

would our deficit stay at \$1.47 trillion this year if we say the Federal Government is in charge of all playground-building around the country?

I would remind my colleagues, when we vote on these amendments, these are specific amendments to save specific money on specific earmarks. And you can't get by with saying, well, that was indiscriminate cuts and it would have affected this program or that. We are talking about here on these four amendments saving money on street beautification. Where is the Federal nexus there?

On a bike path in Rhode Island, where is the Federal nexus? Why is the Federal Government doing that when we have a deficit of \$1.47 trillion and a debt of \$13.2 trillion? Why in the world, when every citizen of this country is in debt more than \$40,000, why in the world are we saying we are going to pile more on you simply because we can't control ourselves here?

I would urge you again, you are going to have to go home and not say, well, I voted against an amendment that would have cut that program indiscriminately. This is specific amendments for specific programs, specific earmarks that the country knows the Federal Government should not be doing or that the Congress should not be directing money toward.

With that, I urge adoption of the amendment.

I yield back the balance of my time. Mr. OLVER. I yield the gentleman from Puerto Rico 1 additional minute.

Mr. PIERLUISI. Mr. Chairman, I will be brief. Let me just say that there are 435 Members of this House; there are five Delegates representing the territories. Each and every one of these districts and the territories has its own peculiar needs, and the Members should be entitled to do something like what I am trying to do, help a town in Puerto Rico with the highest poverty rate in the region where kids do not even have a place to play, particularly meeting the needs and the requirements of the Americans with Disabilities Act.

There cannot be a more justified earmark than this one. The amount at stake is \$150,000.

So I urge my friend from Arizona to withdraw this amendment because, clearly, it has no merit.

I urge my colleagues to oppose it.

Mr. OLVER. May I inquire how much time remains.

The CHAIR. The gentleman from Massachusetts has 1½ minutes, and the time of the gentleman from Arizona has expired.

Mr. OLVER. Mr. Chairman, I am very interested in this conversation. The gentleman from Arizona, who is usually so rational about this whole effort that he puts forward, he is going to earn a reputation as a grinch for trying to take the one Member representing 4 million people in Puerto Rico, taking a program that would provide ADA compliance in a very small park in a com-

munity that's done for children and teens, and he wants to deny the representative for those 4 million people the opportunity to have a very small earmark.

I yield back the balance of my time. The CHAIR. The question is on the amendment offered by the gentleman from Arizona (Mr. FLAKE).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. FLAKE. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Arizona will be postponed.

Mr. OLVER. Mr. Chairman, I move that the committee do now rise.

The motion was agreed to. Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SCHRADER) having assumed the chair, Mr. SNYDER, Chair of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 5850) making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2011, and for other purposes, had come to no resolution thereon.

□ 2010

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

JAMES ZADROGA 9/11 HEALTH AND COMPENSATION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 847) to amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 847

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 "James Zadroga 9/11 Health and Compensation Act of 2010".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

Sec. 101. World Trade Center Health Program.

"TITLE XXXIII—WORLD TRADE CENTER HEALTH PROGRAM

"Subtitle A—Establishment of Program; Advisory Committee

"Sec. 3301. Establishment of World Trade Center Health Program.

"Sec. 3302. WTC Health Program Scientific/Technical Advisory Committee; WTC Health Program Steering Committees.

"Sec. 3303. Education and outreach.

"Sec. 3304. Uniform data collection and analysis.

"Sec. 3305. Clinical Centers of Excellence and Data Centers.

"Sec. 3306. Definitions.

"Subtitle B—Program of Monitoring, Initial Health Evaluations, and Treatment

"PART 1—WTC RESPONDERS

"Sec. 3311. Identification of WTC responders and provision of WTC-related monitoring services.

"Sec. 3312. Treatment of enrolled WTC responders for WTC-related health conditions.

"Sec. 3313. National arrangement for benefits for eligible individuals outside New York.

"PART 2—WTC SURVIVORS

"Sec. 3321. Identification and initial health evaluation of screening-eligible and certified-eligible WTC survivors.

"Sec. 3322. Followup monitoring and treatment of certified-eligible WTC survivors for WTC-related health conditions.

"Sec. 3323. Followup monitoring and treatment of other individuals with WTC-related health conditions.

"PART 3—PAYOR PROVISIONS

"Sec. 3331. Payment of claims.

"Sec. 3332. Administrative arrangement authority.

"Subtitle C—Research Into Conditions

"Sec. 3341. Research regarding certain health conditions related to September 11 terrorist attacks.

"Sec. 3342. World Trade Center Health Registry.

"Subtitle D—Funding

"Sec. 3351. World Trade Center Health Program Fund.

TITLE II—SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

Sec. 201. Definitions.

Sec. 202. Extended and expanded eligibility for compensation.

Sec. 203. Requirement to update regulations.

Sec. 204. Limited liability for certain claims.

Sec. 205. Funding; attorney fees.

TITLE III—LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS; TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES

Sec. 301. Limitation on treaty benefits for certain deductible payments.

Sec. 302. Time for payment of corporate estimated taxes.

TITLE IV—BUDGETARY EFFECTS

Sec. 401. Compliance with Statutory Pay-As-You-Go Act of 2010.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

SEC. 101. WORLD TRADE CENTER HEALTH PROGRAM.

The Public Health Service Act is amended by adding at the end the following new title:

“TITLE XXXIII—WORLD TRADE CENTER HEALTH PROGRAM

“Subtitle A—Establishment of Program; Advisory Committee

“SEC. 3301. ESTABLISHMENT OF WORLD TRADE CENTER HEALTH PROGRAM.

“(a) IN GENERAL.—There is hereby established within the Department of Health and Human Services a program to be known as the World Trade Center Health Program, which shall be administered by the WTC Program Administrator, to provide beginning on July 1, 2011—

“(1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks; and

“(2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks.

“(b) COMPONENTS OF PROGRAM.—The WTC Program includes the following components:

“(1) MEDICAL MONITORING FOR RESPONDERS.—Medical monitoring under section 3311, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

“(2) INITIAL HEALTH EVALUATION FOR SURVIVORS.—An initial health evaluation under section 3321, including an evaluation to determine eligibility for followup monitoring and treatment.

“(3) FOLLOWUP MONITORING AND TREATMENT FOR WTC-RELATED HEALTH CONDITIONS FOR RESPONDERS AND SURVIVORS.—Provision under sections 3312, 3322, and 3323 of followup monitoring and treatment and payment, subject to the provisions of subsection (d), for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

“(4) OUTREACH.—Establishment under section 3303 of an education and outreach program to potentially eligible individuals concerning the benefits under this title.

“(5) CLINICAL DATA COLLECTION AND ANALYSIS.—Collection and analysis under section 3304 of health and mental health data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data under section 3342.

“(6) RESEARCH ON HEALTH CONDITIONS.—Establishment under subtitle C of a research program on health conditions resulting from the September 11, 2001, terrorist attacks.

“(c) NO COST SHARING.—Monitoring and treatment benefits and initial health evaluation benefits are provided under subtitle B without any deductibles, copayments, or other cost sharing to an enrolled WTC responder or certified-eligible WTC survivor. Initial health evaluation benefits are provided under subtitle B without any deductibles, copayments, or other cost sharing to a screening-eligible WTC survivor.

“(d) PREVENTING FRAUD AND UNREASONABLE ADMINISTRATIVE COSTS.—

“(1) FRAUD.—The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program’s health care expenditures to detect fraudulent or duplicate billing and payment for inappropriate services. This title is a Federal health care program (as defined in section 1128B(f) of the Social Security Act) and is a health plan (as defined in section 1128C(c) of such Act) for purposes of applying sections 1128 through 1128E of such Act.

“(2) UNREASONABLE ADMINISTRATIVE COSTS.—The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program for unreasonable administrative costs, including with respect to infrastructure, administration, and claims processing.

“(e) QUALITY ASSURANCE.—The WTC Program Administrator working with the Clinical Centers of Excellence shall develop and implement a quality assurance program for the monitoring and treatment delivered by such Centers of Excellence and any other participating health care providers. Such program shall include—

“(1) adherence to monitoring and treatment protocols;

“(2) appropriate diagnostic and treatment referrals for participants;

“(3) prompt communication of test results to participants; and

“(4) such other elements as the Administrator specifies in consultation with the Clinical Centers of Excellence.

“(f) ANNUAL PROGRAM REPORT.—

“(1) IN GENERAL.—Not later than 6 months after the end of each fiscal year in which the WTC Program is in operation, the WTC Program Administrator shall submit an annual report to the Congress on the operations of this title for such fiscal year and for the entire period of operation of the program.

“(2) CONTENTS INCLUDED IN REPORT.—Each annual report under paragraph (1) shall include at least the following:

“(A) ELIGIBLE INDIVIDUALS.—Information for each clinical program described in paragraph (3)—

“(i) on the number of individuals who applied for certification under subtitle B and the number of such individuals who were so certified;

“(ii) of the individuals who were certified, on the number who received monitoring under the program and the number of such individuals who received medical treatment under the program;

“(iii) with respect to individuals so certified who received such treatment, on the WTC-related health conditions for which they were treated; and

“(iv) on the projected number of individuals who will be certified under subtitle B in the succeeding fiscal year and the succeeding 10-year period.

“(B) MONITORING, INITIAL HEALTH EVALUATION, AND TREATMENT COSTS.—For each clinical program so described—

“(i) information on the costs of monitoring and initial health evaluation and the costs of treatment and on the estimated costs of such monitoring, evaluation, and treatment in the succeeding fiscal year; and

“(ii) an estimate of the cost of medical treatment for WTC-related health conditions that have been paid for or reimbursed by workers’ compensation, by public or private health plans, or by New York City under section 3331.

“(C) ADMINISTRATIVE COSTS.—Information on the cost of administering the program, including costs of program support, data collection and analysis, and research conducted under the program.

“(D) ADMINISTRATIVE EXPERIENCE.—Information on the administrative performance of the program, including—

“(i) the performance of the program in providing timely evaluation of and treatment to eligible individuals; and

“(ii) a list of the Clinical Centers of Excellence and other providers that are participating in the program.

“(E) SCIENTIFIC REPORTS.—A summary of the findings of any new scientific reports or studies on the health effects associated with exposure described in section 3306(1), includ-

ing the findings of research conducted under section 3341(a).

“(F) ADVISORY COMMITTEE RECOMMENDATIONS.—A list of recommendations by the WTC Scientific/Technical Advisory Committee on additional WTC Program eligibility criteria and on additional WTC-related health conditions and the action of the WTC Program Administrator concerning each such recommendation.

“(3) SEPARATE CLINICAL PROGRAMS DESCRIBED.—In paragraph (2), each of the following shall be treated as a separate clinical program of the WTC Program:

“(A) FIREFIGHTERS AND RELATED PERSONNEL.—The benefits provided for enrolled WTC responders described in section 3311(a)(2)(A).

“(B) OTHER WTC RESPONDERS.—The benefits provided for enrolled WTC responders not described in subparagraph (A).

“(C) WTC SURVIVORS.—The benefits provided for screening-eligible WTC survivors and certified-eligible WTC survivors in section 3321(a).

“(g) NOTIFICATION TO CONGRESS UPON REACHING 80 PERCENT OF ELIGIBILITY NUMERICAL LIMITS.—The Secretary shall promptly notify the Congress of each of the following:

“(1) When the number of enrollments of WTC responders subject to the limit established under section 3311(a)(4) has reached 80 percent of such limit.

“(2) When the number of certifications for certified-eligible WTC survivors subject to the limit established under section 3321(a)(3) has reached 80 percent of such limit.

“(h) CONSULTATION.—The WTC Program Administrator shall engage in ongoing outreach and consultation with relevant stakeholders, including the WTC Health Program Steering Committees and the Advisory Committee under section 3302, regarding the implementation and improvement of programs under this title.

“SEC. 3302. WTC HEALTH PROGRAM SCIENTIFIC/TECHNICAL ADVISORY COMMITTEE; WTC HEALTH PROGRAM STEERING COMMITTEES.

“(a) ADVISORY COMMITTEE.—

“(1) ESTABLISHMENT.—The WTC Program Administrator shall establish an advisory committee to be known as the WTC Health Program Scientific/Technical Advisory Committee (in this subsection referred to as the ‘Advisory Committee’) to review scientific and medical evidence and to make recommendations to the Administrator on additional WTC Program eligibility criteria and on additional WTC-related health conditions.

“(2) COMPOSITION.—The WTC Program Administrator shall appoint the members of the Advisory Committee and shall include at least—

“(A) 4 occupational physicians, at least 2 of whom have experience treating WTC rescue and recovery workers;

“(B) 1 physician with expertise in pulmonary medicine;

“(C) 2 environmental medicine or environmental health specialists;

“(D) 2 representatives of WTC responders;

“(E) 2 representatives of certified-eligible WTC survivors;

“(F) an industrial hygienist;

“(G) a toxicologist;

“(H) an epidemiologist; and

“(I) a mental health professional.

“(3) MEETINGS.—The Advisory Committee shall meet at such frequency as may be required to carry out its duties.

“(4) REPORTS.—The WTC Program Administrator shall provide for publication of recommendations of the Advisory Committee on the public Web site established for the WTC Program.

“(5) DURATION.—Notwithstanding any other provision of law, the Advisory Committee shall continue in operation during the period in which the WTC Program is in operation.

“(6) APPLICATION OF FACAs.—Except as otherwise specifically provided, the Advisory Committee shall be subject to the Federal Advisory Committee Act.

“(b) WTC HEALTH PROGRAM STEERING COMMITTEES.—

“(1) CONSULTATION.—The WTC Program Administrator shall consult with 2 steering committees (each in this section referred to as a ‘Steering Committee’) that are established as follows:

“(A) WTC RESPONDERS STEERING COMMITTEE.—One Steering Committee, to be known as the WTC Responders Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of monitoring and treatment programs for the enrolled WTC responders under part 1 of subtitle B.

“(B) WTC SURVIVORS STEERING COMMITTEE.—One Steering Committee, to be known as the WTC Survivors Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of initial health evaluations, monitoring, and treatment programs for screening-eligible and certified-eligible WTC survivors under part 2 of subtitle B.

“(2) MEMBERSHIP.—

“(A) WTC RESPONDERS STEERING COMMITTEE.—

“(i) REPRESENTATION.—The WTC Responders Steering Committee shall include—

“(I) representatives of the Centers of Excellence providing services to WTC responders;

“(II) representatives of labor organizations representing firefighters, police, other New York City employees, and recovery and cleanup workers who responded to the September 11, 2001, terrorist attacks; and

“(III) 3 representatives of New York City, 1 of whom will be selected by the police commissioner of New York City, 1 by the health commissioner of New York City, and 1 by the mayor of New York City.

“(ii) INITIAL MEMBERSHIP.—The WTC Responders Steering Committee shall initially be composed of members of the WTC Monitoring and Treatment Program Steering Committee (as in existence on the day before the date of the enactment of this title).

“(B) WTC SURVIVORS STEERING COMMITTEE.—

“(i) REPRESENTATION.—The WTC Survivors Steering Committee shall include representatives of—

“(I) the Centers of Excellence providing services to screening-eligible and certified-eligible WTC survivors;

“(II) the population of residents, students, and area and other workers affected by the September 11, 2001, terrorist attacks;

“(III) screening-eligible and certified-eligible survivors receiving initial health evaluations, monitoring, or treatment under part 2 of subtitle B and organizations advocating on their behalf; and

“(IV) New York City.

“(ii) INITIAL MEMBERSHIP.—The WTC Survivors Steering Committee shall initially be composed of members of the WTC Environmental Health Center Survivor Advisory Committee (as in existence on the day before the date of the enactment of this title).

“(C) ADDITIONAL APPOINTMENTS.—Each Steering Committee may recommend, if approved by a majority of voting members of the Committee, additional members to the Committee.

“(D) VACANCIES.—A vacancy in a Steering Committee shall be filled by an individual recommended by the Steering Committee.

“SEC. 3303. EDUCATION AND OUTREACH.

“The WTC Program Administrator shall institute a program that provides education and outreach on the existence and availability of services under the WTC Program. The outreach and education program—

“(1) shall include—

“(A) the establishment of a public Web site with information about the WTC Program;

“(B) meetings with potentially eligible populations;

“(C) development and dissemination of outreach materials informing people about the program; and

“(D) the establishment of phone information services; and

“(2) shall be conducted in a manner intended—

“(A) to reach all affected populations; and

“(B) to include materials for culturally and linguistically diverse populations.

“SEC. 3304. UNIFORM DATA COLLECTION AND ANALYSIS.

“(a) IN GENERAL.—The WTC Program Administrator shall provide for the uniform collection of data (and analysis of data and regular reports to the Administrator) on the prevalence of WTC-related health conditions and the identification of new WTC-related health conditions. Such data shall be collected for all individuals provided monitoring or treatment benefits under subtitle B and regardless of their place of residence or Clinical Center of Excellence through which the benefits are provided. The WTC Program Administrator shall provide, through the Data Centers or otherwise, for the integration of such data into the monitoring and treatment program activities under this title.

“(b) COORDINATING THROUGH CENTERS OF EXCELLENCE.—Each Clinical Center of Excellence shall collect data described in subsection (a) and report such data to the corresponding Data Center for analysis by such Data Center.

“(c) COLLABORATION WITH WTC HEALTH REGISTRY.—The WTC Program Administrator shall provide for collaboration between the Data Centers and the World Trade Center Health Registry described in section 3342.

“(d) PRIVACY.—The data collection and analysis under this section shall be conducted and maintained in a manner that protects the confidentiality of individually identifiable health information consistent with applicable statutes and regulations, including, as applicable, HIPAA privacy and security law (as defined in section 3009(a)(2)) and section 552a of title 5, United States Code.

“SEC. 3305. CLINICAL CENTERS OF EXCELLENCE AND DATA CENTERS.

“(a) IN GENERAL.—

“(1) CONTRACTS WITH CLINICAL CENTERS OF EXCELLENCE.—The WTC Program Administrator shall, subject to subsection (b)(1)(B), enter into contracts with Clinical Centers of Excellence (as defined in subsection (b)(1)(A))—

“(A) for the provision of monitoring and treatment benefits and initial health evaluation benefits under subtitle B;

“(B) for the provision of outreach activities to individuals eligible for such monitoring and treatment benefits, for initial health evaluation benefits, and for followup to individuals who are enrolled in the monitoring program;

“(C) for the provision of counseling for benefits under subtitle B, with respect to WTC-related health conditions, for individuals eligible for such benefits;

“(D) for the provision of counseling for benefits for WTC-related health conditions that may be available under workers’ com-

ensation or other benefit programs for work-related injuries or illnesses, health insurance, disability insurance, or other insurance plans or through public or private social service agencies and assisting eligible individuals in applying for such benefits;

“(E) for the provision of translational and interpretive services for program participants who are not English language proficient; and

“(F) for the collection and reporting of data in accordance with section 3304.

“(2) CONTRACTS WITH DATA CENTERS.—

“(A) IN GENERAL.—The WTC Program Administrator shall enter into contracts with Data Centers (as defined in subsection (b)(2))—

“(i) for receiving, analyzing, and reporting to the WTC Program Administrator on data, in accordance with section 3304, that have been collected and reported to such Data Centers by the corresponding Clinical Centers of Excellence under subsection (b)(1)(B)(iii);

“(ii) for the development of monitoring, initial health evaluation, and treatment protocols, with respect to WTC-related health conditions;

“(iii) for coordinating the outreach activities conducted under paragraph (1)(B) by each corresponding Clinical Center of Excellence;

“(iv) for establishing criteria for the credentialing of medical providers participating in the nationwide network under section 3313;

“(v) for coordinating and administering the activities of the WTC Health Program Steering Committees established under section 3002(b); and

“(vi) for meeting periodically with the corresponding Clinical Centers of Excellence to obtain input on the analysis and reporting of data collected under clause (i) and on the development of monitoring, initial health evaluation, and treatment protocols under clause (ii).

“(B) MEDICAL PROVIDER SELECTION.—The medical providers under subparagraph (A)(iv) shall be selected by the WTC Program Administrator on the basis of their experience treating or diagnosing the health conditions included in the list of WTC-related health conditions.

“(C) CLINICAL DISCUSSIONS.—In carrying out subparagraph (A)(ii), a Data Center shall engage in clinical discussions across the WTC Program to guide treatment approaches for individuals with a WTC-related health condition.

“(D) TRANSPARENCY OF DATA.—A contract entered into under this subsection with a Data Center shall require the Data Center to make any data collected and reported to such Center under subsection (b)(1)(B)(iii) available to health researchers and others as provided in the CDC/ATSDR Policy on Releasing and Sharing Data.

“(3) AUTHORITY FOR CONTRACTS TO BE CLASS SPECIFIC.—A contract entered into under this subsection with a Clinical Center of Excellence or a Data Center may be with respect to one or more class of enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors.

“(4) USE OF COOPERATIVE AGREEMENTS.—Any contract under this title between the WTC Program Administrator and a Data Center or a Clinical Center of Excellence may be in the form of a cooperative agreement.

“(b) CENTERS OF EXCELLENCE.—

“(1) CLINICAL CENTERS OF EXCELLENCE.—

“(A) DEFINITION.—For purposes of this title, the term ‘Clinical Center of Excellence’ means a Center that demonstrates to the satisfaction of the Administrator that the Center—

“(i) uses an integrated, centralized health care provider approach to create a comprehensive suite of health services under this title that are accessible to enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors;

“(ii) has experience in caring for WTC responders and screening-eligible WTC survivors or includes health care providers who have been trained pursuant to section 3313(c);

“(iii) employs health care provider staff with expertise that includes, at a minimum, occupational medicine, environmental medicine, trauma-related psychiatry and psychology, and social services counseling; and

“(iv) meets such other requirements as specified by the Administrator.

“(B) CONTRACT REQUIREMENTS.—The WTC Program Administrator shall not enter into a contract with a Clinical Center of Excellence under subsection (a)(1) unless the Center agrees to do each of the following:

“(i) Establish a formal mechanism for consulting with and receiving input from representatives of eligible populations receiving monitoring and treatment benefits under subtitle B from such Center.

“(ii) Coordinate monitoring and treatment benefits under subtitle B with routine medical care provided for the treatment of conditions other than WTC-related health conditions.

“(iii) Collect and report to the corresponding Data Center data in accordance with section 3304(b).

“(iv) Have in place safeguards against fraud that are satisfactory to the Administrator, in consultation with the Inspector General of the Department of Health and Human Services.

“(v) Treat or refer for treatment all individuals who are enrolled WTC responders or certified-eligible WTC survivors with respect to such Center who present themselves for treatment of a WTC-related health condition.

“(vi) Have in place safeguards, consistent with section 3304(c), to ensure the confidentiality of an individual's individually identifiable health information, including requiring that such information not be disclosed to the individual's employer without the authorization of the individual.

“(vii) Use amounts paid under subsection (c)(1) only for costs incurred in carrying out the activities described in subsection (a), other than those described in subsection (a)(1)(A).

“(viii) Utilize health care providers with occupational and environmental medicine expertise to conduct physical and mental health assessments, in accordance with protocols developed under subsection (a)(2)(A)(ii).

“(ix) Communicate with WTC responders and screening-eligible and certified-eligible WTC survivors in appropriate languages and conduct outreach activities with relevant stakeholder worker or community associations.

“(x) Meet all the other applicable requirements of this title, including regulations implementing such requirements.

“(C) TRANSITION RULE TO ENSURE CONTINUITY OF CARE.—The WTC Program Administrator shall to the maximum extent feasible ensure continuity of care in any period of transition from monitoring and treatment of an enrolled WTC responder or certified-eligible WTC survivor by a provider to a Clinical Center of Excellence or a health care provider participating in the nationwide network under section 3313.

“(2) DATA CENTERS.—For purposes of this title, the term ‘Data Center’ means a Center that the WTC Program Administrator determines has the capacity to carry out the re-

sponsibilities for a Data Center under subsection (a)(2).

“(3) CORRESPONDING CENTERS.—For purposes of this title, a Clinical Center of Excellence and a Data Center shall be treated as ‘corresponding’ to the extent that such Clinical Center and Data Center serve the same population group.

“(C) PAYMENT FOR INFRASTRUCTURE COSTS.—

“(1) IN GENERAL.—The WTC Program Administrator shall reimburse a Clinical Center of Excellence for the fixed infrastructure costs of such Center in carrying out the activities described in subtitle B at a rate negotiated by the Administrator and such Centers. Such negotiated rate shall be fair and appropriate and take into account the number of enrolled WTC responders receiving services from such Center under this title.

“(2) FIXED INFRASTRUCTURE COSTS.—For purposes of paragraph (1), the term ‘fixed infrastructure costs’ means, with respect to a Clinical Center of Excellence, the costs incurred by such Center that are not reimbursable by the WTC Program Administrator under section 3312(c).

“SEC. 3306. DEFINITIONS.

“In this title:

“(1) The term ‘aggravating’ means, with respect to a health condition, a health condition that existed on September 11, 2001, and that, as a result of exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, requires medical treatment that is (or will be) in addition to, more frequent than, or of longer duration than the medical treatment that would have been required for such condition in the absence of such exposure.

“(2) The term ‘certified-eligible WTC survivor’ has the meaning given such term in section 3321(a)(2).

“(3) The terms ‘Clinical Center of Excellence’ and ‘Data Center’ have the meanings given such terms in section 3305.

“(4) The term ‘enrolled WTC responder’ means a WTC responder enrolled under section 3311(a)(3).

“(5) The term ‘initial health evaluation’ includes, with respect to an individual, a medical and exposure history, a physical examination, and additional medical testing as needed to evaluate whether the individual has a WTC-related health condition and is eligible for treatment under the WTC Program.

“(6) The term ‘list of WTC-related health conditions’ means—

“(A) for WTC responders, the health conditions listed in section 3312(a)(3); and

“(B) for screening-eligible and certified-eligible WTC survivors, the health conditions listed in section 3322(b).

“(7) The term ‘New York City disaster area’ means the area within New York City that is—

“(A) the area of Manhattan that is south of Houston Street; and

“(B) any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

“(8) The term ‘New York City metropolitan area’ means an area, specified by the WTC Program Administrator, within which WTC responders and eligible WTC screening-eligible survivors who reside in such area are reasonably able to access monitoring and treatment benefits and initial health evaluation benefits under this title through a Clinical Center of Excellence described in subparagraphs (A), (B), or (C) of section 3305(b)(1).

“(9) The term ‘screening-eligible WTC survivor’ has the meaning given such term in section 3321(a)(1).

“(10) Any reference to ‘September 11, 2001’ shall be deemed a reference to the period on

such date subsequent to the terrorist attacks at the World Trade Center, Shanksville, Pennsylvania, or the Pentagon, as applicable, on such date.

“(11) The term ‘September 11, 2001, terrorist attacks’ means the terrorist attacks that occurred on September 11, 2001, in New York City, in Shanksville, Pennsylvania, and at the Pentagon, and includes the aftermath of such attacks.

“(12) The term ‘WTC Health Program Steering Committee’ means such a Steering Committee established under section 3302(b).

“(13) The term ‘WTC Program’ means the World Trade Center Health Program established under section 3301(a).

“(14) The term ‘WTC Program Administrator’ means—

“(A) with respect to paragraphs (3) and (4) of section 3311(a) (relating to enrollment of WTC responders), section 3312(c) and the corresponding provisions of section 3322 (relating to payment for initial health evaluation, monitoring, and treatment), paragraphs (1)(C), (2)(B), and (3) of section 3321(a) (relating to determination or certification of screening-eligible or certified-eligible WTC responders), and part 3 of subtitle B (relating to payor provisions), an official in the Department of Health and Human Services, to be designated by the Secretary; and

“(B) with respect to any other provision of this title, the Director of the National Institute for Occupational Safety and Health, or a designee of such Director.

“(15) The term ‘WTC-related health condition’ is defined in section 3312(a).

“(16) The term ‘WTC responder’ is defined in section 3311(a).

“(17) The term ‘WTC Scientific/Technical Advisory Committee’ means such Committee established under section 3302(a).

**“Subtitle B—Program of Monitoring, Initial Health Evaluations, and Treatment
“PART 1—WTC RESPONDERS**

“SEC. 3311. IDENTIFICATION OF WTC RESPONDERS AND PROVISION OF WTC-RELATED MONITORING SERVICES.

“(a) WTC RESPONDER DEFINED.—

“(1) IN GENERAL.—For purposes of this title, the term ‘WTC responder’ means any of the following individuals, subject to paragraph (4):

“(A) CURRENTLY IDENTIFIED RESPONDER.—An individual who has been identified as eligible for monitoring under the arrangements as in effect on the date of the enactment of this title between the National Institute for Occupational Safety and Health and—

“(i) the consortium coordinated by Mt. Sinai Hospital in New York City that coordinates the monitoring and treatment for enrolled WTC responders other than with respect to those covered under the arrangement with the Fire Department of New York City; or

“(ii) the Fire Department of New York City.

“(B) RESPONDER WHO MEETS CURRENT ELIGIBILITY CRITERIA.—An individual who meets the current eligibility criteria described in paragraph (2).

“(C) RESPONDER WHO MEETS MODIFIED ELIGIBILITY CRITERIA.—An individual who—

“(i) performed rescue, recovery, demolition, debris cleanup, or other related services in the New York City disaster area in response to the September 11, 2001, terrorist attacks, regardless of whether such services were performed by a State or Federal employee or member of the National Guard or otherwise; and

“(ii) meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks as the WTC Program Administrator, after consultation with the WTC Scientific/Technical

Advisory Committee, determines appropriate.

The WTC Program Administrator shall not modify such eligibility criteria on or after the date that the number of enrollments of WTC responders has reached 80 percent of the limit described in paragraph (4) or on or after the date that the number of certifications for certified-eligible WTC survivors under section 3321(a)(2)(B) has reached 80 percent of the limit described in section 3321(a)(3).

“(2) CURRENT ELIGIBILITY CRITERIA.—The eligibility criteria described in this paragraph for an individual is that the individual is described in any of the following categories:

“(A) FIREFIGHTERS AND RELATED PERSONNEL.—The individual—

“(i) was a member of the Fire Department of New York City (whether fire or emergency personnel, active or retired) who participated at least one day in the rescue and recovery effort at any of the former World Trade Center sites (including Ground Zero, Staten Island Landfill, and the New York City Chief Medical Examiner’s Office) for any time during the period beginning on September 11, 2001, and ending on July 31, 2002; or

“(ii)(I) is a surviving immediate family member of an individual who was a member of the Fire Department of New York City (whether fire or emergency personnel, active or retired) and was killed at the World Trade site on September 11, 2001; and

“(II) received any treatment for a WTC-related health condition described in section 3312(a)(1)(A)(ii) (relating to mental health conditions) on or before September 1, 2008.

“(B) LAW ENFORCEMENT OFFICERS AND WTC RESCUE, RECOVERY, AND CLEANUP WORKERS.—The individual—

“(i) worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers, for at least 4 hours during the period beginning on September 11, 2001, and ending on September 14, 2001, for at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001, or for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002;

“(ii)(I) was a member of the Police Department of New York City (whether active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (whether active or retired) who participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.), including Ground Zero, the Staten Island Landfill, or the barge loading piers, for at least 4 hours during the period beginning September 11, 2001, and ending on September 14, 2001;

“(II) participated onsite in rescue, recovery, debris cleanup, or related services in at Ground Zero, the Staten Island Landfill, or the barge loading piers, for at least one day during the period beginning on September 11, 2001, and ending on July 31, 2002;

“(III) participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.) for at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001; or

“(IV) participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.) for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002;

“(iii) was an employee of the Office of the Chief Medical Examiner of New York City

involved in the examination and handling of human remains from the World Trade Center attacks, or other morgue worker who performed similar post-September 11 functions for such Office staff, during the period beginning on September 11, 2001, and ending on July 31, 2002;

“(iv) was a worker in the Port Authority Trans-Hudson Corporation Tunnel for at least 24 hours during the period beginning on February 1, 2002, and ending on July 1, 2002; or

“(v) was a vehicle-maintenance worker who was exposed to debris from the former World Trade Center while retrieving, driving, cleaning, repairing, and maintaining vehicles contaminated by airborne toxins from the September 11, 2001, terrorist attacks during a duration and period described in subparagraph (A).

“(C) RESPONDERS TO THE SEPTEMBER 11 ATTACKS AT THE PENTAGON AND SHANKSVILLE, PENNSYLVANIA.—The individual—

“(i)(I) was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on the date on which the cleanup of the site was concluded, as determined by the WTC Program Administrator; or

“(II) was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania, site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on the date on which the cleanup of the site was concluded, as determined by the WTC Program Administrator; and

“(ii) is determined by the WTC Program Administrator to be at an increased risk of developing a WTC-related health condition as a result of exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks, and meets such eligibility criteria related to such exposures, as the WTC Program Administrator determines are appropriate, after consultation with the WTC Scientific/Technical Advisory Committee.

“(3) ENROLLMENT PROCESS.—

“(A) IN GENERAL.—The WTC Program Administrator shall establish a process for enrolling WTC responders in the WTC Program. Under such process—

“(i) WTC responders described in paragraph (1)(A) shall be deemed to be enrolled in such Program;

“(ii) subject to clause (iii), the Administrator shall enroll in such program individuals who are determined to be WTC responders;

“(iii) the Administrator shall deny such enrollment to an individual if the Administrator determines that the numerical limitation in paragraph (4) on enrollment of WTC responders has been met;

“(iv) there shall be no fee charged to the applicant for making an application for such enrollment;

“(v) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application; and

“(vi) an individual who is denied enrollment in such Program shall have an opportunity to appeal such determination in a manner established under such process.

“(B) TIMING.—

“(i) CURRENTLY IDENTIFIED RESPONDERS.—In accordance with subparagraph (A)(i), the WTC Program Administrator shall enroll an individual described in paragraph (1)(A) in the WTC Program not later than July 1, 2011.

“(ii) OTHER RESPONDERS.—In accordance with subparagraph (A)(ii) and consistent with paragraph (4), the WTC Program Administrator shall enroll any other individual who is determined to be a WTC responder in the WTC Program at the time of such determination.

“(4) NUMERICAL LIMITATION ON ELIGIBLE WTC RESPONDERS.—

“(A) IN GENERAL.—The total number of individuals not described in paragraph (1)(A) or (2)(A)(ii) who may be enrolled under paragraph (3)(A)(i) shall not exceed 25,000 at any time, of which no more than 2,500 may be individuals enrolled based on modified eligibility criteria established under paragraph (1)(C).

“(B) PROCESS.—In implementing subparagraph (A), the WTC Program Administrator shall—

“(i) limit the number of enrollments made under paragraph (3)—

“(I) in accordance with such subparagraph; and

“(II) to such number, as determined by the Administrator based on the best available information and subject to amounts available under section 3351, that will ensure sufficient funds will be available to provide treatment and monitoring benefits under this title, with respect to all individuals who are enrolled through the end of fiscal year 2020; and

“(ii) provide priority (subject to paragraph (3)(A)(i)) in such enrollments in the order in which individuals apply for enrollment under paragraph (3).

“(5) DISQUALIFICATION OF INDIVIDUALS ON TERRORIST WATCH LIST.—No individual who is on the terrorist watch list maintained by the Department of Homeland Security shall qualify as an eligible WTC responder. Before enrolling any individual as a WTC responder in the WTC Program under paragraph (3), the Administrator, in consultation with the Secretary of Homeland Security, shall determine whether the individual is on such list.

“(b) MONITORING BENEFITS.—

“(1) IN GENERAL.—In the case of an enrolled WTC responder (other than one described in subsection (a)(2)(A)(ii)), the WTC Program shall provide for monitoring benefits that include monitoring consistent with protocols approved by the WTC Program Administrator and including clinical examinations and long-term health monitoring and analysis. In the case of an enrolled WTC responder who is an active member of the Fire Department of New York City, the responder shall receive such benefits as part of the individual’s periodic company medical exams.

“(2) PROVISION OF MONITORING BENEFITS.—The monitoring benefits under paragraph (1) shall be provided through the Clinical Center of Excellence for the type of individual involved or, in the case of an individual residing outside the New York metropolitan area, under an arrangement under section 3313.

“SEC. 3312. TREATMENT OF ENROLLED WTC RESPONDERS FOR WTC-RELATED HEALTH CONDITIONS.

“(a) WTC-RELATED HEALTH CONDITION DEFINED.—

“(1) IN GENERAL.—For purposes of this title, the term ‘WTC-related health condition’ means a condition that—

“(A)(i) is an illness or health condition for which exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, based on an examination by a medical professional with experience in treating or diagnosing the health conditions included in the applicable list of WTC-related health

conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition, as determined under paragraph (2); or

“(ii) is a mental health condition for which such attacks, based on an examination by a medical professional with experience in treating or diagnosing the health conditions included in the applicable list of WTC-related health conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition, as determined under paragraph (2); and

“(B) is included in the applicable list of WTC-related health conditions or—

“(i) with respect to a WTC responder, is provided certification of coverage under subsection (b)(2)(B)(iii); or

“(ii) with respect to a screening-eligible WTC survivor or certified-eligible WTC survivor, is provided certification of coverage under subsection (b)(2)(B)(iii), as applied under section 3322(a).

In the case of a WTC responder described in section 3311(a)(2)(A)(i) (relating to a surviving immediate family member of a firefighter), such term does not include an illness or health condition described in subparagraph (A)(i).

“(2) DETERMINATION.—The determination under paragraph (1) or subsection (b) of whether the September 11, 2001, terrorist attacks were substantially likely to be a significant factor in aggravating, contributing to, or causing an individual’s illness or health condition shall be made based on an assessment of the following:

“(A) The individual’s exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the terrorist attacks. Such exposure shall be—

“(i) evaluated and characterized through the use of a standardized, population-appropriate questionnaire approved by the Director of the National Institute for Occupational Safety and Health; and

“(ii) assessed and documented by a medical professional with experience in treating or diagnosing health conditions included on the list of WTC-related health conditions.

“(B) The type of symptoms and temporal sequence of symptoms. Such symptoms shall be—

“(i) assessed through the use of a standardized, population-appropriate medical questionnaire approved by the Director of the National Institute for Occupational Safety and Health and a medical examination; and

“(ii) diagnosed and documented by a medical professional described in subparagraph (A)(i).

“(3) LIST OF HEALTH CONDITIONS FOR WTC RESPONDERS.—The list of health conditions for WTC responders consists of the following:

“(A) AERODIGESTIVE DISORDERS.—

“(i) Interstitial lung diseases.

“(ii) Chronic respiratory disorder—fumes/vapors.

“(iii) Asthma.

“(iv) Reactive airways dysfunction syndrome (RADS).

“(v) WTC-exacerbated chronic obstructive pulmonary disease (COPD).

“(vi) Chronic cough syndrome.

“(vii) Upper airway hyperreactivity.

“(viii) Chronic rhinosinusitis.

“(ix) Chronic nasopharyngitis.

“(x) Chronic laryngitis.

“(xi) Gastroesophageal reflux disorder (GERD).

“(xii) Sleep apnea exacerbated by or related to a condition described in a previous clause.

“(B) MENTAL HEALTH CONDITIONS.—

“(i) Posttraumatic stress disorder (PTSD).

“(ii) Major depressive disorder.

“(iii) Panic disorder.

“(iv) Generalized anxiety disorder.

“(v) Anxiety disorder (not otherwise specified).

“(vi) Depression (not otherwise specified).

“(vii) Acute stress disorder.

“(viii) Dysthymic disorder.

“(ix) Adjustment disorder.

“(x) Substance abuse.

“(C) MUSCULOSKELETAL DISORDERS FOR CERTAIN WTC RESPONDERS.—In the case of a WTC responder described in paragraph (4), a condition described in such paragraph.

“(D) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added, pursuant to paragraph (5) or (6), to the list under this paragraph.

“(4) MUSCULOSKELETAL DISORDERS.—

“(A) IN GENERAL.—For purposes of this title, in the case of a WTC responder who received any treatment for a WTC-related musculoskeletal disorder on or before September 11, 2003, the list of health conditions in paragraph (3) shall include:

“(i) Low back pain.

“(ii) Carpal tunnel syndrome (CTS).

“(iii) Other musculoskeletal disorders.

“(B) DEFINITION.—The term ‘WTC-related musculoskeletal disorder’ means a chronic or recurrent disorder of the musculoskeletal system caused by heavy lifting or repetitive strain on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the September 11, 2001, terrorist attacks.

“(5) CANCER.—

“(A) IN GENERAL.—The WTC Program Administrator shall periodically conduct a review of all available scientific and medical evidence, including findings and recommendations of Clinical Centers of Excellence, published in peer-reviewed journals to determine if, based on such evidence, cancer or a certain type of cancer should be added to the applicable list of WTC-related health conditions. The WTC Program Administrator shall conduct the first review under this subparagraph not later than 180 days after the date of the enactment of this title.

“(B) PROPOSED REGULATIONS AND RULEMAKING.—Based on the periodic reviews under subparagraph (A), if the WTC Program Administrator determines that cancer or a certain type of cancer should be added to such list of WTC-related health conditions, the WTC Program Administrator shall propose regulations, through rulemaking, to add cancer or the certain type of cancer to such list.

“(C) FINAL REGULATIONS.—Based on all the available evidence in the rulemaking record, the WTC Program Administrator shall make a final determination of whether cancer or a certain type of cancer should be added to such list of WTC-related health conditions. If such a determination is made to make such an addition, the WTC Program Administrator shall by regulation add cancer or the certain type of cancer to such list.

“(D) DETERMINATIONS NOT TO ADD CANCER OR CERTAIN TYPES OF CANCER.—In the case that the WTC Program Administrator determines under subparagraph (B) or (C) that cancer or a certain type of cancer should not be added to such list of WTC-related health conditions, the WTC Program Administrator shall publish an explanation for such determination in the Federal Register. Any such determination to not make such an addition shall not preclude the addition of cancer or the certain type of cancer to such list at a later date.

“(6) ADDITION OF HEALTH CONDITIONS TO LIST FOR WTC RESPONDERS.—

“(A) IN GENERAL.—Whenever the WTC Program Administrator determines that a proposed rule should be promulgated to add a health condition to the list of health condi-

tions in paragraph (3), the Administrator may request a recommendation of the Advisory Committee or may publish such a proposed rule in the Federal Register in accordance with subparagraph (D).

“(B) ADMINISTRATOR’S OPTIONS AFTER RECEIPT OF PETITION.—In the case that the WTC Program Administrator receives a written petition by an interested party to add a health condition to the list of health conditions in paragraph (3), not later than 60 days after the date of receipt of such petition the Administrator shall—

“(i) request a recommendation of the Advisory Committee;

“(ii) publish a proposed rule in the Federal Register to add such health condition, in accordance with subparagraph (D);

“(iii) publish in the Federal Register the Administrator’s determination not to publish such a proposed rule and the basis for such determination; or

“(iv) publish in the Federal Register a determination that insufficient evidence exists to take action under clauses (i) through (iii).

“(C) ACTION BY ADVISORY COMMITTEE.—In the case that the Administrator requests a recommendation of the Advisory Committee under this paragraph, with respect to adding a health condition to the list in paragraph (3), the Advisory Committee shall submit to the Administrator such recommendation not later than 60 days after the date of such request or by such date (not to exceed 180 days after such date of request) as specified by the Administrator. Not later than 60 days after the date of receipt of such recommendation, the Administrator shall, in accordance with subparagraph (D), publish in the Federal Register a proposed rule with respect to such recommendation or a determination not to propose such a proposed rule and the basis for such determination.

“(D) PUBLICATION.—The WTC Program Administrator shall, with respect to any proposed rule under this paragraph—

“(i) publish such proposed rule in accordance with section 553 of title 5, United States Code; and

“(ii) provide interested parties a period of 30 days after such publication to submit written comments on the proposed rule.

The WTC Program Administrator may extend the period described in clause (ii) upon a finding of good cause. In the case of such an extension, the Administrator shall publish such extension in the Federal Register.

“(E) INTERESTED PARTY DEFINED.—For purposes of this paragraph, the term ‘interested party’ includes a representative of any organization representing WTC responders, a nationally recognized medical association, a Clinical or Data Center, a State or political subdivision, or any other interested person.

“(b) COVERAGE OF TREATMENT FOR WTC-RELATED HEALTH CONDITIONS.—

“(1) DETERMINATION FOR ENROLLED WTC RESPONDERS BASED ON A WTC-RELATED HEALTH CONDITION.—

“(A) IN GENERAL.—If a physician at a Clinical Center of Excellence that is providing monitoring benefits under section 3311 for an enrolled WTC responder makes a determination that the responder has a WTC-related health condition that is in the list in subsection (a)(3) and that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition—

“(i) the physician shall promptly transmit such determination to the WTC Program Administrator and provide the Administrator with the medical facts supporting such determination; and

“(ii) on and after the date of such transmittal and subject to subparagraph (B), the

WTC Program shall provide for payment under subsection (c) for medically necessary treatment for such condition.

“(B) REVIEW; CERTIFICATION; APPEALS.—

“(i) REVIEW.—A Federal employee designated by the WTC Program Administrator shall review determinations made under subparagraph (A).

“(ii) CERTIFICATION.—The Administrator shall provide a certification of such condition based upon reviews conducted under clause (i). Such a certification shall be provided unless the Administrator determines that the responder's condition is not a WTC-related health condition in the list in subsection (a)(3) or that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 1, 2001, terrorist attacks is not substantially likely to be a significant factor in aggravating, contributing to, or causing the condition.

“(iii) APPEAL PROCESS.—The Administrator shall establish, by rule, a process for the appeal of determinations under clause (ii).

“(2) DETERMINATION BASED ON MEDICALLY ASSOCIATED WTC-RELATED HEALTH CONDITIONS.—

“(A) IN GENERAL.—If a physician at a Clinical Center of Excellence determines pursuant to subsection (a) that the enrolled WTC responder has a health condition described in subsection (a)(1)(A) that is not in the list in subsection (a)(3) but which is medically associated with a WTC-related health condition—

“(i) the physician shall promptly transmit such determination to the WTC Program Administrator and provide the Administrator with the facts supporting such determination; and

“(ii) the Administrator shall make a determination under subparagraph (B) with respect to such physician's determination.

“(B) PROCEDURES FOR REVIEW, CERTIFICATION, AND APPEAL.—The WTC Program Administrator shall, by rule, establish procedures for the review and certification of physician determinations under subparagraph (A). Such rule shall provide for—

“(i) the timely review of such a determination by a physician panel with appropriate expertise for the condition and recommendations to the WTC Program Administrator;

“(ii) not later than 60 days after the date of the transmittal under subparagraph (A)(i), a determination by the WTC Program Administrator on whether or not the condition involved is described in subsection (a)(1)(A) and is medically associated with a WTC-related health condition;

“(iii) certification in accordance with paragraph (1)(B)(ii) of coverage of such condition if determined to be described in subsection (a)(1)(A) and medically associated with a WTC-related health condition; and

“(iv) a process for appeals of determinations relating to such conditions.

“(C) INCLUSION IN LIST OF HEALTH CONDITIONS.—If the WTC Program Administrator provides certification under subparagraph (B)(iii) for coverage of a condition, the Administrator may, pursuant to subsection (a)(6), add the condition to the list in subsection (a)(3).

“(D) CONDITIONS ALREADY DECLINED FOR INCLUSION IN LIST.—If the WTC Program Administrator publishes a determination under subsection (a)(6)(B) not to include a condition in the list in subsection (a)(3), the WTC Program Administrator shall not provide certification under subparagraph (B)(iii) for coverage of the condition. In the case of an individual who is certified under subparagraph (B)(iii) with respect to such condition before the date of the publication of such determination the previous sentence shall not apply.

“(3) REQUIREMENT OF MEDICAL NECESSITY.—

“(A) IN GENERAL.—In providing treatment for a WTC-related health condition, a physician or other provider shall provide treatment that is medically necessary and in accordance with medical treatment protocols established under subsection (d).

“(B) REGULATIONS RELATING TO MEDICAL NECESSITY.—For the purpose of this title, the WTC Program Administrator shall issue regulations specifying a standard for determining medical necessity with respect to health care services and prescription pharmaceuticals, a process for determining whether treatment furnished and pharmaceuticals prescribed under this title meet such standard (including any prior authorization requirement), and a process for appeal of a determination under subsection (c)(3).

“(4) SCOPE OF TREATMENT COVERED.—

“(A) IN GENERAL.—The scope of treatment covered under this subsection includes services of physicians and other health care providers, diagnostic and laboratory tests, prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment.

“(B) PHARMACEUTICAL COVERAGE.—With respect to ensuring coverage of medically necessary outpatient prescription drugs, such drugs shall be provided, under arrangements made by the WTC Program Administrator, directly through participating Clinical Centers of Excellence or through one or more outside vendors.

“(C) TRANSPORTATION EXPENSES FOR NATIONWIDE NETWORK.—The WTC Program Administrator may provide for necessary and reasonable transportation and expenses incident to the securing of medically necessary treatment through the nationwide network under section 3313 involving travel of more than 250 miles and for which payment is made under this section in the same manner in which individuals may be furnished necessary and reasonable transportation and expenses incident to services involving travel of more than 250 miles under regulations implementing section 3629(c) of the Energy Employees Occupational Illness Compensation Program Act of 2000 (title XXXVI of Public Law 106-398; 42 U.S.C. 7384t(c)).

“(5) PROVISION OF TREATMENT PENDING CERTIFICATION.—With respect to an enrolled WTC responder for whom a determination is made by an examining physician under paragraph (1) or (2), but for whom the WTC Program Administrator has not yet determined whether to certify the determination, the WTC Program Administrator may establish by rule a process through which the Administrator may approve the provision of medical treatment under this subsection (and payment under subsection (c)) with respect to such responder and such responder's WTC-related health condition (under such terms and conditions as the Administrator may provide) until the Administrator makes a decision on whether to certify the determination.

“(c) PAYMENT FOR INITIAL HEALTH EVALUATION, MONITORING, AND TREATMENT OF WTC-RELATED HEALTH CONDITIONS.—

“(1) MEDICAL TREATMENT.—

“(A) USE OF FECA PAYMENT RATES.—Subject to subparagraphs (B) and (C), the WTC Program Administrator shall reimburse costs for medically necessary treatment under this title for WTC-related health conditions according to the payment rates that would apply to the provision of such treatment and services by the facility under the Federal Employees Compensation Act. For treatment not covered under the previous sentence or subparagraph (B), the WTC Program Administrator shall establish by regulation a reimbursement rate for such treatment.

“(B) PHARMACEUTICALS.—

“(i) IN GENERAL.—The WTC Program Administrator shall establish a program for paying for the medically necessary outpatient prescription pharmaceuticals prescribed under this title for WTC-related health conditions through one or more contracts with outside vendors.

“(ii) COMPETITIVE BIDDING.—Under such program the Administrator shall—

“(I) select one or more appropriate vendors through a Federal competitive bid process; and

“(II) select the lowest bidder (or bidders) meeting the requirements for providing pharmaceutical benefits for participants in the WTC Program.

“(iii) TREATMENT OF FDNY PARTICIPANTS.—Under such program the Administrator may enter into an agreement with a separate vendor to provide pharmaceutical benefits to enrolled WTC responders for whom the Clinical Center of Excellence is described in section 3305 if such an arrangement is deemed necessary and beneficial to the program by the WTC Program Administrator.

“(C) IMPROVING QUALITY AND EFFICIENCY THROUGH MODIFICATION OF PAYMENT AMOUNTS AND METHODOLOGIES.—The WTC Program Administrator may modify the amounts and methodologies for making payments for initial health evaluations, monitoring, or treatment, if, taking into account utilization and quality data furnished by the Clinical Centers of Excellence under section 3305(b)(1)(B)(iii), the Administrator determines that a bundling, capitation, pay for performance, or other payment methodology would better ensure high quality and efficient delivery of initial health evaluations, monitoring, or treatment to an enrolled WTC responder, screening-eligible WTC survivor, or certified-eligible WTC survivor.

“(2) MONITORING AND INITIAL HEALTH EVALUATION.—The WTC Program Administrator shall reimburse the costs of monitoring and the costs of an initial health evaluation provided under this title at a rate set by the Administrator by regulation.

“(3) DETERMINATION OF MEDICAL NECESSITY.—

“(A) REVIEW OF MEDICAL NECESSITY AND PROTOCOLS.—As part of the process for reimbursement or payment under this subsection, the WTC Program Administrator shall provide for the review of claims for reimbursement or payment for the provision of medical treatment to determine if such treatment is medically necessary and in accordance with medical treatment protocols established under subsection (d).

“(B) WITHHOLDING OF PAYMENT FOR MEDICALLY UNNECESSARY TREATMENT.—The Administrator shall withhold such reimbursement or payment for treatment that the Administrator determines is not medically necessary or is not in accordance with such medical treatment protocols.

“(d) MEDICAL TREATMENT PROTOCOLS.—

“(1) DEVELOPMENT.—The Data Centers shall develop medical treatment protocols for the treatment of enrolled WTC responders and certified-eligible WTC survivors for health conditions included in the applicable list of WTC-related health conditions.

“(2) APPROVAL.—The medical treatment protocols developed under paragraph (1) shall be subject to approval by the WTC Program Administrator.

“SEC. 3313. NATIONAL ARRANGEMENT FOR BENEFITS FOR ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.

“(a) IN GENERAL.—In order to ensure reasonable access to benefits under this subtitle for individuals who are enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors and who reside in any State, as defined in section 2(f), outside the New York metropolitan area, the

WTC Program Administrator shall establish a nationwide network of health care providers to provide monitoring and treatment benefits and initial health evaluations near such individuals' areas of residence in such States. Nothing in this subsection shall be construed as preventing such individuals from being provided such monitoring and treatment benefits or initial health evaluation through any Clinical Center of Excellence.

“(b) NETWORK REQUIREMENTS.—Any health care provider participating in the network under subsection (a) shall—

“(1) meet criteria for credentialing established by the Data Centers;

“(2) follow the monitoring, initial health evaluation, and treatment protocols developed under section 3305(a)(2)(A)(ii);

“(3) collect and report data in accordance with section 3304; and

“(4) meet such fraud, quality assurance, and other requirements as the WTC Program Administrator establishes, including sections 1128 through 1128E of the Social Security Act, as applied by section 3301(d).

“(c) TRAINING AND TECHNICAL ASSISTANCE.—The WTC Program Administrator may provide, including through contract, for the provision of training and technical assistance to health care providers participating in the network under subsection (a).

“PART 2—WTC SURVIVORS

“SEC. 3321. IDENTIFICATION AND INITIAL HEALTH EVALUATION OF SCREENING-ELIGIBLE AND CERTIFIED-ELIGIBLE WTC SURVIVORS.

“(a) IDENTIFICATION OF SCREENING-ELIGIBLE WTC SURVIVORS AND CERTIFIED-ELIGIBLE WTC SURVIVORS.—

“(1) SCREENING-ELIGIBLE WTC SURVIVORS.—

“(A) DEFINITION.—In this title, the term ‘screening-eligible WTC survivor’ means, subject to subparagraph (C) and paragraph (3), an individual who is described in any of the following clauses:

“(i) CURRENTLY IDENTIFIED SURVIVOR.—An individual, including a WTC responder, who has been identified as eligible for medical treatment and monitoring by the WTC Environmental Health Center as of the date of enactment of this title.

“(ii) SURVIVOR WHO MEETS CURRENT ELIGIBILITY CRITERIA.—An individual who is not a WTC responder, for purposes of the initial health evaluation under subsection (b), claims symptoms of a WTC-related health condition and meets any of the current eligibility criteria described in subparagraph (B).

“(iii) SURVIVOR WHO MEETS MODIFIED ELIGIBILITY CRITERIA.—An individual who is not a WTC responder, for purposes of the initial health evaluation under subsection (b), claims symptoms of a WTC-related health condition and meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks as the WTC Administrator determines, after consultation with the Data Centers described in section 3305 and the WTC Scientific/Technical Advisory Committee and WTC Health Program Steering Committees under section 3302.

The Administrator shall not modify such criteria under clause (iii) on or after the date that the number of certifications for certified-eligible WTC survivors under paragraph (2)(B) has reached 80 percent of the limit described in paragraph (3) or on or after the date that the number of enrollments of WTC responders has reached 80 percent of the limit described in section 3311(a)(4).

“(B) CURRENT ELIGIBILITY CRITERIA.—The eligibility criteria described in this subparagraph for an individual are that the indi-

vidual is described in any of the following clauses:

“(i) A person who was present in the New York City disaster area in the dust or dust cloud on September 11, 2001.

“(ii) A person who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area for—

“(I) at least 4 days during the 4-month period beginning on September 11, 2001, and ending on January 10, 2002; or

“(II) at least 30 days during the period beginning on September 11, 2001, and ending on July 31, 2002.

“(iii) Any person who worked as a cleanup worker or performed maintenance work in the New York City disaster area during the 4-month period described in subparagraph (B)(i) and had extensive exposure to WTC dust as a result of such work.

“(iv) A person who was deemed eligible to receive a grant from the Lower Manhattan Development Corporation Residential Grant Program, who possessed a lease for a residence or purchased a residence in the New York City disaster area, and who resided in such residence during the period beginning on September 11, 2001, and ending on May 31, 2003.

“(v) A person whose place of employment—

“(I) at any time during the period beginning on September 11, 2001, and ending on May 31, 2003, was in the New York City disaster area; and

“(II) was deemed eligible to receive a grant from the Lower Manhattan Development Corporation WTC Small Firms Attraction and Retention Act program or other government incentive program designed to revitalize the lower Manhattan economy after the September 11, 2001, terrorist attacks.

“(C) APPLICATION AND DETERMINATION PROCESSES FOR SCREENING ELIGIBILITY.—

“(i) IN GENERAL.—The WTC Program Administrator in consultation with the Data Centers shall establish a process for individuals, other than individuals described in subparagraph (A)(i), to be determined to be screening-eligible WTC survivors. Under such process—

“(I) there shall be no fee charged to the applicant for making an application for such determination;

“(II) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application;

“(III) the Administrator shall make such a determination relating to an applicant's compliance with this title and shall not determine that an individual is not so eligible or deny written documentation under clause (ii) to such individual unless the Administrator determines that—

“(aa) based on the application submitted, the individual does not meet the eligibility criteria; or

“(bb) the numerical limitation on certifications of certified-eligible WTC survivors set forth in paragraph (3) has been met; and

“(IV) an individual who is determined not to be a screening-eligible WTC survivor shall have an opportunity to appeal such determination in a manner established under such process.

“(ii) WRITTEN DOCUMENTATION OF SCREENING-ELIGIBILITY.—

“(I) IN GENERAL.—In the case of an individual who is described in subparagraph (A)(i) or who is determined under clause (i) (consistent with paragraph (3)) to be a screening-eligible WTC survivor, the WTC Program Administrator shall provide an appropriate written documentation of such fact.

“(II) TIMING.—

“(aa) CURRENTLY IDENTIFIED SURVIVORS.—In the case of an individual who is described

in subparagraph (A)(i), the WTC Program Administrator shall provide the written documentation under subclause (I) not later than July 1, 2011.

“(bb) OTHER MEMBERS.—In the case of another individual who is determined under clause (i) and consistent with paragraph (3) to be a screening-eligible WTC survivor, the WTC Program Administrator shall provide the written documentation under subclause (I) at the time of such determination.

“(2) CERTIFIED-ELIGIBLE WTC SURVIVORS.—

“(A) DEFINITION.—The term ‘certified-eligible WTC survivor’ means, subject to paragraph (3), a screening-eligible WTC survivor who the WTC Program Administrator certifies under subparagraph (B) to be eligible for followup monitoring and treatment under this part.

“(B) CERTIFICATION OF ELIGIBILITY FOR MONITORING AND TREATMENT.—

“(i) IN GENERAL.—The WTC Program Administrator shall establish a certification process under which the Administrator shall provide appropriate certification to screening-eligible WTC survivors who, pursuant to the initial health evaluation under subsection (b), are determined to be eligible for followup monitoring and treatment under this part.

“(ii) TIMING.—

“(I) CURRENTLY IDENTIFIED SURVIVORS.—In the case of an individual who is described in paragraph (1)(A)(i), the WTC Program Administrator shall provide the certification under clause (i) not later than July 1, 2011.

“(II) OTHER MEMBERS.—In the case of another individual who is determined under clause (i) to be eligible for followup monitoring and treatment, the WTC Program Administrator shall provide the certification under such clause at the time of such determination.

“(3) NUMERICAL LIMITATION ON CERTIFIED-ELIGIBLE WTC SURVIVORS.—

“(A) IN GENERAL.—The total number of individuals not described in paragraph (1)(A)(i) who may be certified as certified-eligible WTC survivors under paragraph (2)(B) shall not exceed 25,000 at any time.

“(B) PROCESS.—In implementing subparagraph (A), the WTC Program Administrator shall—

“(i) limit the number of certifications provided under paragraph (2)(B)—

“(I) in accordance with such subparagraph; and

“(II) to such number, as determined by the Administrator based on the best available information and subject to amounts made available under section 3351, that will ensure sufficient funds will be available to provide treatment and monitoring benefits under this title, with respect to all individuals receiving such certifications through the end of fiscal year 2020; and

“(ii) provide priority in such certifications in the order in which individuals apply for a determination under paragraph (2)(B).

“(4) DISQUALIFICATION OF INDIVIDUALS ON TERRORIST WATCH LIST.—No individual who is on the terrorist watch list maintained by the Department of Homeland Security shall qualify as a screening-eligible WTC survivor or a certified-eligible WTC survivor. Before determining any individual to be a screening-eligible WTC survivor under paragraph (1) or certifying any individual as a certified-eligible WTC survivor under paragraph (2), the Administrator, in consultation with the Secretary of Homeland Security, shall determine whether the individual is on such list.

“(b) INITIAL HEALTH EVALUATION TO DETERMINE ELIGIBILITY FOR FOLLOWUP MONITORING OR TREATMENT.—

“(1) IN GENERAL.—In the case of a screening-eligible WTC survivor, the WTC Program Administrator shall provide for an initial health evaluation

to determine if the survivor has a WTC-related health condition and is eligible for followup monitoring and treatment benefits under the WTC Program. Initial health evaluation protocols under section 3305(a)(2)(A)(ii) shall be subject to approval by the WTC Program Administrator.

“(2) INITIAL HEALTH EVALUATION PROVIDERS.—The initial health evaluation described in paragraph (1) shall be provided through a Clinical Center of Excellence with respect to the individual involved.

“(3) LIMITATION ON INITIAL HEALTH EVALUATION BENEFITS.—Benefits for an initial health evaluation under this part for a screening-eligible WTC survivor shall consist only of a single medical initial health evaluation consistent with initial health evaluation protocols described in paragraph (1). Nothing in this paragraph shall be construed as preventing such an individual from seeking additional medical initial health evaluations at the expense of the individual.

“SEC. 3322. FOLLOWUP MONITORING AND TREATMENT OF CERTIFIED-ELIGIBLE WTC SURVIVORS FOR WTC-RELATED HEALTH CONDITIONS.

“(a) IN GENERAL.—Subject to subsection (b), the provisions of sections 3311 and 3312 shall apply to followup monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors in the same manner as such provisions apply to the monitoring and treatment of WTC-related health conditions for enrolled WTC responders.

“(b) LIST OF WTC-RELATED HEALTH CONDITIONS FOR SURVIVORS.—The list of health conditions for screening-eligible WTC survivors and certified-eligible WTC survivors consists of the following:

- “(1) AERODIGESTIVE DISORDERS.—
- “(A) Interstitial lung diseases.
- “(B) Chronic respiratory disorder—fumes/vapors.
- “(C) Asthma.
- “(D) Reactive airways dysfunction syndrome (RADS).
- “(E) WTC-exacerbated chronic obstructive pulmonary disease (COPD).
- “(F) Chronic cough syndrome.
- “(G) Upper airway hyperreactivity.
- “(H) Chronic rhinosinusitis.
- “(I) Chronic nasopharyngitis.
- “(J) Chronic laryngitis.
- “(K) Gastroesophageal reflux disorder (GERD).
- “(L) Sleep apnea exacerbated by or related to a condition described in a previous clause.
- “(2) MENTAL HEALTH CONDITIONS.—
- “(A) Posttraumatic stress disorder (PTSD).
- “(B) Major depressive disorder.
- “(C) Panic disorder.
- “(D) Generalized anxiety disorder.
- “(E) Anxiety disorder (not otherwise specified).
- “(F) Depression (not otherwise specified).
- “(G) Acute stress disorder.
- “(H) Dysthymic disorder.
- “(I) Adjustment disorder.
- “(J) Substance abuse.

“(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(3) pursuant to paragraph (5) or (6) of section 3312(a), as such provisions are applied under subsection (a) with respect to certified-eligible WTC survivors.

“SEC. 3323. FOLLOWUP MONITORING AND TREATMENT OF OTHER INDIVIDUALS WITH WTC-RELATED HEALTH CONDITIONS.

“(a) IN GENERAL.—Subject to subsection (c), the provisions of section 3322 shall apply to the followup monitoring and treatment of WTC-related health conditions in the case of individuals described in subsection (b) in the same manner as such provisions apply to the

followup monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors.

“(b) INDIVIDUALS DESCRIBED.—An individual described in this subsection is an individual who, regardless of location of residence—

“(1) is not an enrolled WTC responder or a certified-eligible WTC survivor; and

“(2) is diagnosed at a Clinical Center of Excellence with a WTC-related health condition for certified-eligible WTC survivors.

“(c) LIMITATION.—

“(1) IN GENERAL.—The WTC Program Administrator shall limit benefits for any fiscal year under subsection (a) in a manner so that payments under this section for such fiscal year do not exceed the amount specified in paragraph (2) for such fiscal year.

“(2) LIMITATION.—The amount specified in this paragraph for—

“(A) the last calendar quarter of fiscal year 2011 is \$5,000,000;

“(B) fiscal year 2012 is \$20,000,000; or

“(C) a succeeding fiscal year is the amount specified in this paragraph for the previous fiscal year increased by the annual percentage increase in the medical care component of the consumer price index for all urban consumers.

“PART 3—PAYOR PROVISIONS

“SEC. 3331. PAYMENT OF CLAIMS.

“(a) IN GENERAL.—Except as provided in subsections (b) and (c), the cost of monitoring and treatment benefits and initial health evaluation benefits provided under parts 1 and 2 of this subtitle shall be paid for by the WTC Program from the World Trade Center Health Program Fund.

“(b) WORKERS’ COMPENSATION PAYMENT.—

“(1) IN GENERAL.—Subject to paragraph (2), payment for treatment under parts 1 and 2 of this subtitle of a WTC-related health condition of an individual that is work-related shall be reduced or recouped to the extent that the WTC Program Administrator determines that payment has been made, or can reasonably be expected to be made, under a workers’ compensation law or plan of the United States, a State, or a locality, or other work-related injury or illness benefit plan of the employer of such individual, for such treatment. The provisions of clauses (iii), (iv), (v), and (vi) of paragraph (2)(B) of section 1862(b) of the Social Security Act and paragraphs (3) and (4) of such section shall apply to the recoupment under this subsection of a payment to the WTC Program (with respect to a workers’ compensation law or plan, or other work-related injury or illness plan of the employer involved, and such individual) in the same manner as such provisions apply to the reimbursement of a payment under section 1862(b)(2) of such Act to the Secretary (with respect to such a law or plan and an individual entitled to benefits under title XVIII of such Act) except that any reference in such paragraph (4) to payment rates under title XVIII of the Social Security Act shall be deemed a reference to payment rates under this title.

“(2) EXCEPTION.—Paragraph (1) shall not apply for any quarter, with respect to any workers’ compensation law or plan, including line of duty compensation, to which New York City is obligated to make payments, if, in accordance with terms specified under the contract under subsection (d)(1)(A), New York City has made the full payment required under such contract for such quarter.

“(3) RULES OF CONSTRUCTION.—Nothing in this title shall be construed to affect, modify, or relieve any obligations under a worker’s compensation law or plan, other work-related injury or illness benefit plan of an employer, or any health insurance plan.

“(c) HEALTH INSURANCE COVERAGE.—

“(1) IN GENERAL.—In the case of an individual who has a WTC-related health condition that is not work-related and has health coverage for such condition through any public or private health plan (including health benefits under title XVIII, XIX, or XXI of the Social Security Act) the provisions of section 1862(b) of the Social Security Act shall apply to such a health plan and such individual in the same manner as they apply to group health plan and an individual entitled to benefits under title XVIII of such Act pursuant to section 226(a) of such Act. Any costs for items and services covered under such plan that are not reimbursed by such health plan, due to the application of deductibles, copayments, coinsurance, other cost sharing, or otherwise, are reimbursable under this title to the extent that they are covered under the WTC Program. The program under this title shall not be treated as a legally liable party for purposes of applying section 1902(a)(25) of the Social Security Act.

“(2) RECOVERY BY INDIVIDUAL PROVIDERS.—Nothing in paragraph (1) shall be construed as requiring an entity providing monitoring and treatment under this title to seek reimbursement under a health plan with which the entity has no contract for reimbursement.

“(3) MAINTENANCE OF REQUIRED MINIMUM ESSENTIAL COVERAGE.—No payment may be made for monitoring and treatment under this title for an individual for a month (beginning with July 2014) if with respect to such month the individual—

“(A) is an applicable individual (as defined in subsection (d) of section 5000A of Internal Revenue Code of 1986) for whom the exemption under subsection (e) of such section does not apply; and

“(B) is not covered under minimum essential coverage, as required under subsection (a) of such section.

“(d) REQUIRED CONTRIBUTION BY NEW YORK CITY IN PROGRAM COSTS.—

“(1) CONTRACT REQUIREMENT.—

“(A) IN GENERAL.—No funds may be disbursed from the World Trade Center Health Program Fund under section 3351 unless New York City has entered into a contract with the WTC Program Administrator under which New York City agrees, in a form and manner specified by the Administrator, to pay the full contribution described in subparagraph (B) in accordance with this subsection on a timely basis, plus any interest owed pursuant to subparagraph (E)(i). Such contract shall specify the terms under which New York City shall be considered to have made the full payment required for a quarter for purposes of subsection (b)(2).

“(B) FULL CONTRIBUTION AMOUNT.—Under such contract, with respect to the last calendar quarter of fiscal year 2011 and each calendar quarter in fiscal years 2012 through 2018 the full contribution amount under this subparagraph shall be equal to 10 percent of the expenditures in carrying out this title for the respective quarter and with respect to calendar quarters in fiscal years 2019 and 2020, such full contribution amount shall be equal to 1/3 of the Federal expenditures in carrying out this title for the respective quarter.

“(C) SATISFACTION OF PAYMENT OBLIGATION.—The payment obligation under such contract may not be satisfied through any of the following:

“(i) An amount derived from Federal sources.

“(ii) An amount paid before the date of the enactment of this title.

“(iii) An amount paid to satisfy a judgment or as part of a settlement related to injuries or illnesses arising out of the September 11, 2001, terrorist attacks.

“(D) TIMING OF CONTRIBUTION.—The payment obligation under such contract for a calendar quarter in a fiscal year shall be paid not later than the last day of the second succeeding calendar quarter.

“(E) COMPLIANCE.—

“(i) INTEREST FOR LATE PAYMENT.—If New York City fails to pay to the WTC Program Administrator pursuant to such contract the amount required for any calendar quarter by the day specified in subparagraph (D), interest shall accrue on the amount not so paid at the rate (determined by the Administrator) based on the average yield to maturity, plus 1 percentage point, on outstanding municipal bonds issued by New York City with a remaining maturity of at least 1 year.

“(ii) RECOVERY OF AMOUNTS OWED.—The amounts owed to the WTC Program Administrator under such contract shall be recoverable by the United States in an action in the same manner as payments made under title XVIII of the Social Security Act may be recoverable in an action brought under section 1862(b)(2)(B)(iii) of such Act.

“(F) DEPOSIT IN FUND.—The WTC Program Administrator shall deposit amounts paid under such contract into the World Trade Center Health Program Fund under section 3351.

“(2) PAYMENT OF NEW YORK CITY SHARE OF MONITORING AND TREATMENT COSTS.—With respect to each calendar quarter for which a contribution is required by New York City under the contract under paragraph (1), the WTC Program Administrator shall—

“(A) provide New York City with an estimate of such amount of the required contribution at the beginning of such quarter and with an updated estimate of such amount at the beginning of each of the subsequent 2 quarters;

“(B) bill such amount directly to New York City; and

“(C) certify periodically, for purposes of this subsection, whether or not New York City has paid the amount so billed.

Such amount shall initially be estimated by the WTC Program Administrator and shall be subject to adjustment and reconciliation based upon actual expenditures in carrying out this title.

“(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as authorizing the WTC Administrator, with respect to a fiscal year, to reduce the numerical limitation under section 3311(a)(4) or 3321(a)(3) for such fiscal year if New York City fails to comply with paragraph (1) for a calendar quarter in such fiscal year.

“(e) WORK-RELATED DESCRIBED.—For the purposes of this section, a WTC-related health condition shall be treated as a condition that is work-related if—

“(1) the condition is diagnosed in an enrolled WTC responder, or in an individual who qualifies as a certified-eligible WTC survivor on the basis of being a rescue, recovery, or cleanup worker; or

“(2) with respect to the condition the individual has filed and had established a claim under a workers’ compensation law or plan of the United States or a State, or other work-related injury or illness benefit plan of the employer of such individual.

“SEC. 3332. ADMINISTRATIVE ARRANGEMENT AUTHORITY.

“The WTC Program Administrator may enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims under sections 3312, 3313, 3322, and 3323.

“Subtitle C—Research Into Conditions

“SEC. 3341. RESEARCH REGARDING CERTAIN HEALTH CONDITIONS RELATED TO SEPTEMBER 11 TERRORIST ATTACKS.

“(a) IN GENERAL.—With respect to individuals, including enrolled WTC responders and certified-eligible WTC survivors, receiving monitoring or treatment under subtitle B, the WTC Program Administrator shall conduct or support—

“(1) research on physical and mental health conditions that may be related to the September 11, 2001, terrorist attacks;

“(2) research on diagnosing WTC-related health conditions of such individuals, in the case of conditions for which there has been diagnostic uncertainty; and

“(3) research on treating WTC-related health conditions of such individuals, in the case of conditions for which there has been treatment uncertainty.

The Administrator may provide such support through continuation and expansion of research that was initiated before the date of the enactment of this title and through the World Trade Center Health Registry (referred to in section 3342), through a Clinical Center of Excellence, or through a Data Center.

“(b) TYPES OF RESEARCH.—The research under subsection (a)(1) shall include epidemiologic and other research studies on WTC-related health conditions or emerging conditions—

“(1) among enrolled WTC responders and certified-eligible WTC survivors under treatment; and

“(2) in sampled populations outside the New York City disaster area in Manhattan as far north as 14th Street and in Brooklyn, along with control populations, to identify potential for long-term adverse health effects in less exposed populations.

“(c) CONSULTATION.—The WTC Program Administrator shall carry out this section in consultation with the WTC Scientific/Technical Advisory Committee.

“(d) APPLICATION OF PRIVACY AND HUMAN SUBJECT PROTECTIONS.—The privacy and human subject protections applicable to research conducted under this section shall not be less than such protections applicable to research conducted or funded by the Department of Health and Human Services.

“SEC. 3342. WORLD TRADE CENTER HEALTH REGISTRY.

“For the purpose of ensuring ongoing data collection relating to victims of the September 11, 2001, terrorist attacks, the WTC Program Administrator shall ensure that a registry of such victims is maintained that is at least as comprehensive as the World Trade Center Health Registry maintained under the arrangements in effect as of April 20, 2009, with the New York City Department of Health and Mental Hygiene.

“Subtitle D—Funding

“SEC. 3351. WORLD TRADE CENTER HEALTH PROGRAM FUND.

“(a) ESTABLISHMENT OF FUND.—

“(1) IN GENERAL.—There is established a fund to be known as the World Trade Center Health Program Fund (referred to in this section as the ‘Fund’).

“(2) FUNDING.—Out of any money in the Treasury not otherwise appropriated, there shall be deposited into the Fund for each of fiscal years 2012 through 2020 (and the last calendar quarter of fiscal year 2011)—

“(A) the Federal share, consisting of an amount equal to the lesser of—

“(i) 90 percent of the expenditures in carrying out this title for the respective fiscal year (initially based on estimates, subject to subsequent reconciliation based on actual expenditures); or

“(ii)(I) \$71,000,000 for the last calendar quarter of fiscal year 2011, \$318,000,000 for fiscal year 2012, \$354,000,000 for fiscal year 2013, \$382,000,000 for fiscal year 2014, \$431,000,000 for fiscal year 2015, \$481,000,000 for fiscal year 2016, \$537,000,000 for fiscal year 2017, \$601,000,000 for fiscal year 2018, and \$173,000,000 for fiscal year 2019; and

“(II) subject to paragraph (4), an additional \$499,000,000 for fiscal year 2019 and \$743,000,000 for fiscal year 2020; plus

“(B) the New York City share, consisting of the amount contributed under the contract under section 3331(d).

“(3) CONTRACT REQUIREMENT.—

“(A) IN GENERAL.—No funds may be disbursed from the Fund unless New York City has entered into a contract with the WTC Program Administrator under section 3331(d)(1).

“(B) BREACH OF CONTRACT.—In the case of a failure to pay the amount so required under the contract—

“(i) the amount is recoverable under subparagraph (E)(ii) of such section;

“(ii) such failure shall not affect the disbursement of amounts from the Fund; and

“(iii) the Federal share described in paragraph (2)(A) shall not be increased by the amount so unpaid.

“(4) AGGREGATE LIMITATION ON FUNDING BEGINNING WITH FISCAL YEAR 2019.—Beginning with fiscal year 2019, in no case shall the share of Federal funds deposited into the Fund under paragraph (2) for such fiscal year and previous fiscal years and quarters exceed the sum of the amounts specified in paragraph (2)(A)(ii)(I).

“(b) MANDATORY FUNDS FOR MONITORING, INITIAL HEALTH EVALUATIONS, TREATMENT, AND CLAIMS PROCESSING.—

“(1) IN GENERAL.—The amounts deposited into the Fund under subsection (a)(2) shall be available, without further appropriation, consistent with paragraph (2) and subsection (c), to carry out subtitle B and sections 3302(a), 3303, 3304, 3305(a)(2), 3305(c), 3341, and 3342.

“(2) LIMITATION ON MANDATORY FUNDING.—This title does not establish any Federal obligation for payment of amounts in excess of the amounts available from the Fund for such purpose.

“(3) LIMITATION ON AUTHORIZATION FOR FURTHER APPROPRIATIONS.—This title does not establish any authorization for appropriation of amounts in excess of the amounts available from the Fund under paragraph (1).

“(c) LIMITS ON SPENDING FOR CERTAIN PURPOSES.—Of the amounts made available under subsection (b)(1), not more than each of the following amounts may be available for each of the following purposes:

“(1) SURVIVING IMMEDIATE FAMILY MEMBERS OF FIREFIGHTERS.—For the purposes of carrying out subtitle B with respect to WTC responders described in section 3311(a)(2)(A)(ii)—

“(A) for the last calendar quarter of fiscal year 2011, \$100,000;

“(B) for fiscal year 2012, \$400,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

“(2) WTC HEALTH PROGRAM SCIENTIFIC/TECHNICAL ADVISORY COMMITTEE.—For the purpose of carrying out section 3302(a)—

“(A) for the last calendar quarter of fiscal year 2011, \$25,000;

“(B) for fiscal year 2012, \$100,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for

the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

“(3) EDUCATION AND OUTREACH.—For the purpose of carrying out section 3303—

“(A) for the last calendar quarter of fiscal year 2011, \$500,000;

“(B) for fiscal year 2012, \$2,000,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

“(4) UNIFORM DATA COLLECTION.—For the purpose of carrying out section 3304 and for reimbursing Data Centers (as defined in section 3305(b)(2)) for the costs incurred by such Centers in carrying out activities under contracts entered into under section 3305(a)(2)—

“(A) for the last calendar quarter of fiscal year 2011, \$2,500,000;

“(B) for fiscal year 2012, \$10,000,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

“(5) RESEARCH REGARDING CERTAIN HEALTH CONDITIONS.—For the purpose of carrying out section 3341—

“(A) for the last calendar quarter of fiscal year 2011, \$3,750,000;

“(B) for fiscal year 2012, \$15,000,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

“(6) WORLD TRADE CENTER HEALTH REGISTRY.—For the purpose of carrying out section 3342—

“(A) for the last calendar quarter of fiscal year 2011, \$1,750,000;

“(B) for fiscal year 2012, \$7,000,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.”

TITLE II—SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

SEC. 201. DEFINITIONS.

Section 402 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) in paragraph (6) by inserting “, or debris removal, including under the World Trade Center Health Program established under section 3001 of the Public Health Service Act, and payments made pursuant to the settlement of a civil action described in section 405(c)(3)(C)(iii)” after “September 11, 2001”;

(2) by inserting after paragraph (6) the following new paragraphs and redesignating subsequent paragraphs accordingly:

“(7) CONTRACTOR AND SUBCONTRACTOR.—The term ‘contractor and subcontractor’ means any contractor or subcontractor (at any tier of a subcontracting relationship), including any general contractor, construction manager, prime contractor, consultant, or any

parent, subsidiary, associated or allied company, affiliated company, corporation, firm, organization, or joint venture thereof that participated in debris removal at any 9/11 crash site. Such term shall not include any entity, including the Port Authority of New York and New Jersey, with a property interest in the World Trade Center, on September 11, 2001, whether fee simple, leasehold or easement, direct or indirect.

“(8) DEBRIS REMOVAL.—The term ‘debris removal’ means rescue and recovery efforts, removal of debris, cleanup, remediation, and response during the immediate aftermath of the terrorist-related aircraft crashes of September 11, 2001, with respect to a 9/11 crash site.”;

(3) by inserting after paragraph (10), as so redesignated, the following new paragraph and redesignating the subsequent paragraphs accordingly:

“(11) IMMEDIATE AFTERMATH.—The term ‘immediate aftermath’ means any period beginning with the terrorist-related aircraft crashes of September 11, 2001, and ending on August 30, 2002.”; and

(4) by adding at the end the following new paragraph:

“(14) 9/11 CRASH SITE.—The term ‘9/11 crash site’ means—

“(A) the World Trade Center site, Pentagon site, and Shanksville, Pennsylvania site;

“(B) the buildings or portions of buildings that were destroyed as a result of the terrorist-related aircraft crashes of September 11, 2001;

“(C) any area contiguous to a site of such crashes that the Special Master determines was sufficiently close to the site that there was a demonstrable risk of physical harm resulting from the impact of the aircraft or any subsequent fire, explosions, or building collapses (including the immediate area in which the impact occurred, fire occurred, portions of buildings fell, or debris fell upon and injured individuals); and

“(D) any area related to, or along, routes of debris removal, such as barges and Fresh Kills.”.

SEC. 202. EXTENDED AND EXPANDED ELIGIBILITY FOR COMPENSATION.

(a) INFORMATION ON LOSSES RESULTING FROM DEBRIS REMOVAL INCLUDED IN CONTENTS OF CLAIM FORM.—Section 405(a)(2)(B) of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) in clause (i), by inserting “, or debris removal during the immediate aftermath” after “September 11, 2001”;

(2) in clause (ii), by inserting “or debris removal during the immediate aftermath” after “crashes”; and

(3) in clause (iii), by inserting “or debris removal during the immediate aftermath” after “crashes”.

(b) EXTENSION OF DEADLINE FOR CLAIMS UNDER SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001.—Section 405(a)(3) of such Act is amended to read as follows:

“(3) LIMITATION.—

“(A) IN GENERAL.—Except as provided by subparagraph (B), no claim may be filed under paragraph (1) after the date that is 2 years after the date on which regulations are promulgated under section 407(a).

“(B) EXCEPTION.—A claim may be filed under paragraph (1), in accordance with subsection (c)(3)(A)(i), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date on which the regulations are updated under section 407(b) and ending on December 22, 2031.”.

(c) REQUIREMENTS FOR FILING CLAIMS DURING EXTENDED FILING PERIOD.—Section 405(c)(3) of such Act is amended—

(1) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively; and

(2) by inserting before subparagraph (B), as so redesignated, the following new subparagraph:

“(A) REQUIREMENTS FOR FILING CLAIMS DURING EXTENDED FILING PERIOD.—

“(i) TIMING REQUIREMENTS FOR FILING CLAIMS.—An individual (or a personal representative on behalf of a deceased individual) may file a claim during the period described in subsection (a)(3)(B) as follows:

“(I) In the case that the Special Master determines the individual knew (or reasonably should have known) before the date specified in clause (iii) that the individual suffered a physical harm at a 9/11 crash site as a result of the terrorist-related aircraft crashes of September 11, 2001, or as a result of debris removal, and that the individual knew (or should have known) before such specified date that the individual was eligible to file a claim under this title, the individual may file a claim not later than the date that is 2 years after such specified date.

“(II) In the case that the Special Master determines the individual first knew (or reasonably should have known) on or after the date specified in clause (iii) that the individual suffered such a physical harm or that the individual first knew (or should have known) on or after such specified date that the individual was eligible to file a claim under this title, the individual may file a claim not later than the last day of the 2-year period beginning on the date the Special Master determines the individual first knew (or should have known) that the individual both suffered from such harm and was eligible to file a claim under this title.

“(ii) OTHER ELIGIBILITY REQUIREMENTS FOR FILING CLAIMS.—An individual may file a claim during the period described in subsection (a)(3)(B) only if—

“(I) the individual was treated by a medical professional for suffering from a physical harm described in clause (i)(I) within a reasonable time from the date of discovering such harm; and

“(II) the individual’s physical harm is verified by contemporaneous medical records created by or at the direction of the medical professional who provided the medical care.

“(iii) DATE SPECIFIED.—The date specified in this clause is the date on which the regulations are updated under section 407(a).”.

(d) CLARIFYING APPLICABILITY TO ALL 9/11 CRASH SITES.—Section 405(c)(2)(A)(i) of such Act is amended by striking “or the site of the aircraft crash at Shanksville, Pennsylvania” and inserting “the site of the aircraft crash at Shanksville, Pennsylvania, or any other 9/11 crash site”.

(e) INCLUSION OF PHYSICAL HARM RESULTING FROM DEBRIS REMOVAL.—Section 405(c) of such Act is amended in paragraph (2)(A)(ii), by inserting “or debris removal” after “air crash”.

(f) LIMITATIONS ON CIVIL ACTIONS.—

(1) APPLICATION TO DAMAGES RELATED TO DEBRIS REMOVAL.—Clause (i) of section 405(c)(3)(C) of such Act, as redesignated by subsection (c), is amended by inserting “, or for damages arising from or related to debris removal” after “September 11, 2001”.

(2) PENDING ACTIONS.—Clause (ii) of such section, as so redesignated, is amended to read as follows:

“(ii) PENDING ACTIONS.—In the case of an individual who is a party to a civil action described in clause (i), such individual may not submit a claim under this title—

“(I) during the period described in subsection (a)(3)(A) unless such individual withdraws from such action by the date that is 90 days after the date on which regulations are promulgated under section 407(a); and

“(II) during the period described in subsection (a)(3)(B) unless such individual withdraws from such action by the date that is 90 days after the date on which the regulations are updated under section 407(b).”.

(3) **SETTLED ACTIONS; AUTHORITY TO REINSTITUTE CERTAIN LAWSUITS.**—Such section, as so redesignated, is further amended by adding at the end the following new clauses:

“(iii) **SETTLED ACTIONS.**—In the case of an individual who settled a civil action described in clause (i), such individual may not submit a claim under this title unless such action was commenced after December 22, 2003, and a release of all claims in such action was tendered prior to the date on which the James Zadroga 9/11 Health and Compensation Act of 2010 was enacted.

“(iv) **AUTHORITY TO REINSTITUTE CERTAIN LAWSUITS.**—In the case of a claimant who was a party to a civil action described in clause (i), who withdrew from such action pursuant to clause (ii), and who is subsequently determined to not be an eligible individual for purposes of this subsection, such claimant may reinstitute such action without prejudice during the 90-day period beginning after the date of such ineligibility determination.”.

SEC. 203. REQUIREMENT TO UPDATE REGULATIONS.

Section 407 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) by striking “Not later than” and inserting “(a) IN GENERAL.—Not later than”;

(2) by adding at the end the following new subsection:

“(b) **UPDATED REGULATIONS.**—Not later than 90 days after the date of the enactment of the James Zadroga 9/11 Health and Compensation Act of 2010, the Special Master shall update the regulations promulgated under subsection (a) to the extent necessary to comply with the provisions of title II of such Act.”.

SEC. 204. LIMITED LIABILITY FOR CERTAIN CLAIMS.

Section 408(a) of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended by adding at the end the following new paragraphs:

“(4) **LIABILITY FOR CERTAIN CLAIMS.**—Notwithstanding any other provision of law, liability for all claims and actions (including claims or actions that have been previously resolved, that are currently pending, and that may be filed through December 22, 2031) for compensatory damages, contribution or indemnity, or any other form or type of relief, arising from or related to debris removal, against the City of New York, any entity (including the Port Authority of New York and New Jersey) with a property interest in the World Trade Center on September 11, 2001 (whether fee simple, leasehold or easement, or direct or indirect) and any contractors and subcontractors, shall not be in an amount that exceeds the sum of the following, as may be applicable:

“(A) The amount of funds of the WTC Captive Insurance Company, including the cumulative interest.

“(B) The amount of all available insurance identified in schedule 2 of the WTC Captive Insurance Company insurance policy.

“(C) As it relates to the limitation of liability of the City of New York, the amount that is the greater of the City of New York’s insurance coverage or \$350,000,000. In determining the amount of the City’s insurance coverage for purposes of the previous sentence, any amount described in clauses (i) and (ii) shall not be included.

“(D) As it relates to the limitation of liability of any entity, including the Port Authority of New York and New Jersey, with a

property interest in the World Trade Center on September 11, 2001 (whether fee simple, leasehold or easement, or direct or indirect), the amount of all available liability insurance coverage maintained by any such entity.

“(E) As it relates to the limitation of liability of any individual contractor or subcontractor, the amount of all available liability insurance coverage maintained by such contractor or subcontractor on September 11, 2001.

“(5) **PRIORITY OF CLAIMS PAYMENTS.**—Payments to plaintiffs who obtain a settlement or judgment with respect to a claim or action to which paragraph (4)(A) applies, shall be paid solely from the following funds in the following order, as may be applicable:

“(A) The funds described in clause (i) or (ii) of paragraph (4)(A).

“(B) If there are no funds available as described in clause (i) or (ii) of paragraph (4)(A), the funds described in clause (iii) of such paragraph.

“(C) If there are no funds available as described in clause (i), (ii), or (iii) of paragraph (4)(A), the funds described in clause (iv) of such paragraph.

“(D) If there are no funds available as described in clause (i), (ii), (iii), or (iv) of paragraph (4)(A), the funds described in clause (v) of such paragraph.

“(6) **DECLARATORY JUDGMENT ACTIONS AND DIRECT ACTION.**—Any party to a claim or action to which paragraph (4)(A) applies may, with respect to such claim or action, either file an action for a declaratory judgment for insurance coverage or bring a direct action against the insurance company involved.”.

SEC. 205. FUNDING; ATTORNEY FEES.

Section 406 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) in subsection (a), by striking “Not later than” and inserting “Subject to the limitations under subsection (d), not later than”;

(2) in subsection (b)—

(A) by inserting “in the amounts provided under subsection (d)(1)” after “appropriations Acts”;

(B) by inserting “subject to the limitations under subsection (d)” before the period; and

(3) by adding at the end the following new subsections:

“(d) **LIMITATION.**—

“(1) **IN GENERAL.**—The total amount of Federal funds paid for compensation under this title, with respect to claims filed on or after the date on which the regulations are updated under section 407(b), shall not exceed \$8,400,000,000. Of such amounts, \$4,200,000,000 shall be available to pay such claims during the 10-year period beginning on such date and \$4,200,000,000 shall be available to pay such claims after such period.

“(2) **PRO-RATION AND PAYMENT OF REMAINING CLAIMS.**—

“(A) **IN GENERAL.**—With respect to the one-year period beginning on the date on which the first payment is made under this title for claims filed pursuant to the regulations updated under section 407(b), the Special Master shall examine the total number of such claims paid during such period and the amounts of the payments made for such claims to project the total number and amount of claims expected to be paid under this title during the 10-year period described in paragraph (1). If, based on such projection, the Special Master determines that there will be insufficient funds available under paragraph (1) to pay such claims during such 10-year period, beginning on the first day following such one-year period, the Special Master shall ratably reduce the amount of compensation due claimants under this title in a manner to ensure, to the extent possible, that—

“(i) all claimants who, before application of the limitation under the second sentence of paragraph (1), would have been determined to be entitled to a payment under this title during such 10-year period, receive a payment during such period; and

“(ii) the total amount of all such payments made during such 10-year period do not exceed the amount available under the second sentence of paragraph (1) to pay claims during such period.

“(B) **PAYMENT OF REMAINDER OF CLAIM AMOUNTS.**—In any case in which the amount of a claim is ratably reduced pursuant to subparagraph (A), on or after the first day after the 10-year period described in paragraph (1), the Special Master shall pay to the claimant the amount that is equal to the difference between—

“(i) the amount that the claimant would have been paid under this title during such period without regard to the limitation under the second sentence of paragraph (1) applicable to such period; and

“(ii) the amount the claimant was paid under this title during such period.

“(e) **ATTORNEY FEES.**—

“(1) **IN GENERAL.**—Notwithstanding any contract, and except as provided in paragraphs (2) and (3), the representative of an individual may not charge, for services rendered in connection with the claim of an individual under this title, more than 10 percent of an award made under this title on such claim.

“(2) **LIMITATION.**—

“(A) **IN GENERAL.**—Except as provided in subparagraph (B), in the case of an individual who was charged a legal fee in connection with the settlement of a civil action described in section 405(c)(3)(C)(iii), the representative of the individual may not charge any amount for compensation for services rendered in connection with a claim filed under this title.

“(B) **EXCEPTION.**—If the legal fee charged in connection with the settlement of a civil action described in section 405(c)(3)(C)(iii) of an individual is less than 10 percent of the aggregate amount of compensation awarded to such individual through such settlement and the claim of the individual under this title, the representative of such individual may charge an amount for compensation for services rendered in connection with such claim under this title to the extent that such amount charged is not more than—

“(i) 10 percent of such aggregate amount, minus

“(ii) the total amount of all legal fees charged for services rendered in connection with such settlement.

“(3) **EXCEPTION.**—With respect to a claim made on behalf of an individual for whom a lawsuit was filed in the Southern District of New York prior to January 1, 2009, in the event that the representative believes in good faith that the fee limit set by paragraph (1) or (2) will not provide adequate compensation for services rendered in connection with such claim because of the substantial amount of legal work provided on behalf of the claimant (including work performed before the enactment of this legislation), application for greater compensation may be made to the Special Master. Upon such application, the Special Master may, in his or her discretion, award as reasonable compensation for services rendered an amount greater than that allowed for in paragraph (1). Such fee award will be final, binding, and non-appealable.”.

TITLE III—LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS; TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES

SEC. 301. LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS.

(a) IN GENERAL.—Section 894 of the Internal Revenue Code of 1986 (relating to income affected by treaty) is amended by adding at the end the following new subsection:

“(d) LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS.—

“(1) IN GENERAL.—In the case of any deductible related-party payment, any withholding tax imposed under chapter 3 (and any tax imposed under subpart A or B of this part) with respect to such payment may not be reduced under any treaty of the United States unless any such withholding tax would be reduced under a treaty of the United States if such payment were made directly to the foreign parent corporation.

“(2) DEDUCTIBLE RELATED-PARTY PAYMENT.—For purposes of this subsection, the term ‘deductible related-party payment’ means any payment made, directly or indirectly, by any person to any other person if the payment is allowable as a deduction under this chapter and both persons are members of the same foreign controlled group of entities.

“(3) FOREIGN CONTROLLED GROUP OF ENTITIES.—For purposes of this subsection—

“(A) IN GENERAL.—The term ‘foreign controlled group of entities’ means a controlled group of entities the common parent of which is a foreign corporation.

“(B) CONTROLLED GROUP OF ENTITIES.—The term ‘controlled group of entities’ means a controlled group of corporations as defined in section 1563(a)(1), except that—

“(i) more than 50 percent’ shall be substituted for ‘at least 80 percent’ each place it appears therein, and

“(ii) the determination shall be made without regard to subsections (a)(4) and (b)(2) of section 1563.

A partnership or any other entity (other than a corporation) shall be treated as a member of a controlled group of entities if such entity is controlled (within the meaning of section 954(d)(3)) by members of such group (including any entity treated as a member of such group by reason of this sentence).

“(4) FOREIGN PARENT CORPORATION.—For purposes of this subsection, the term ‘foreign parent corporation’ means, with respect to any deductible related-party payment, the common parent of the foreign controlled group of entities referred to in paragraph (3)(A).

“(5) REGULATIONS.—The Secretary may prescribe such regulations or other guidance as are necessary or appropriate to carry out the purposes of this subsection, including regulations or other guidance which provide for—

“(A) the treatment of two or more persons as members of a foreign controlled group of entities if such persons would be the common parent of such group if treated as one corporation, and

“(B) the treatment of any member of a foreign controlled group of entities as the common parent of such group if such treatment is appropriate taking into account the economic relationships among such entities.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to payments made after the date of the enactment of this Act.

SEC. 302. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

The percentage under paragraph (2) of section 561 of the Hiring Incentives to Restore Employment Act in effect on the date of the

enactment of this Act is increased by 3 percentage points.

TITLE IV—BUDGETARY EFFECTS

SEC. 401. COMPLIANCE WITH STATUTORY PAY-AS-YOU-GO ACT OF 2010.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BARTON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that Mr. NADLER of the Judiciary Committee and Mr. CROWLEY of the Ways and Means Committee each control 6½ minutes of my time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

GENERAL LEAVE

Mr. PALLONE. I also ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010. This important legislation was reported by the Energy and Commerce Committee with bipartisan support on May 25 by a vote of 33–12. I would like to take a moment to thank the bill’s sponsors, Representatives CAROLYN MALONEY and JERRY NADLER, as well as my colleagues from New York on the committee, ELIOT ENGEL and ANTHONY WEINER, for their tireless work on behalf of this legislation.

Beyond the immediate loss of life on September 11, today thousands of people are suffering debilitating illnesses from its aftermath. H.R. 847 would establish the World Trade Center Health Program, a program to screen, monitor, and treat eligible responders and survivors who are suffering from World Trade Center-related diseases, most commonly from the massive, toxic dust cloud that enveloped lower Manhattan. The bill also funds research to improve our understanding of the health effects of the exposures over time.

Federal spending for the World Trade Center Health Program is capped at \$3.2 billion and is fully paid for. The version before the House today is more than \$1 billion less expensive than that reported with bipartisan support from the Energy and Commerce Committee.

Today is an important step towards ensuring that the appropriate resources are available to take care of those who risked their lives to save others on September 11.

I urge my colleagues to suspend the rules and pass the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Before I give my statement, I wish to yield 11 of the 20 minutes to the ranking member of the Judiciary Committee, Mr. SMITH of Texas, at the appropriate time.

The SPEAKER pro tempore. Without objection, the gentleman will control that time.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, Republicans are not opposed to compensating the victims and the first responders of the World Trade Center attacks. We created a compensation fund within 11 days after the original attack back on September 11, 2001. The bill before us today, however, Mr. Speaker, creates a brand new entitlement program that could last an additional 21 years. It creates a special compensation system for hospitals in the New York City area at 140 percent of Medicare rates, provides special protections for trial lawyers, and creates a host of special programs and special protections. It also does not require any kind of a citizenship test, Mr. Speaker, to receive a benefit. It is, in fact, apparently a \$7.4 billion new entitlement program.

We know there are innocent victims in New York City that still need treatment, and we know that there are perhaps some participants who have fallen through the cracks who have not received exactly the treatment that they need, but this bill, quite frankly, is not the answer.

In the markup in the Energy and Commerce Committee, Republicans offered a number of amendments that would have provided treatment, would have monitored benefits, and would have authorized funding for the existing program at the level requested by the President of the United States, President Obama. That amendment was rejected.

H.R. 847 caps the number of people that can be enrolled in the program. As I said earlier, it doesn’t require those enrolled, however, to verify their citizenship. We also offered an amendment to verify citizenship. That amendment was not agreed to.

We also offered an amendment to means-test benefits based on income and assets. I think the amendment was at \$1 million. That amendment was also rejected. So under this bill, somebody making millions of dollars is at least technically eligible for this program. I don’t think that is fair when we have a budget deficit of \$1.5 trillion.

We also offered an amendment in the Energy and Commerce Committee to pay for the program by using money that has not been spent out of an existing program. That amendment was also

rejected as not being what the majority wanted.

As I said earlier, the bill before us would reimburse hospitals in New York at 140 percent of Medicare. We think that is not fair to the rest of the country to give a special rate above Medicare rates for this particular program.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. I yield myself an additional 30 seconds.

And finally, last but not least, in the amended bill that was sent to the Rules Committee yesterday, Mr. Speaker, they have changed the spending profile. Under the bill before us this evening, the program, while it is a guaranteed entitlement, funding would be cut by two-thirds in 2019 and eliminated altogether in 2020. That is simply a budget gimmick and is patently unfair to the people, if it were to pass and become law, that would be depending on the program.

For those reasons, Mr. Speaker, we would ask for a “no” vote on the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ENGEL), one of the champions of this legislation.

Mr. ENGEL. I thank my friend from New Jersey for yielding to me.

Mr. Speaker, on September 11, 2001, I was never more proud to be a New Yorker. Many of my constituents rushed in to help, and within days of the attack over 40,000 responders from across the Nation descended upon Ground Zero to do anything possible to help with the rescue, recovery, and cleanup.

Sadly, many of my constituents were killed in the attacks on the World Trade Center. The people that rushed in to help their fellow human beings didn't put themselves first, they selflessly helped others. And the question is, should we now penalize these people who risked their lives?

Within minutes of the planes hitting the World Trade Center, New York's first responders mobilized to save those who were trapped or hurt. They thought the site was safe to work at and the air was safe to breathe. They never questioned their own safety when they ran in to help others because they put others in need ahead of themselves. And you know what? The statements that were given about the air being safe to breathe were false. Many became sick, and the illnesses from exposure to the toxins have developed to become severe and debilitating, and for some, deadly. These heroes deserve more.

New York was attacked because it is a symbol of our country. New York was attacked because the terrorists wanted to make a statement. The responsibility to help these sick first responders is not just a New York problem, it's an American problem, and we all have a responsibility to help those people no matter where we may live.

And let me say this to our Republican colleagues, please don't vote down the bill because it is on the suspension calendar or for any other excuse you may give. Whatever excuse you may give for voting “no” on this bill, the bottom line is that a “no” vote is a vote to turn your back on the first responders.

Please vote “yes” on the bill.

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Mr. BARTON of Texas. I yield 1½ minutes to the distinguished ranking member of the Health Subcommittee, the gentleman from Illinois (Mr. SHIMKUS).

(Mr. SHIMKUS asked and was given permission to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, our committee can do great work when we work together. This is not one of our finest times—a new mandatory entitlement program at \$7.2 billion. There is \$130 million in the fund right now. The President asked for \$150 million. This is, on average, \$700 million a year. It is mandatory. We don't do this for our veterans, and we don't do this for our military. This is a mandatory program.

What this is is politics. What this is is enfranchising a whole bunch of New York City hospitals which will get paid 140 percent of Medicare rates when we are cutting hospital rates in the new health care law under part A. We can do this, and we can do this in a better manner than what we are doing here.

It is on the suspension calendar. Your leadership put it on the suspension calendar. Do you know why? Because they can't pass it under regular order. It is your leadership that put you in this position, not House Republicans, and I am embarrassed about this tonight.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members will be reminded to direct their remarks to the Chair, and not to others in the second person.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ACKERMAN).

Mr. ACKERMAN. So you are for the bill, but you won't vote for it. Non-sense.

Nine years ago, your country was attacked, and you're here quibbling about politics. You're here talking about permanent entitlements. Oh, how easy it is to come down here to this floor. I have seen it done time after time, Mr. Speaker—people proving how patriotic they are, determined to fight against the terrorists, to defend America, leave no soldier behind.

Well, where I come from, we are leaving soldiers behind. We have thousands of people, besides the ones who died, who are on the battlefield in our hospitals—who are dying every day, who are reaching out and gasping for the last breaths that they have.

You call that an entitlement.

I don't question your patriotism. I don't question your nationalism. I

don't question your strategy or your tactics to take petty political advantage of this terrible situation. Sure, you're patriots. Sure, you have great oratory, but I have one question: Where is your decency?

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members will kindly address their remarks to the Chair.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the distinguished ranking member of the Ways and Means Committee, the gentleman from Michigan (Mr. CAMP).

Mr. CAMP. Thank you for yielding.

Mr. Speaker, the tragic events of 9/11 will never be forgotten nor will we ever forget the heroic actions of the brave men and women who, without regard to their own well-being, rushed in to aid, rescue, and recover their fellow Americans. Theirs were acts of compassion and patriotism that would be repeated in the days and months that followed.

Today, many of those who were at and around the World Trade Center, the Pentagon, and Shanksville, Pennsylvania, in the aftermath of the terrorist attacks are still struggling physically and mentally.

While I have great sympathy for the intent of this legislation in providing assistance to those Americans, the legislation has been paired with a fundamentally flawed and job-destroying tax increase. Therefore, I will vote against it. To pay for this new health care entitlement, the majority has opted for a tax increase that has no chance of becoming law and with good reason. It taxes American jobs. It is in clear violation of our international obligations.

While the provision in question closely tracks legislation that has passed the House on a partisan basis, the Senate has repeatedly rejected it. Even the Obama administration has raised objections to the way this provision violates our carefully negotiated tax treaties. There is never a good time to raise taxes on employers and American workers, but given the continued weakness in the economy, now may be the worst time. Data from the Department of Labor confirms that:

Forty-seven States have lost jobs since the Democrats' stimulus passed;

Over 2 million jobs have been eliminated; and

Unemployment remains unacceptably high—over 13 percent in my home State of Michigan.

Mr. Speaker, the tax hike in this legislation is unacceptable. The hardships suffered by our first responders do not change that basic fact. I urge my colleagues to, again, reject these tax hikes and to vote “no” on the legislation.

Mr. PALLONE. Mr. Speaker, may I inquire as to how much time remains on our side?

The SPEAKER pro tempore. The gentleman from New Jersey has 3½ minutes remaining. The gentleman from Texas has 3 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the other champion of this bill, a member of our committee, the gentleman from New York (Mr. WEINER).

Mr. WEINER. I thank the chairman. Mr. Speaker, I would say to my colleagues who are talking about the pay-for and the tax and the fine print that this is a relatively simple matter. This is a noncontroversial bill. If you believe that we owe a debt to the people who have served our country, this is your moment to repay it.

You know, you talk as if you're giving them some kind of a benefit. What benefit has occurred for the people who went down on September 11, who helped pull their friends and neighbors out of the rubble and who now bounce their grandkids on their knees with a stew of toxic dust in their lungs? What benefit has occurred for them?

You are repaying a debt on this day, a debt to these people who deserve it—and not just on September 11 when we all came together and said that we were never going to forget that day. We formed a fund like this one and said, You know what? If you died that day, you died a hero. Well, my colleagues, there are people who are dying at this moment. Are they any less the heroes? Are they less deserving?

Now, there was one word I did hear used which was appropriate—that we are creating an entitlement. That's right. These people are entitled. They are entitled to our care. They are entitled to our indebtedness. They are entitled to what we are doing in this bill. The difference with this entitlement and others is that there are no more people. In fact, there are fewer and fewer every single day because they are dying. They are dying because they were heroes on behalf of this country.

This is the moment for an up-or-down vote. If you put your card in and press the “no” button, you are against health care for 9/11 workers. If you push the green button, you are finally doing 9 years later what has been long overdue. That is the plain and simple truth.

Don't be the party of “no” today.

Mr. BARTON of Texas. Mr. Speaker, I would like to inquire as to how much time will be remaining, which I will control, after Mr. STEARNS' 1 minute.

The SPEAKER pro tempore. The gentleman from Texas will have approximately 2 minutes remaining.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to a member of the Energy and Commerce Committee, the gentleman from Florida (Mr. STEARNS).

(Mr. STEARNS asked and was given permission to revise and extend his remarks.)

Mr. STEARNS. Let me say to my friends on this side of the aisle and to the people from New York City and from New York: Can anyone come down to this House floor and question this spending without being attacked on their character?

Mr. Speaker, there is no strategy or tactics we've developed here. We are

just saying it's the CBO. The CBO has scored this at \$11 billion. They said it's a template for future types of programs. They used the word “entitlement.” It creates another mandatory program. This is not the Republicans talking. This is the CBO. For you to come down here and question anybody who questions spending in this country of taxpayers' money and then to disparage our character is wrong.

It is ironic that the President has created a fiscal commission to look at debt spending and entitlements. Yet Congress is pushing ahead with yet another spending program. We can talk about this intelligently without your emotionalizing this issue. But Mr. Speaker, we don't need to create this entitlement. We should do a 5-year program with the standard reauthorization and appropriation process.

Why do you object to the standard appropriation process? It is a proper method for fiscal discipline. If we are to pay for this entitlement, it should also come by reducing the waste and fraud in this country. We are on your side. Show us how to eliminate waste and fraud, and we will pay for it through that.

□ 2030

Mr. PALLONE. Mr. Speaker, I yield the 2 minutes that I have remaining to the gentlewoman from New York (Mrs. MALONEY), the sponsor of the legislation who has worked so tirelessly like I've never seen on this legislation and is so proud to be here tonight for its passage.

Mrs. MALONEY. Thank you very much, Chairman PALLONE, and for your leadership.

This week the House approved billions in new funding for the war in Iraq and Afghanistan, but Congress has yet to fully address the impact of the event that caused the war in the first place, the 9/11 terrorist attack.

Today we will vote on a bill that provides guaranteed help for the survivors of 9/11 and the brave first responders who rushed to Ground Zero to save the lives of others.

I thank Congressmen NADLER and KING, my colleagues in the New York delegation, Speaker PELOSI, Leader HOYER for their dedication to the heroes and heroines and the survivors of 9/11.

On 9/11, roughly 3,000 people lost their lives, but thousands and thousands lost their health because they rushed in to save others.

To date, the Federal Government has identified more than 20,000 individuals who have health problems as a direct result of the attacks.

Caring for those who are suffering is a national responsibility. Every single State, 428 of the 435 congressional districts have someone enrolled in the Federal World Trade Center Health Registry because they were near Ground Zero or worked at Ground Zero.

The 9/11 Health and Compensation Act meets our moral responsibility to

help those who were there to help us. It seems inconceivable to me that we would choose to spend hundreds of billions of dollars on wars in foreign lands and not spend this modest amount right here at home to help the warriors, the first people who were there, those who were there for us on 9/11 in the place where it all began. They were there for us; we need to be there for them.

This is the veterans of the war of 9/11, those who saved the lives of others. And 9/11 was a great tragedy, but it was also a great rescue effort, one of the greatest in history.

So I urge my colleagues to support the heroes, the heroines, the warriors right here at home, the first in the line of fire at Ground Zero where it all began.

Mr. BARTON of Texas. Mr. Speaker, I yield a very long 45 seconds to the gentleman from Buffalo, New York (Mr. LEE).

Mr. LEE of New York. No one will ever forget 9/11, where we were that day. It's ingrained in our memories.

We saw thousands of men and women rush into buildings, not caring about their own safety, caring about others. We've also seen other people come in and clean up this debris knowing that they were exposed to chemicals and toxins.

I was a cosponsor of this bill and believed in this bill. The problem is, it's where Washington gets it wrong. The pay-for for this bill is in job-killing taxes.

There were opportunities to solve this problem in a bipartisan way. That was missed. And it's an unfortunate situation when we have people who are getting put in the way of politics have got in the way of trying to help people who were brave and honest and doing the right thing for New Yorkers. And it's a sad state of affairs. And, unfortunately, I won't be able to support this bill.

Mr. NADLER of New York. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I rise today in support of the Zadroga 9/11 Compensation Act.

On September 11, 2001, Osama bin Laden orchestrated the deadliest terrorist attack in American history, killing almost 3,000 people and wounding thousands more. The attacks created an environmental nightmare as hundreds of tons of every contaminant known to man and woman came out onto the streets and canyons of Manhattan and Brooklyn. Into this toxic crowd ran firefighters and police and other first responders. First responders came from all 50 States to aid in the rescue and clean up in the subsequent days.

The Environmental Protection Administration, the EPA, despite ample evidence to the contrary, kept falsely proclaiming that the air was safe to breathe. It wasn't. The terrorists caused environmental catastrophe, but the Federal Government compounded the damage by telling people the environment was safe when it wasn't, and

now thousands of people are sick and in need of special care.

We have a moral obligation to treat those who became ill, and that's what this bill is all about. For 8 years, Representative MALONEY and I, supported on a bipartisan basis by the New York delegation and others, have worked to bring this bill to the floor. Now it's finally time to pass it.

Time and again, as we moved the bill through the legislative process, we have adjusted it, reduced its size and scope, limited its cost and made concessions to broaden the coalition and lower the cost. We worked with our colleagues on the other side of the aisle to reopen the Victims Compensation Fund in a responsible way in order to protect contractors from liability so they would not find they sacrificed their businesses to serve their country. We even agreed to cap attorneys' fees.

I know some Members are concerned about the cost of providing this assistance. Let me emphasize, this bill is fiscally responsible and balances the needs of our 9/11 heroes with fiscal constraints. It is completely paid for. We have achieved this by closing a tax loophole which allows foreign companies to evade U.S. taxes.

Second, we have capped the funding level, capped the number of people who can participate, and capped the number of years the program can continue. Just within the past month we have brought the cost of the bill down an additional \$3 billion.

Now, let me appeal to my colleagues on the other side of the aisle. I understand that some of you may have a problem with the offset, even though it is not aimed at U.S. companies and is simply designed to improve withholding of taxes that are legally due. I understand that.

But I have to ask you this: just consider for a moment what we are talking about. Balance that tax break against the needs of our 9/11 heroes, needs that are so great, so raw and so obvious, and let our moral obligation to the heroes of 9/11, our obligation, as Lincoln said, "to care for him who shall have borne the battle" prevail. Let us do the honorable thing and vote for this bill.

To me, the choice is simple. I will be voting for the firefighters, for the police, for the first responders, for the survivors of the attacks. I urge every Member of the House to do the same.

And I want to thank Congresswoman MALONEY, the New York delegation, the Speaker, the majority leader, the chairmen of the various committees, FRANK PALLONE, and all the organizations like the International Association of Fire Fighters, the National Association of Police Organizations for supporting this vital bill.

Do the right thing. Do the moral thing. Do the only moral thing. Vote for this bill.

Mr. BARTON of Texas. I yield 45 seconds to the gentleman from The Woodlands, Texas (Mr. BRADY).

Mr. BRADY of Texas. Mr. Speaker, I appreciate and admire the fierce tenac-

ity of Chairwoman MALONEY as she fights for her constituents in New York, but I have a real problem with the way the bill is paid for.

Looking at Texas Task Force 1 standing at Ground Zero, going through that rubble and their heroism, themselves, they went there to save survivors, not to raise taxes. And that's what this bill does. It kills American jobs. It raises taxes on companies that invest in America, that build American plants, that hire American workers, buy American equipment, pay American taxes. It punishes those companies that create U.S. jobs \$7 billion.

Why would we use 9/11 as an excuse to harm American jobs? It makes no sense at all.

We can do better than this. We have to do better than this. This tax increase is absolutely inappropriate, and I urge its defeat.

Mr. NADLER of New York. I yield 1 minute to the gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Mr. Speaker, more than 70,000 Americans from every State descended upon Ground Zero to recover and rebuild after 9/11. They ran into burning buildings, they rescued trapped workers, they sorted through destruction.

And just as we provide medical care for our troops, we must care for the 13,000 who are now sick as a result of their heroic actions in a toxic environment. They disregarded their personal safety for our country. Surely this Congress will not disregard their dire health needs to protect foreign tax shelters.

Nearly all of us represent a responder and almost 9 years later have a responsibility to do what is right. Vote for this bill.

Mr. BARTON of Texas. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 30 seconds.

Mr. BARTON of Texas. Mr. Speaker, Republicans support helping the first responders and the victims of the World Trade Center attack. We support it at the President's request. We support it as an authorized program. We support it at paying existing Medicare rates. And, finally, we support it without raising taxes on the rest of the American people. This bill doesn't do that, so we would urge a "no" vote on this bill, and then perhaps we can work together on a bipartisan basis to do something that everybody in this Chamber can support.

Please vote "no" on this bill, and then let's work together to do it the right way.

□ 2040

Mr. NADLER of New York. I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself 3½ minutes.

Mr. Speaker, this bill presents a sensitive issue with regard to compensation for those who are suffering ail-

ments as a result of recovery and cleanup efforts at the World Trade Center site. No doubt there are many with legitimate claims as a result of their efforts at Ground Zero.

But this legislation, as written, creates a huge \$8.4 billion slush fund paid by taxpayers that is open to abuse, fraud, and waste. That's because the legislation creates an unjustifiable 21-year-long fund that leaves decisions on whether or not to pay claimants to the complete discretion of the special master. As Ken Feinberg, special master of the original 9/11 Fund, has stated, quote, "No latent claims need such an extended date."

The legislation also vastly extends the geographic scope of the fund to cover routes of debris removal. This will result in the potential for a huge number of additional claimants with tenuous connections between their medical problems and the cleanup efforts at Ground Zero. Additionally, the bill permits those who have settled their lawsuits to reopen their claims and seek additional taxpayer-funded compensation through the 9/11 Fund. This is contrary to both the terms of the original 9/11 Fund and to general legal principles regarding the finality of settlements.

The original 9/11 Fund was unprecedented in its expression of a Nation's compassion and generosity following the deaths of innocent people. It was designed to settle the claims of those covered once and for all. It may be that the fund should be reopened to first responders whose injuries were not evident until after the expiration of the initial deadline. However, if we are going to reopen the fund, we should do so in a manner that is much narrower, with far less discretion for the special master than is provided for in H.R. 847.

It's hard to explain spending billions of additional taxpayer dollars when Special Master Ken Feinberg himself has emphatically stated that the \$1.5 billion in taxpayer money, charitable contributions, and insurance coverage currently available for distribution is, quote, "more than sufficient to pay all eligible claims, as well as lawyers' fees and costs."

Mr. Speaker, why do Democrats continue to overreach and consider the taxpayer to be their personal slush fund? I urge my colleagues to vote against this bill.

I reserve the balance of my time.

Mr. NADLER of New York. Mr. Speaker, I now have the distinct privilege of yielding 1 minute to the distinguished Speaker of the House.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding. And I thank him for giving us the opportunity to vote this evening on the James Zadroga 9/11 Health and Compensation Act. I thank you and Congresswoman MALONEY for your leadership on this issue, as well as the entire New York delegation.

Mr. Speaker, any time we enter a discussion of 9/11 we are entering sacred

ground. It is a place where there should be no disagreement as to our obligation to those who helped dig out and try to help clean up and recover at the scene of 9/11 at Ground Zero.

When 9/11 occurred, I don't think there would have been any question in anyone's mind that responding to it in this particular way was an emergency. It was an emergency. If there were ever an emergency in our country, responding to 9/11 was one. And so the objection that our colleagues make about paying for this, maybe we shouldn't pay for it. But we are. It's an emergency. It should be under emergency spending and investment.

But in order to say if we don't want to add to the deficit we will pay for it, there is a pay-for in the legislation that is about eliminating opportunities for tax evaders to avoid taxation, using the benefit of that to help make the people who came to the rescue and help rebuild and recover whole.

On September 11, 2001, again we enter this sacred ground, America stood in shock at the tragedy that unfolded at Ground Zero. In the days that followed, we stood inspired by the thousands of firefighters, rescue workers, first responders, medical personnel, and construction workers who traveled to the scene of the attack to help New Yorkers clean up and recover. Many spent days, weeks, or months doing the hard work our government asked them to do in the recovery effort.

Bound together by tragedy, their acts made them heroes. Their commitment reflected our unity as a people and a Nation. Their courage gave us hope that we would emerge from these dark days stronger and more resilient than ever. The whole country watched, the whole world watched, frustrated in our own inability to be at the scene and to be helpful, grateful to those who were so brave, so courageous to make that sacrifice, in a place that was uncertain in terms of its health aspects.

Today we must act to offer those who were so courageous the assistance they earned through their bravery and their sacrifice. Again I thank Congresswoman CAROLYN MALONEY, Congressman JERRY NADLER, and the entire New York delegation for their work to bring this legislation to the floor. The American people are looking to us to do the right thing for the men and women who answered the call of duty and continue to suffer from ill health effects on their service.

It is my understanding that the people affected by this live in 433 of the 435 congressional districts. Because people not only rushed in from New York and surrounding areas, they came and brought their expertise and their help from all over the country. And therefore, the consequences of their bravery are felt all over the country. And the impact on their health is an important part of the challenge that they face and that we owe them for.

This legislation fulfills our obligation to those Americans, helping those

who jeopardized their health to rescue others secure necessary medical treatment, especially for the unique exposures suffered at Ground Zero, and ensuring survivors and victims' families can obtain compensation for their tragic losses through a reopened 9/11 Victim Compensation Fund.

My colleagues, you all remember that following 9/11 there was a compensation fund established for the families of those who lost their lives. Well, many of these people are losing their lives. They certainly have lost their health. And we owe them. This is not a time for any partisanship. This legislation is the least we can do to offer our gratitude and support to those heroes, those individuals who never asked for any recognition or accolades, who simply want the opportunity to live out their lives with health and happiness.

Americans will have a hard time understanding how any leader in Congress could oppose this critical assistance. Let's find a way to help these people, not let's look for ways not to. We must uphold our pledge to help every one of them. We must not desert them. We must join together as Democrats and Republicans to provide this critical assistance.

I urge all of my colleagues to vote "aye" on the James Zadroga 9/11 Health and Compensation Act. I thank our colleagues again in a bipartisan way in the New York delegation for giving us the opportunity to call attention once again to the bravery and courage of so many at that time. Words are totally inadequate. But by our deeds we can try to begin to express our gratitude. We owe them that.

□ 2050

Mr. SMITH of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. KING), who is also the ranking member of the Homeland Security Committee.

Mr. KING of New York. I thank my friend from Texas for yielding.

Mr. Speaker, I rise as an original cosponsor and in support of H.R. 847. I have seen too many police officers, firefighters, and construction workers who responded to 9/11 who have pulverized glass in their lungs and toxins in their bloodstream and are dying one by one.

But what we are doing tonight is a cruel hoax and a charade. Everyone knows that this bill will not get the two-thirds majority required on the suspension calendar. Everyone also knows that this bill would pass with a clear majority if the Democrat leadership would allow it to come to the floor under the regular procedures of the House.

The reason H.R. 847 is not being brought up under regular order is because the majority party is petrified of having its members face a potential vote on illegal immigration. You can blame it on the Republicans—and I've been strongly critical on the Republican position on this issue—but the re-

ality is you could pass this bill if you wanted to. You are in control. You have the power. You have the responsibility. This bill should be more important than a campaign talking point. You could have passed it at any time during the past 3½ years, but you want political cover. Thank God for our country that the first responders of 9/11 didn't look for cover before they did what they had to do and lived up to their oath.

As Mayor Bloomberg, the mayor of New York City, said just today about the procedure we are following tonight, "It's an outrage. A majority of people would vote for this bill but they know full well they will not get 66 percent. They know that. So this is a way to avoid having to make a tough decision. Our people who worked down at 9/11, whose health has fallen apart, did what America wanted them to do. This is an American problem and Congress should stand up. And I know it's a tough vote for some people. I don't have a lot of sympathy. They should bring this up and vote up or down on any amendments and vote up or down on the bill. And go on the record. And that incidentally is what the leadership should force." That was Mayor Bloomberg this afternoon.

They say they want Republican support, yet they never consulted even one Republican before they made the corporate tax increase as the pay-for. They say they want Republican support before they pass this bill, but they never applied that standard when they rammed through the stimulus, health care, cap-and-trade, or financial regulatory reform. No, you only apply it to cops and firefighters and construction workers.

What a sad and pathetic double standard. These heroes deserve better than they are receiving here tonight.

No matter what happens on this vote, I will continue to do all I can to pass this bill as soon as possible in the future.

Let me say, I look forward to continue working with CAROLYN MALONEY, who has always been honest, open, and direct.

Mr. Speaker, this is a sad moment for this body.

Mr. NADLER of New York. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. WEINER).

Mr. WEINER. It takes great courage to wait until all Members have already spoken and then stand up and wrap your arms around procedure. We see it in the United States Senate every single day when Members say, We want amendments. We want debate. We want amendments, but we're still a "no." And then we stand up and say, Oh, if only we had a different process, we'd vote "yes."

You vote "yes" if you believe yes. You vote in favor of something if you believe it's the right thing. If you believe it's the wrong thing, you vote "no."

Mr. KING. Will the gentleman yield?
Mr. WEINER. I will not yield.

The gentleman gets up and yells like he does to intimidate people into believing he's right. The gentleman is wrong. The gentleman is providing cover for his colleagues rather than doing the right thing.

It's Republicans wrapping their arms around Republicans rather than doing the right thing on behalf of the heroes. It is a shame; a shame.

If you believe this is a bad idea to provide health care, then vote "no." But don't give me the cowardly view that, Oh, if it was a different procedure.

I will not stand here and listen to my colleague say, Oh, if only I had a different procedure that allows us to stall, stall, stall and then vote "no." Instead of standing up and defending your colleagues and voting "no" on this humane bill, you should urge them to vote "yes," something the gentleman has not done.

Mr. SMITH of Texas. Mr. Speaker, two questions: One, I would like to know how much time the last speaker used; and I would like to know how much time remains on each side.

The SPEAKER pro tempore. The gentleman from New York consumed 1 minute.

The gentleman from Texas has 6 minutes. The gentleman from New York (Mr. NADLER) has 1½ minutes. The gentleman from New York (Mr. CROWLEY) has 6½ minutes.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GOODLATTE), who happens to be the vice ranking member of the Judiciary Committee. And I hope the Speaker will use the same timepiece in judging Mr. GOODLATTE's time as he did in judging the gentleman from New York's time.

Mr. GOODLATTE. Mr. Speaker, everyone here is concerned about helping people who are suffering, including New York firefighters and policemen and emergency rescue workers and others affected by this, but I want to point out what Ken Feinberg, the special master of the September 11th Victim Compensation Fund said in an op-ed piece in *The Washington Post* entitled, "9/11 fund. Once was enough."

He said, "Despite its success, the fund has not set a precedent. Congress has not authorized similar compensation for the thousands of victims of Hurricane Katrina, for those injured by other natural disasters, or for the families of those killed in such tragedies. Nor has Congress exhibited such generosity toward U.S. soldiers wounded or the families of those killed in Iraq and Afghanistan."

"The same is true of victims of terrorist attacks that took place before September 11, 2001. The Navy personnel who died in the suicide attack on the USS Cole and the victims of the Oklahoma City bombing received no such public compensation. Even the victims of the first terrorist attack on the

World Trade Center in 1993 were denied."

Feinberg said, "Bad things happen to good people every day; Congress does not come to their financial rescue with generous, tax-free checks. In our free society, based on notions of limited government and equal protection of the laws, we simply do not expect the government to step in whenever misfortune strikes."

When firefighters all across this country enter burning buildings, when rescue workers clean up toxic spills, people are injured, people are killed all the time. We do not have compensation funds for them. We have normal procedures, normal processes through which people receive assistance. Even the most recent compensation funds for the gulf oil spill and for the victims of the shooting at Virginia Tech were privately funded compensation funds. This is not the correct way to proceed.

And this fund, in particular, is bloated. It includes funding for more than 20 years, until 2031. It includes far more money than Ken Feinberg said was necessary.

I urge my colleagues to not support this approach to solving this problem.

□ 2100

Mr. NADLER of New York. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 1½ minutes.

Mr. NADLER of New York. Mr. Speaker, over 13,000 responders are sick and receiving treatment today. Nearly 53,000 are enrolled in medical monitoring; 71,000 are enrolled in the World Trade Center Health Registry.

We have created Centers of Excellence across the country as part of this program so that people who were at the World Trade Center and have gotten sick can go to someplace with the expertise and a diagnosis without coming to New York or New Jersey. All of this is dependent on its continuation on passing this bill.

Yes, we can do it through continued appropriations. We have had too many times where the hospitals had to send out notices to the people being treated that your treatment comes to an end June 30 because the appropriation hasn't come through. We cannot leave this to the vicissitudes of annual appropriations.

On the Victim Compensation Fund, this House, indeed this Congress, passed it almost unanimously a week or two after 9/11. Unfortunately, people who should have been compensated by that fund could not be because their sicknesses did not become evident till the fund closed. That's why Ken Feinberg, testifying before the Judiciary Committee, urged us to reopen the fund, which is one half of this bill.

This bill is necessary so that people in the future will know that you go and help people in a time of emergency. This is not a New York bill.

This was an attack on the United States and is a special moral urgency

because many of the people wouldn't be sick today if the Federal Government, in the person of the EPA, had not lied, had not told them the air was safe to breathe when we knew perfectly well that it wasn't safe to breathe.

I remember telling people don't go back to school, don't go to work there. Don't go back to work in the Federal office building because the air was not safe to breathe. But the EPA was saying go to work. People went to work. They are sick. We owe them this bill. We owe them their health. We owe them treatment if we are going to get support in the future when we have another emergency.

I urge the passage of this bill.

I yield back the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I understand that we have 4 minutes left on this side. I would like to inquire again how much time remains on the other side, including both of the gentlemen from New York, Mr. NADLER and Mr. CROWLEY.

The SPEAKER pro tempore. Mr. NADLER's time has expired. Mr. CROWLEY has 6½ minutes remaining.

Mr. SMITH of Texas. Mr. Speaker, I will reserve the balance of my time.

Mr. CROWLEY. Mr. Speaker, who has the right to close?

The SPEAKER pro tempore. The gentleman from New York.

Mr. CROWLEY. Thank you, Mr. Speaker.

With that, I will yield 1 minute to the gentleman from New York representing Staten Island, Mr. MCMAHON, one of the hardest hit areas in terms of victims of 9/11 as well as where much of the debris was brought to the landfill in Staten Island.

Mr. MCMAHON. Thank you, Mr. Chairman.

Mr. Speaker, I rise this evening to tell the human side of this story, to tell the story of Lieutenant Martin Fullam from my district. Five weeks or so ago I got on a train in New Jersey to come down to work and Martin was there with his wife. They were coming down because there was going to be a meeting and a hearing over on the Senate side, and they wanted to be there.

You see, Martin was a 30-year veteran of the New York City Fire Department, and right after 9/11 he went and he work on the pile; and like so many others, he became sick, one of the first to be diagnosed with World Trade Center disease. He had to have a lung replaced or otherwise he would have died.

And when I asked him what does he think about, as he kind of fought for his breath sitting in that train station, he said the only thing I think about is making sure that my medical bills are paid so my family doesn't have to worry about it. That's all we are asking.

So I say to you that if this is an entitlement, you should have your mouth washed out with soap because you lie, Mr. Speaker. And if I say to you that you think this is some sort of tax gimmick and you want to protect offshore

corporations and because we want to close the loophole, then I say you should have your head examined because there is something wrong with you.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CROWLEY. I yield the gentleman 30 additional seconds.

Mr. McMAHON. And if you say that you support this bill but because of process, because of procedure, you will not vote with us tonight, then I say to you, speak to your confessor, because your judgment day is coming. These people fought for us. They fought for America. It's time for you to stand up on that side and fight for them and their families and give them peace of mind.

This is not an entitlement. It is paid for, and it is limited. And yet you hide behind this substitute.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members must address their remarks to the Chair and not to the colleagues in the second person.

Mr. McMAHON. Mr. Chairman, as I said, that's what you should do on that chair. You should understand what this is about, human lives. Stand up and be counted.

I urge my colleagues to vote tonight for the heroes of 9/11, all-Americans.

Mr. SMITH of Texas. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. DANIEL E. LUNGREN) who is the ranking member of the House Administration Committee and a senior member of the Judiciary Committee.

Mr. DANIEL E. LUNGREN of California. I thank the gentleman.

Mr. Speaker, I am one of those who supported the section of the bill that we had in the Judiciary Committee and attempted to convince others on my side to support it, because I believe we ought to expand it to include those people who assisted and those people

who found that they had health problems after the time originally envisioned.

But I don't have to go to my father confessor, as someone suggested, to say that I cannot support this bill.

I did not believe that it was going to have attached to it a job-killing provision which is going to hurt jobs in my district and throughout California.

I did not know we were going to have the open-ended type of program that was in title I.

I fully thought that we would come to the floor with a bill that was bipartisan in nature and that was, in fact, what I envisioned when I voted for it and spoke for it on the Judiciary Committee.

I am saddened, frankly, by having this bill presented the way it is today. I am not going to be here and complain about procedure. What I am going to do is complain about the result that's before us.

We can and we have done better in the past when we have been confronted with very difficult issues on a bipartisan basis, when the Republicans were in charge, when the Democrats were in charge in the past, and we have been able to come up with legislation that got the support of this House.

The unfortunate thing here is that this bill will not pass today; and yet we could have a bill that does, in fact, carry out all of the sentiments expressed on this floor today, but we are not going to have that chance, and I am saddened by that, not angered by that.

Mr. CROWLEY. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. TONKO).

Mr. TONKO. I thank the gentleman.

I stand here this evening in strong support of H.R. 847. I want to commend my colleagues, Representatives MALONEY, NADLER, CROWLEY and the entire delegation from New York in a bipartisan way for working on this bill.

It is so essential. Just hours, days after the attack on America, 9/11, I was at the time serving in the New York State Assembly. The Speaker of the State Assembly and a delegation of representatives from the House traveled to that site to show support to the workers.

I can still recall the pain and the anguish that surrounded that site. I can still see the determination in the eyes of the workers. I can still understand the sense of character, the efforts made, the strength, the courage, the bravery, the resilience of those workers.

If, in fact, we believe 9/11 is an attack on America, then we as an American public need to respond to the workers who showed the strength and the bravery to aid us in that very, very dark moment.

So I stand in support of H.R. 847 and ask that everyone in this House show support to the workers. They deserve our respect, our resources, and let's support this measure.

Mr. SMITH of Texas. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. CROWLEY. Mr. Speaker, how much time do we have left?

The SPEAKER pro tempore. The gentleman from New York has 4 minutes remaining.

Mr. CROWLEY. I yield 1 minute to the gentlewoman from Pennsylvania (Mrs. DAHLKEMPER).

Mrs. DAHLKEMPER. Mr. Speaker, I rise in support of the 9/11 Health and Compensation Act tonight. I am from Pennsylvania, northwest Pennsylvania, almost 450 miles away from New York City.

During my first months in office, in 2009, I met with a constituent named Laura DiPasqua, the director of emergency services for the American Red Cross in Erie.

NOTICE

Incomplete record of House proceedings.

Today's House proceedings will be continued in the next issue of the Record.