

health care program savings totaled in excess of \$525,000,000 as the result of poison control center public health services.

(6) More than 30 percent of the cost savings and financial benefits of the Nation's network of poison control centers are realized annually by Federal health care programs (estimated to be more than \$1,000,000,000), yet Federal funding support (as demonstrated by the annual authorization of \$30,100,000 in Public Law 108-194) comprises less than 11 percent of the annual network expenditures of poison centers.

(7) Real-time data collected from the Nation's certified poison control centers can be an important source of information for the detection, monitoring, and response for contamination of the air, water, pharmaceutical, or food supply.

(8) In the event of a terrorist event, poison control centers will be relied upon as a critical source for accurate medical information and public health emergency response concerning the treatment of patients who have had an exposure to a chemical, radiological, or biological agent.

SEC. 3. REAUTHORIZATION OF POISON CONTROL CENTERS NATIONAL TOLL-FREE NUMBER.

Section 1271 of the Public Health Service Act (42 U.S.C. 300d-71) is amended to read as follows:

“SEC. 1271. MAINTENANCE OF THE NATIONAL TOLL-FREE NUMBER.

“(a) IN GENERAL.—The Secretary shall provide coordination and assistance to poison control centers for the establishment of a nationwide toll-free phone number, and the maintenance of such number, to be used to access such centers.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$2,000,000 for fiscal year 2009 to carry out this section, and \$700,000 for each of fiscal years 2010 through 2014 for the maintenance of the nationwide toll free phone number under subsection (a).”.

SEC. 4. REAUTHORIZATION OF NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

(a) IN GENERAL.—Section 1272 of the Public Health Service Act (42 U.S.C. 300d-72) is amended to read as follows:

“SEC. 1272. NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

“(a) IN GENERAL.—The Secretary shall carry out, and expand upon, a national media campaign to educate the public and health care providers about poison prevention and the availability of poison control center resources in local communities and to conduct advertising campaigns concerning the nationwide toll-free number established under section 1271(a).

“(b) CONTRACT WITH ENTITY.—The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized organizations in the field of poison control and national media firms, for the development and implementation of a nationwide poison prevention and poison control center awareness campaign, which may include—

“(1) the development and distribution of poison prevention and poison control center awareness materials;

“(2) television, radio, Internet, and newspaper public service announcements; and

“(3) other activities to provide for public and professional awareness and education.

“(c) EVALUATION.—The Secretary shall—

“(1) establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign carried out under this section; and

“(2) on an annual basis, prepare and submit to the appropriate committees of Congress, an evaluation of the nationwide media campaign.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for fiscal year 2009, and \$800,000 for each of fiscal years 2010 through 2014.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall be effective on the date of the enactment of this Act and shall apply to contracts entered into on or after January 1, 2009.

SEC. 5. REAUTHORIZATION OF THE POISON CONTROL CENTER GRANT PROGRAM.

(a) IN GENERAL.—Section 1273 of the Public Health Service Act (42 U.S.C. 300d-73) is amended to read as follows:

“SEC. 1273. MAINTENANCE OF THE POISON CONTROL CENTER GRANT PROGRAM.

“(a) AUTHORIZATION OF PROGRAM.—The Secretary shall award grants to poison control centers certified under subsection (c) (or granted a waiver under subsection (d)) and professional organizations in the field of poison control for the purposes of preventing, and providing treatment recommendations for, poisonings and complying with the operational requirements needed to sustain the certification of the center under subsection (c).

“(b) ADDITIONAL USES OF FUNDS.—In addition to the purposes described in subsection (a), a poison center or professional organization awarded a grant, contract, or cooperative agreement under such subsection may also use amounts received under such grant, contract, or cooperative agreement—

“(1) to establish and evaluate best practices in the United States for poison prevention, poison control center outreach, and emergency and preparedness programs;

“(2) to research, develop, implement, revise, and communicate standard patient management guidelines for commonly encountered toxic exposures;

“(3) to improve national toxic exposure surveillance by enhancing cooperative activities between poison control centers in the United States and the Centers for Disease Control and Prevention;

“(4) to develop, support, and enhance technology and capabilities of professional organizations in the field of poison control to collect national poisoning, toxic occurrence, and related public health data;

“(5) to develop initiatives to foster the enhanced public health utilization of national poison data collected by organizations described in paragraph (4);

“(6) to support and expand the toxicologic expertise within poison control centers; and

“(7) to improve the capacity of poison control centers to answer high volumes of calls and respond during times of national crisis or other public health emergencies.

“(c) CERTIFICATION.—Except as provided in subsection (d), the Secretary may award a grant to a poison control center under subsection (a) only if—

“(1) the center has been certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning; or

“(2) the center has been certified by a State government, and the Secretary has approved the State government as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.

“(d) WAIVER OF CERTIFICATION REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary may grant a waiver of the certification requirements of

subsection (c) with respect to a noncertified poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such a certification within a reasonable period of time as determined appropriate by the Secretary.

“(2) RENEWAL.—The Secretary may renew a waiver under paragraph (1).

“(3) LIMITATION.—In no case may the sum of the number of years for a waiver under paragraph (1) and a renewal under paragraph (2) exceed 5 years. The preceding sentence shall take effect as of the date of the enactment of the Poison Center Support, Enhancement, and Awareness Act of 2008.

“(e) SUPPLEMENT NOT SUPPLANT.—Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State or local funds provided for such center.

“(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the expenditures of the center for activities of the center at a level that is not less than the level of expenditures maintained by the center for the fiscal year preceding the fiscal year for which the grant is received.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$27,500,000 for fiscal year 2009, and \$28,600,000 for each of fiscal years 2010 through 2014. The Secretary may utilize not to exceed 8 percent of the amount appropriated under this preceding sentence in each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions that do not include grants, contracts, or cooperative agreements under subsections (a) and (b), which are determined by the Secretary to be appropriate for carrying out the program under this section.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall be effective as of the date of the enactment of this Act and shall apply to grants made on or after January 1, 2009.

The bill (S. 2932), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

PRENATALLY AND POSTNATALLY DIAGNOSED CONDITIONS AWARENESS ACT

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 701, S. 1810.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1810) to amend the Public Health Service Act to increase the provision of scientifically sound information and support services to patients receiving a positive test diagnosis for Down syndrome or other prenatally and postnatally diagnosed conditions.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Prenatally and Postnatally Diagnosed Conditions Awareness Act”.

SEC. 2. PURPOSES.

It is the purpose of this Act to—

(1) increase patient referrals to providers of key support services for women who have received a positive diagnosis for Down syndrome, or other prenatally or postnatally diagnosed conditions, as well as to provide up-to-date information on the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes;

(2) strengthen existing networks of support through the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and other patient and provider outreach programs; and

(3) ensure that patients receive up-to-date, evidence-based information about the accuracy of the test.

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

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. 399R. SUPPORT FOR PATIENTS RECEIVING A POSITIVE DIAGNOSIS OF DOWN SYNDROME OR OTHER PRENATALLY OR POSTNATALLY DIAGNOSED CONDITIONS.

“(a) DEFINITIONS.—In this section:

“(1) DOWN SYNDROME.—The term ‘Down syndrome’ refers to a chromosomal disorder caused by an error in cell division that results in the presence of an extra whole or partial copy of chromosome 21.

“(2) HEALTH CARE PROVIDER.—The term ‘health care provider’ means any person or entity required by State or Federal law or regulation to be licensed, registered, or certified to provide health care services, and who is so licensed, registered, or certified.

“(3) POSTNATALLY DIAGNOSED CONDITION.—The term ‘postnatally diagnosed condition’ means any health condition identified during the 12-month period beginning at birth.

“(4) PRENATALLY DIAGNOSED CONDITION.—The term ‘prenatally diagnosed condition’ means any fetal health condition identified by prenatal genetic testing or prenatal screening procedures.

“(5) PRENATAL TEST.—The term ‘prenatal test’ means diagnostic or screening tests offered to pregnant women seeking routine prenatal care that are administered on a required or recommended basis by a health care provider based on medical history, family background, ethnic background, previous test results, or other risk factors.

“(b) INFORMATION AND SUPPORT SERVICES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, or the Administrator of the Health Resources and Services Administration, may authorize and oversee certain activities, including the awarding of grants, contracts or cooperative agreements to eligible entities, to—

“(A) collect, synthesize, and disseminate current evidence-based information relating to Down syndrome or other prenatally or postnatally diagnosed conditions; and

“(B) coordinate the provision of, and access to, new or existing supportive services for patients receiving a positive diagnosis for Down syndrome or other prenatally or postnatally diagnosed conditions, including—

“(i) the establishment of a resource telephone hotline accessible to patients receiving a positive test result or to the parents of newly diagnosed infants with Down syndrome and other diagnosed conditions;

“(ii) the expansion and further development of the National Dissemination Center for Children with Disabilities, so that such Center can more effectively conduct outreach to new and expecting parents and provide them with up-to-date information on the range of outcomes for individuals living with the diagnosed condition,

including physical, developmental, educational, and psychosocial outcomes;

“(iii) the expansion and further development of national and local peer-support programs, so that such programs can more effectively serve women who receive a positive diagnosis for Down syndrome or other prenatal conditions or parents of infants with a postnatally diagnosed condition;

“(iv) the establishment of a national registry, or network of local registries, of families willing to adopt newborns with Down syndrome or other prenatally or postnatally diagnosed conditions, and links to adoption agencies willing to place babies with Down syndrome or other prenatally or postnatally diagnosed conditions, with families willing to adopt; and

“(v) the establishment of awareness and education programs for health care providers who provide, interpret, or inform parents of the results of prenatal tests for Down syndrome or other prenatally or postnatally diagnosed conditions, to patients, consistent with the purpose described in section 2(b)(1) of the Prenatally and Postnatally Diagnosed Conditions Awareness Act.

“(2) ELIGIBLE ENTITY.—In this subsection, the term ‘eligible entity’ means—

“(A) a State or a political subdivision of a State;

“(B) a consortium of 2 or more States or political subdivisions of States;

“(C) a territory;

“(D) a health facility or program operated by or pursuant to a contract with or grant from the Indian Health Service; or

“(E) any other entity with appropriate expertise in prenatally and postnatally diagnosed conditions (including nationally recognized disability groups), as determined by the Secretary.

“(3) DISTRIBUTION.—In distributing funds under this subsection, the Secretary shall place an emphasis on funding partnerships between health care professional groups and disability advocacy organizations.

“(c) PROVISION OF INFORMATION TO PROVIDERS.—

“(1) IN GENERAL.—A grantee under this section shall make available to health care providers of parents who receive a prenatal or postnatal diagnosis the following:

“(A) Up-to-date, evidence-based, written information concerning the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes.

“(B) Contact information regarding support services, including information hotlines specific to Down syndrome or other prenatally or postnatally diagnosed conditions, resource centers or clearinghouses, national and local peer support groups, and other education and support programs as described in subsection (b)(2).

“(2) INFORMATIONAL REQUIREMENTS.—Information provided under this subsection shall be—

“(A) culturally and linguistically appropriate as needed by women receiving a positive prenatal diagnosis or the family of infants receiving a postnatal diagnosis; and

“(B) approved by the Secretary.

“(d) REPORT.—Not later than 2 years after the date of enactment of this section, the Government Accountability Office shall submit a report to Congress concerning the effectiveness of current healthcare and family support programs serving as resources for the families of children with disabilities.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$5,000,000 for each of fiscal years 2008 through 2012.”

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the amendment at the desk be agreed to; the committee-reported amendment, as amended, be agreed to; the bill, as amended, be read three times and

passed; the motions to reconsider be laid upon the table; and that any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 5640) was agreed to, as follows:

(Purpose: In the nature of a substitute)

In lieu of the matter proposed to be inserted, insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Prenatally and Postnatally Diagnosed Conditions Awareness Act”.

SEC. 2. PURPOSES.

It is the purpose of this Act to—

(1) increase patient referrals to providers of key support services for women who have received a positive diagnosis for Down syndrome, or other prenatally or postnatally diagnosed conditions, as well as to provide up-to-date information on the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes;

(2) strengthen existing networks of support through the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and other patient and provider outreach programs; and

(3) ensure that patients receive up-to-date, evidence-based information about the accuracy of the test.

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

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. 399R. SUPPORT FOR PATIENTS RECEIVING A POSITIVE DIAGNOSIS OF DOWN SYNDROME OR OTHER PRENATALLY OR POSTNATALLY DIAGNOSED CONDITIONS.

“(a) DEFINITIONS.—In this section:

“(1) DOWN SYNDROME.—The term ‘Down syndrome’ refers to a chromosomal disorder caused by an error in cell division that results in the presence of an extra whole or partial copy of chromosome 21.

“(2) HEALTH CARE PROVIDER.—The term ‘health care provider’ means any person or entity required by State or Federal law or regulation to be licensed, registered, or certified to provide health care services, and who is so licensed, registered, or certified.

“(3) POSTNATALLY DIAGNOSED CONDITION.—The term ‘postnatally diagnosed condition’ means any health condition identified during the 12-month period beginning at birth.

“(4) PRENATALLY DIAGNOSED CONDITION.—The term ‘prenatally diagnosed condition’ means any fetal health condition identified by prenatal genetic testing or prenatal screening procedures.

“(5) PRENATAL TEST.—The term ‘prenatal test’ means diagnostic or screening tests offered to pregnant women seeking routine prenatal care that are administered on a required or recommended basis by a health care provider based on medical history, family background, ethnic background, previous test results, or other risk factors.

“(b) INFORMATION AND SUPPORT SERVICES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, or the Administrator of the Health Resources and Services Administration, may authorize and oversee certain activities, including the awarding of grants, contracts or cooperative agreements to eligible entities, to—

“(A) collect, synthesize, and disseminate current evidence-based information relating to Down syndrome or other prenatally or postnatally diagnosed conditions; and

“(B) coordinate the provision of, and access to, new or existing supportive services for patients receiving a positive diagnosis for Down syndrome or other prenatally or postnatally diagnosed conditions, including—

“(i) the establishment of a resource telephone hotline accessible to patients receiving a positive test result or to the parents of newly diagnosed infants with Down syndrome and other diagnosed conditions;

“(ii) the expansion and further development of the National Dissemination Center for Children with Disabilities, so that such Center can more effectively conduct outreach to new and expecting parents and provide them with up-to-date information on the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes;

“(iii) the expansion and further development of national and local peer-support programs, so that such programs can more effectively serve women who receive a positive diagnosis for Down syndrome or other prenatal conditions or parents of infants with a postnatally diagnosed condition;

“(iv) the establishment of a national registry, or network of local registries, of families willing to adopt newborns with Down syndrome or other prenatally or postnatally diagnosed conditions, and links to adoption agencies willing to place babies with Down syndrome or other prenatally or postnatally diagnosed conditions, with families willing to adopt; and

“(v) the establishment of awareness and education programs for health care providers who provide, interpret, or inform parents of the results of prenatal tests for Down syndrome or other prenatally or postnatally diagnosed conditions, to patients, consistent with the purpose described in section 2(b)(1) of the Prenatally and Postnatally Diagnosed Conditions Awareness Act.

“(2) **ELIGIBLE ENTITY.**—In this subsection, the term ‘eligible entity’ means—

“(A) a State or a political subdivision of a State;

“(B) a consortium of 2 or more States or political subdivisions of States;

“(C) a territory;

“(D) a health facility or program operated by or pursuant to a contract with or grant from the Indian Health Service; or

“(E) any other entity with appropriate expertise in prenatally and postnatally diagnosed conditions (including nationally recognized disability groups), as determined by the Secretary.

“(3) **DISTRIBUTION.**—In distributing funds under this subsection, the Secretary shall place an emphasis on funding partnerships between health care professional groups and disability advocacy organizations.

“(c) **PROVISION OF INFORMATION TO PROVIDERS.**—

“(1) **IN GENERAL.**—A grantee under this section shall make available to health care providers of parents who receive a prenatal or postnatal diagnosis the following:

“(A) Up-to-date, evidence-based, written information concerning the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes.

“(B) Contact information regarding support services, including information hotlines specific to Down syndrome or other prenatally or postnatally diagnosed conditions, resource centers or clearinghouses, national and local peer support groups, and other education and support programs as described in subsection (b)(2).

“(2) **INFORMATIONAL REQUIREMENTS.**—Information provided under this subsection shall be—

“(A) culturally and linguistically appropriate as needed by women receiving a positive prenatal diagnosis or the family of infants receiving a postnatal diagnosis; and

“(B) approved by the Secretary.

“(d) **REPORT.**—Not later than 2 years after the date of enactment of this section, the Government Accountability Office shall submit a report to Congress concerning the effectiveness of current healthcare and family support programs serving as resources for the families of children with disabilities.”.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 1810), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

EFFECTIVE CHILD PORNOGRAPHY PROSECUTION ACT

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of H.R. 4120, the Effective Child Pornography Prosecution Act, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

The clerk will report the bill by title. The legislative clerk read as follows:

A bill (H.R. 4120) to amend title 18, United States Code, to provide for more effective prosecution of cases involving child pornography, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. MENENDEZ. Mr. President, I further ask unanimous consent that the amendment at the desk be agreed to; the bill, as amended, be read the third time and passed; the motion to reconsider be laid upon the table; and any statements be printed in the RECORD.

The amendment (No. 5641) was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Table of contents.

TITLE I—EFFECTIVE CHILD PORNOGRAPHY PROSECUTION ACT OF 2007

Sec. 101. Short title.

Sec. 102. Findings.

Sec. 103. Clarifying ban of child pornography.

TITLE II—ENHANCING THE EFFECTIVE PROSECUTION OF CHILD PORNOGRAPHY ACT OF 2007

Sec. 201. Short title.

Sec. 202. Money laundering predicate.

Sec. 203. Knowingly accessing child pornography with the intent to view child pornography.

TITLE I—EFFECTIVE CHILD PORNOGRAPHY PROSECUTION ACT OF 2007

SEC. 101. SHORT TITLE.

This title may be cited as the “Effective Child Pornography Prosecution Act of 2007”.

SEC. 102. FINDINGS.

Congress finds the following:

(1) Child pornography is estimated to be a multibillion dollar industry of global proportions, facilitated by the growth of the Internet.

(2) Data has shown that 83 percent of child pornography possessors had images of children younger than 12 years old, 39 percent had images of children younger than 6 years old, and 19 percent had images of children younger than 3 years old.

(3) Child pornography is a permanent record of a child’s abuse and the distribution of child pornography images revictimizes the child each time the image is viewed.

(4) Child pornography is readily available through virtually every Internet technology, including Web sites, email, instant messaging, Internet Relay Chat, newsgroups, bulletin boards, and peer-to-peer.

(5) The technological ease, lack of expense, and anonymity in obtaining and distributing child pornography over the Internet has resulted in an explosion in the multijurisdictional distribution of child pornography.

(6) The Internet is well recognized as a method of distributing goods and services across State lines.

(7) The transmission of child pornography using the Internet constitutes transportation in interstate commerce.

SEC. 103. CLARIFYING BAN OF CHILD PORNOGRAPHY.

(a) **IN GENERAL.**—Chapter 110 of title 18, United States Code, is amended—

(1) in section 2251—

(A) in each of subsections (a), (b), and (d), by inserting “using any means or facility of interstate or foreign commerce or” after “be transported”;

(B) in each of subsections (a) and (b), by inserting “using any means or facility of interstate or foreign commerce or” after “been transported”;

(C) in subsection (c), by striking “computer” each place that term appears and inserting “using any means or facility of interstate or foreign commerce”; and

(D) in subsection (d), by inserting “using any means or facility of interstate or foreign commerce or” after “is transported”;

(2) in section 2251A(c), by inserting “using any means or facility of interstate or foreign commerce or” after “or transported”;

(3) in section 2252(a)—

(A) in paragraph (1), by inserting “using any means or facility of interstate or foreign commerce or” after “ships”;

(B) in paragraph (2)—

(i) by inserting “using any means or facility of interstate or foreign commerce or” after “distributes, any visual depiction”;

(ii) by inserting “using any means or facility of interstate or foreign commerce or” after “depiction for distribution”;

(C) in paragraph (3)—

(i) by inserting “using any means or facility of interstate or foreign commerce” after “so shipped or transported”; and

(ii) by striking “by any means,”; and

(D) in paragraph (4), by inserting “using any means or facility of interstate or foreign commerce or” after “has been shipped or transported”; and

(4) in section 2252A(a)—

(A) in paragraph (1), by inserting “using any means or facility of interstate or foreign commerce or” after “ships”;

(B) in paragraph (2), by inserting “using any means or facility of interstate or foreign commerce” after “mailed, or” each place it appears;

(C) in paragraph (3), by inserting “using any means or facility of interstate or foreign commerce or” after “mails, or” each place it appears;