 (4) a description of methodologies to analyze
5 data received from the study or studies to determine
6 possible connections between exposure to water con-
7 taminated during the Red Hill Incident and adverse
8 impacts to the health of impacted individuals;

9 (5) an identification of exposures resulting from
10 the Red Hill Incident that may qualify individuals to
11 be eligible for participation in the study or studies
12 as a result of those exposures; and

13 (6) steps that will be taken to provide individ-
14 uals impacted by the Red Hill Incident with infor-
15 mation on available resources and services.

16 (e) POTENTIALLY IMPACTED INDIVIDUALS.—

17 (1) IN GENERAL.—The Secretary of Health and
18 Human Services may enlarge the scope of the study
19 or studies under subsection (a) to include potentially
20 impacted individuals based on—

21 (A) the request of a potentially impacted
22 individual, as applicable;

23 (B) the recommendation of the Secretary
24 of Defense, the Secretary of Veterans Affairs,
25 or any contracted party under subsection (b);

1 (C) the exposures identified in subsection
2 (d)(5); or

3 (D) other exigent circumstances.

4 (2) TREATMENT OF POTENTIALLY IMPACTED
5 INDIVIDUALS.—If, under paragraph (1), the Sec-
6 retary enlarges the scope of the study or studies
7 under subsection (a), potentially impacted individ-
8 uals shall be treated as impacted individuals for pur-
9 poses of this section.

10 (f) NOTIFICATIONS; BRIEFINGS.—

11 (1) IN GENERAL.—Not later than one year
12 after the completion of the feasibility assessment
13 under subsection (d), and annually thereafter, the
14 Secretary of Health and Human Services shall—

15 (A) notify impacted individuals on the in-
16 terim findings of the study or studies; and

17 (B) brief the appropriate congressional
18 committees on the interim findings of the study
19 or studies.

20 (2) FINAL NOTIFICATION.—Upon completion of
21 the study or studies under subsection (a), the Sec-
22 retary of Health and Human Services shall notify
23 the appropriate congressional committees and all im-
24 pacted individuals of the completion of the study or

1 studies and the publication of the final report under
2 subsection (g)(2).

3 (g) REPORTS.—

4 (1) ANNUAL REPORTS.—Not later than one
5 year after the date of the commencement of the
6 study or studies under subsection (a), and annually
7 thereafter, the Secretary of Health and Human
8 Services shall publish on the website of the Depart-
9 ment of Health and Human Services a report on the
10 interim findings of the study or studies.

11 (2) FINAL REPORT.—Upon completion of the
12 study or studies under subsection (a), the Secretary
13 of Health and Human Services—

14 (A) shall publish on a publicly available
15 internet website of the Department of Health
16 and Human Services a report on the findings of
17 the study or studies; and

18 (B) may publish such report in a scientific
19 publication.

20 **SEC. 4. DEFINITIONS.**

21 In this Act:

22 (1) APPROPRIATE CONGRESSIONAL COMMIT-
23 TEES.—The term “appropriate congressional com-
24 mittees” means—

1 (A) the Committee on Health, Education,
2 Labor, and Pensions of the Senate;

3 (B) the Committee on Armed Services and
4 the Subcommittee on Defense of the Committee
5 on Appropriations of the Senate;

6 (C) the Committee on Veterans' Affairs of
7 the Senate;

8 (D) the Committee on Energy and Com-
9 merce of the House of Representatives;

10 (E) the Committee on Armed Services and
11 the Subcommittee on Defense of the Committee
12 on Appropriations of the House of Representa-
13 tives; and

14 (F) the Committee on Veterans' Affairs of
15 the House of Representatives.

16 (2) IMPACTED INDIVIDUAL.—The term “im-
17 pacted individual” means an individual who, at the
18 time of the Red Hill Incident, lived or worked in a
19 building or residence served by the community water
20 system at Joint Base Pearl Harbor-Hickam, Oahu,
21 Hawaii.

22 (3) RED HILL INCIDENT.—The term “Red Hill
23 Incident” means the release of fuel from the Red
24 Hill Bulk Fuel Storage Facility, Oahu, Hawaii, into
25 the sole-source basal aquifer located 100 feet below

1 the facility, contaminating the community water sys-
2 tem at Joint Base Pearl Harbor-Hickam on Novem-
3 ber 20, 2021.

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