

Mitchell	Roe (TN)	Smith (NE)
Moran (KS)	Rogers (AL)	Smith (NJ)
Murphy, Tim	Rogers (KY)	Smith (TX)
Myrick	Rogers (MI)	Stearns
Neugebauer	Rohrabacher	Sullivan
Nunes	Rooney	Terry
Olson	Ros-Lehtinen	Thompson (PA)
Paul	Roskam	Thornberry
Paulsen	Royce	Tiahrt
Pence	Ryan (WI)	Tiberi
Petri	Scalise	Turner
Pitts	Schmidt	Upton
Platts	Schock	Walden
Poe (TX)	Sensenbrenner	Wamp
Posey	Sessions	Westmoreland
Price (GA)	Shadegg	Whitfield
Putnam	Shimkus	Wilson (SC)
Radanovich	Shuler	Wittman
Rehberg	Shuster	Wolf
Reichert	Simpson	Young (AK)

NOT VOTING—15

Blunt	Granger	Moran (VA)
Boyd	Griffith	Owens
Buyer	Honda	Rahall
Diaz-Balart, L.	Kind	Sutton
Fallin	Kirk	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain on this vote.

□ 1306

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PRIVILEGED REPORT ON RESOLUTION OF INQUIRY TO SECRETARY OF HEALTH AND HUMAN SERVICES

Mr. WAXMAN, from the Committee on Energy and Commerce, submitted a privileged report (Rept. No. 111-649) on the resolution (H. Res. 1561) directing the Secretary of Health and Human Services to transmit to the House of Representatives copies of each portion of any document, record, or communication in her possession consisting of or relating to documents prepared by or for the Centers for Medicare & Medicaid Services regarding the Patient Protection and Affordable Care Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

JAMES ZADROGA 9/11 HEALTH AND COMPENSATION ACT OF 2010

Mr. NADLER. Mr. Speaker, pursuant to House Resolution 1674, I call up 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, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1674, in lieu of the amendments recommended by the Committee on Energy and Commerce and the Committee on the Judiciary now printed in the bill, the amendment in the nature of a substitute printed in House Report 111-648 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, 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), including 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 FACIA.—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' compensation 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 responsibilities 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 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 resid-

ing 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)(ii) (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)(ii).

“(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 conditions 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 11, 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 de-

cision 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 individual 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 PROCESS 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 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 pay-

ment 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 ½ 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 per-

centage 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”; and

(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”; and

(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 per-

formed 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. The bill shall be debatable for 1 hour, with 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, and 10 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The gentleman from California (Mr. WAXMAN) and the gentleman from Texas (Mr. BARTON) each will control 15 minutes. The gentleman from New York (Mr. NADLER) and the gentleman from Texas (Mr. SMITH) each will control 10 minutes. The gentleman from Michigan (Mr. LEVIN) and the gentleman from Michigan (Mr. CAMP) each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. NADLER of New York. Mr. Speaker, I yield myself such time as I may consume.

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

On September 11, 2001, al Qaeda 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 into the streets and the canyons of Manhattan and Brooklyn.

□ 1310

You can see pictures of this in front of us. 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 cleanup of the subsequent days. The Environmental Protection Agency, the EPA, despite ample evidence to the contrary, kept falsely proclaiming that the air was safe to breathe. It wasn't. The terrorists caused the environmental catastrophe, but the Federal Government compounded the damage

by telling people that 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 is what this bill is all about. For 8 years, Representative MALONEY and I, supported in a bipartisan basis by the New York delegation and others, have worked to bring this bill to the floor. Now it is finally time to pass it.

Time and again as we moved this 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 to the taxpayers. We worked with our colleagues on the other side of the aisle to reopen the Victim 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 attorney's fees.

On the Victim Compensation Fund, this House, indeed this Congress, passed the Victim Compensation Fund 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 until after the fund closed.

Had we known that they would become ill, we certainly would have included them unanimously. That is why Ken Feinberg, testifying before the Judiciary Committee, urged us to reopen the fund, which is one-half of this bill.

Feinberg said in March of last year, “It is truly ironic that many of these very individuals who have filed lawsuits seeking compensation are the same type of individuals who received payments from the 9/11 fund. Had these individuals manifested a physical injury before the 9/11 fund expired, they too would have received compensation without litigating.”

He went on to say, “Reenacting the law establishing the Federal September 11th Victim Compensation Fund for an additional period of years in order to provide the same public compensation to eligible physical claimants could be justified on grounds of basic fairness.” Now is our chance to right that wrong and provide that basic fairness of which he speaks.

I know that some Members are concerned about the cost of providing the Victim Compensation Fund assistance and the health care for the survivors and first responders. Let me emphasize: This bill is fiscally responsible and balances the needs of our 9/11 heroes with fiscal restraints.

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. We have consistently worked to reduce its cost, and

in the month of July alone we brought the cost of this bill down an additional \$3 billion.

Now let me appeal to my colleagues on the other side of the aisle. I understand that some 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.

But I have to ask this: Just consider for a moment what we are talking about. Balance that tax rate 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.

Mr. Speaker, the choice is simple. I will be voting today 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.

I want to thank Congresswoman MALONEY, Congressman KING, the New York delegation, the Speaker, the majority leader, the chairmen of the various committees, subcommittee chairs PALLONE and LOFGREN, and all the organizations like the State AFL-CIO from New York, the International Association of Firefighters, and the National Association of Police Organizations for their invaluable support for this bill.

Mr. Speaker, my colleagues, do the right thing. Do the moral thing. Do the only moral thing. Vote for this bill.

I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The **SPEAKER** pro tempore. The Chair will remind all persons in the gallery that they are guests of the House, and any manifestation of approval or disapproval of the proceedings is a violation of the rules of the House.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill presents a sensitive issue with regard to compensation for those who are suffering ailments as a result of the 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. However, this legislation as written creates a huge \$8.4 billion slush fund paid for by taxpayers that is open to abuse, fraud, and waste. That is because the legislation creates an inexplicable and unprecedented 21-year long fund.

The case of the bill's namesake, James Zadroga, is indicative of the problems with this bill. Rather than finding that Detective Zadroga's death was the result of exposure to Ground Zero dust, the New York City medical examiner concluded that, “It is our unequivocal opinion, with certainty beyond doubt, that the foreign material

in Detective Zadroga's lungs did not get there as a result of inhaling dust at the World Trade Center or elsewhere." So the bill is deceptive, starting with its title.

The danger here is not simply the occasional unsupported claim, as in the case of Detective Zadroga, but the creation of a massive and expensive compensation system that will be subject to pervasive problems over the unprecedented 21 years it will be open to claimants.

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.

The bill allows claims to be filed until the year 2031, an unjustifiable length of time. As Ken Feinberg, Special Master of the original 9/11 fund and the administrator of the BP oil spill claims process stated, "no latent claims need such an extended date."

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 normal legal principles regarding final settlements.

By greatly expanding the fund's eligibility criteria, these proposed changes not only will increase the cost of the fund, but will present more opportunities for fraud and abuse of taxpayer dollars.

Also the bill does little, if anything, to limit the special master's unbounded authority. The amount of discretion given to the Special Master may have been acceptable under the original 9/11 fund because it was designed to compensate a limited number of claimants with relatively non-controversial claims as soon as possible. However, this amount of discretion will not work for the 21-year-long fund created by this bill with its larger set of potential claimants who have injuries with more ambiguous causation. If nothing else, this structure will be an open invitation for spurious claims.

The original 9/11 fund was an understandable expression of a nation's compassion and generosity following the deaths of thousands of innocent people. It was designed to settle the claims of those covered once and for all. Maybe that claim should be reopened to protect the construction contractors from the financially ruinous litigation they now face. But if we are going to reopen the funds, we should do so in a much more narrow way, with far less discretion for the Special Master than that provided for in H.R. 847.

It is hard to explain spending billions of additional taxpayer dollars when Special Master Ken Feinberg has emphatically stated that the \$1.5 billion in taxpayer money, charitable contributions, and insurance coverage cur-

rently available for distribution is "more than sufficient to pay all eligible claims, as well as lawyers' fees and costs."

Why does Congress continue to overreach and consider taxpayers to be their personal slush fund? There is no excuse for this kind of legislation, and I hope thoughtful Members will want to oppose the bill.

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

□ 1320

Mr. NADLER of New York. Mr. Speaker, I yield 1 minute to the distinguished chairperson of the House Rules Committee, the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. I thank the gentleman for yielding.

I am proud to rise in support of the men and women who risked their lives for their fellow citizens following the attacks on September 11. On that day in 2001, tens of thousands of Americans raced to rescue those injured in the terrorist attacks. In the course of the work that day and the days following, they were exposed to dangerous toxins and physical hazards. After giving so much of themselves, many of the firefighters, police officers, and bystanders face serious respiratory, gastrointestinal, and mental health conditions. While Ground Zero is 7 hours away from my own district in Rochester, the New Yorkers banded together as they joined the chorus of Americans asking how we could help. Just the other day, I talked to a captain of the Niagara Falls Fire Company who broke his leg at Ground Zero in an effort to rescue those trapped under rubble, many of western New Yorkers who answered the call to serve.

We recently observed the anniversary of the 9/11 terrorist attacks, and we can't forget those who risked everything to help the victims at Ground Zero. For this reason, I support H.R. 847, the 9/11 Health and Compensation Fund.

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

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

Mr. MAFFEI. I thank my distinguished colleague from New York.

September 11, 2001, it's a day we will never forget. Many people lost family members and neighbors, but alongside the sorrow and loss, we witnessed incredible acts of heroism and bravery. Thousands of emergency responders and volunteers risked their lives and came to our country's aid when we needed them most. Many of them were my constituents, even though I'm from upstate New York. Many came down in the months following and the weeks following.

Thomas Kwasnaza from Marietta, New York, was one of the heroes that day. He was working as a police officer

on 9/11, and he actually trained with James Zadroga, who was one of the first NYPD officers whose death is attributed to toxic chemicals.

Mr. Speaker, on that day Members of Congress and all Americans alike, Republicans and Democrats, pledged to do anything we could—anything we could—for the victims, their families, and the rescuers who went in after them. We didn't say we would do anything as long as it doesn't cost too much. We didn't say we would do anything as long as there was no chance that an undocumented worker could possibly benefit. We didn't say we would do anything as long as it protects offshore companies that get away with sheltering their taxes. We said we would do anything. And that's what we have to do.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members shall heed the gavel.

Mr. SMITH of Texas. Mr. Speaker, may I ask how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Texas has 5 minutes remaining. The gentleman from New York has 3 minutes remaining.

Mr. SMITH of Texas. Mr. Speaker, I am prepared to close on this side; so at the appropriate time I will do so. Meanwhile, I reserve the balance of my time.

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

Mr. MCMAHON. I just want to be very clear that we all owe a great debt of gratitude to Congress Members MALONEY and NADLER from New York for their leadership on this issue.

Mr. Speaker, my district of Staten Island was particularly hard hit from the 9/11 attacks. Nearly 300 of my constituents were murdered, including one-third of the firefighters killed on that day, and sick today are those uninformed and hard hat-wearing heroes—the operating engineers, the laborers, the steelworkers, ironworkers, and all the volunteers and residents.

When I think about why we need this law, I think about Marty Fullam, a 30-year veteran FDNY lieutenant from Staten Island, who spent weeks going through toxic debris in the wake of 9/11, and years later his doctors confirmed his illness related thereto. He was told he would die without a new lung. And while he ultimately received a new lung earlier this year, his health continues to suffer. The last time he was here in July to fight for this bill, he actually made his condition worse. And he continues to recover from that. Our thoughts go out to him and his wife, Trish, and their daughters.

Despite their deteriorating health, many first responders like Marty send this message. For that reason, Mr. Speaker, we must pass this bill. We must pass this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair requests that all Members respect the gavel.

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

Mr. Speaker, this legislation represents an irresponsible overreach and does not contain the protections necessary to safeguard valuable taxpayer dollars from abuse, waste, and fraud. Ken Feinberg, Special Master of the original 9/11 Fund, testified twice before the Judiciary Committee on this legislation. Both times Mr. Feinberg advocated reenacting the 9/11 fund, but doing so on a much more limited basis than is done in this legislation. Why are we ignoring his advice?

Mr. Feinberg stated that if the fund is reenacted, it should be for "a window of 5 years," not 21, and that it should be done with "the understanding that there would be no changes in the rules and regulations governing the original fund and that the new law would simply be a 'one line' reaffirmation of the original 9/11 fund." Mr. Feinberg warned that "any attempt to modify the statutory provisions and accompanying regulations of the original fund will undercut political consensus."

Unfortunately, Mr. Feinberg's sound advice was ignored there, too. Instead, we are considering a bill that creates a fund with an unnecessary 21-year long duration and that contains special protections for trial lawyers; unnecessarily extends the original fund's eligibility criteria; and does not include the protections necessary to safeguard the fund from abuse, waste, and fraud. This is another example of Congress' insatiable appetite for the taxpayers' hard-earned dollars. I urge my colleagues to vote "no" on this bill.

I yield back the balance of my time.

Mr. NADLER of New York. Mr. Speaker, how much time do I have left?

The SPEAKER pro tempore. The gentleman from New York has 2 minutes remaining.

Mr. NADLER of New York. Mr. Speaker, I then yield the balance of my time to my partner for the last 6 years on this bill, the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY. I thank the gentleman for his leadership and for yielding and for his hard work for 6 years. It took us 4 years in college, and it has been 6 years on this bill. The time to pass the James Zadroga 9/11 Health and Compensation Act is now. It is bipartisan. It is patriotic. And it is overwhelmingly supported by Americans across this country.

James Zadroga's father is with us today, as well as many hardworking men and women who worked on that pile, who selflessly risked their health and their lives to help others. And I thank the New York State AFL-CIO'S Dennis Hughes and Suzie Ballentine; the firefighters and fire officers who are here with us today, Al Hagen and Steve Cassidy; the police, Pat Lynch;

the laborers, the construction workers; D.C. 37, Lee Clark, Mike McIntyre, John Feal. Many of you have received praise for your work, but many of you have said all you want is your health care.

An estimated 36,000 Americans have received treatment for illnesses as a direct result of 9/11. Those who are suffering come from all of our 50 States and 428 of the 435 congressional districts nationwide were represented at 9/11. Here is a map of locations in Florida and in California where health care providers have provided medical services to 9/11 responders. Nearly every Member of this House of Representatives have people that worked there. And they are losing their health.

Thousands of people lost their lives 9 years ago, but thousands and thousands more lost their health. This is not an entitlement. This is a responsibility to take care of those who took care of us when our country was attacked.

Mr. Speaker, I would ask people to go to our Web site that outlines the participants from across this country and all of our congressional districts.

It is now time for this Congress to do what we should have done long ago: provide proper care for those who lost their health because of 9/11.

We have a moral obligation to help those who were harmed by the attacks on America.

In the spirit of patriotism and common purpose Congress showed the world in the aftermath of the 9/11 attacks, and for the sake of the thousands of 9/11 first responders and survivors who are suffering, I implore my colleagues to vote "yes" on this legislation.

□ 1330

The SPEAKER pro tempore. The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BARTON) each will control 15 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, 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, Representative 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.

Now, 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 WTC 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.

Mr. Speaker, Congress must ensure that the appropriate resources are available to take care of those who risked their own lives to save others on September 11, so I urge my colleagues to pass the bill.

I reserve the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 5 minutes.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Speaker, I rise in respectful but sincere opposition to the pending bill. I have no disrespect for the victims or for the name-sake's sponsor and his family, but I also have a sincere regard for the United States taxpayer, who is going to have to pay for this new entitlement program.

The first myth that I want to relate is the implication that we don't have an existing victims' compensation fund. That is simply not true, Mr. Speaker. Twelve days after the attack back in September of 2001, we passed Public Law 107-42, the Victim Compensation Fund of 2001. We gave 2 years, or a year and a half, for people to submit claims, and 97 percent of the eligible victims or their families filed injury or death claims by December 22, 2003. Of the 2,973 victims, 2,880 families filed claims. The average award for the families of the victims actually killed in the attack averaged \$2 million per victim while 70 people chose to file lawsuits and 23 eligible families took no action. In addition to death claims, 2,680 injury claims have been filed and processed. The average award for injured victims is nearly \$400,000 per injury. Overall, this fund has paid out over \$7 billion in the last 9 years.

We also passed the Victims of Terrorism Tax Relief Act back in 2001 so that the families of the victims would not be subject to Federal income taxes for the year of the attack and also for the previous year to the attack.

We currently have an existing 9/11 benefit program. President Obama requested \$150 million for this budget year. In the years that this program has been in existence, in addition to the program I just explained, it has paid out \$373 million.

As of September 30 of last year, there have been 55,331 first responders in the monitoring and treatment programs that I have just discussed. Of those, 44,754 have received initial exams, and 13,000 have been treated for World Trade Center-related health conditions in the past 12 months alone.

So, in point of fact, we have an existing fund that has paid out over \$7 billion. We have an ongoing fund. The President has asked for \$150 million per year, which the Republicans support.

On top of that, we are expected to vote for this new entitlement program, which is over \$7 billion.

My good friend from New Jersey said that it is going to save \$1 billion over the bill that was reported out of the Energy and Commerce Committee several months ago. What he doesn't tell you is the way they do that, which is by using a budget gimmick that simply doesn't fund the program in the year 2019. In fiscal year 2018, the amount provided in the bill would be \$601 million. In 2019, that drops to \$173 million. In fiscal year 2020, there is no funding at all. So they have simply decided that, at a date certain, they would start reducing the amount of money so they could get under their self-imposed budget window.

Mr. Speaker, we want to help the victims of 9/11 in New York City. We certainly want to help the first responders. What we don't want to do is put on the average American taxpayers all around the country a \$7 billion to \$8 billion brand new entitlement program that compensates at health care/Medicare rates of 140 percent above the baseline. As Congressman SMITH just pointed out, it reopens some of these lawsuits and some of these cases that have already been solved.

So, if you want help, we are willing to help, but let's use the existing program. Let's not create a new program, especially a new entitlement program, which we simply cannot afford at this point in time.

Mr. Speaker, I ask unanimous consent that the gentleman from Illinois (Mr. SHIMKUS), the ranking member of the Health Subcommittee, be given the opportunity to control the balance of the time for the Energy and Commerce Committee's minority.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL), who has been a champion on this legislation and who also managed it through the Rules Committee yesterday.

Mr. ENGEL. I thank my friend from New Jersey.

Mr. Speaker, I rise in strong support of this bill.

You know, I am going to try to speak from the heart. Those of us who represent districts in and around New York City all had constituents who died on 9/11. We all had friends who died on 9/11.

Remember after 9/11 how we all banded together as Americans? Remember singing "God Bless America" on the steps of the Capitol? Remember how it didn't matter if you were Democrat or Republican—we were all Americans that day, and we should all still be Americans above and beyond anything else?

I remember, on the Friday after the Tuesday attack, going with President Bush to Ground Zero, where he stood

with a bullhorn and a fireman with him, where he pledged that there would be help forthcoming from the Federal Government. All we are asking now is to help these people who got sick—who were selfless, who didn't think of themselves, who responded, and who only wanted to try to help other people. They are now getting sick. They are now dying. They now need our help.

You know, it's not true, my friends, to say, Well, I'm for helping these people, but I'm not for this bill.

The bottom line is this: If you want to help the heroes of 9/11 and the first responders, you vote "yes" on the bill. If you don't want to help them and if you want to make excuses, you vote "no" on the bill. It's as simple as that. Yes or no. Yes or no.

Do we help the people who need our help now, those who responded on 9/11 when government officials told them that the air was clean and that it was okay to go down to Ground Zero, and they went there?

□ 1340

This is not a New York problem or a New Jersey problem or a Connecticut problem. This is an American problem. People are sick from 431 districts of the 435 districts, and who are we to turn our backs on them now?

So I beg my friends on both sides of the aisle, this is bipartisan. We're all American. Vote "yes."

Mr. SHIMKUS. Mr. Speaker, I yield 5 minutes to my colleague and friend, the gentleman from New York (Mr. KING).

Mr. KING of New York. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of H.R. 847, and at the outset, let me commend my colleagues, CAROLYN MALONEY and JERRY NADLER, for the truly outstanding job they've done for all these years and for their directness and for their candor and for always being there when the tough decisions had to be made.

Let me also thank former Congressman Vito Fossella for the work that he did for a number of years when he was here in the Congress on this bill as well.

Let me commend the leadership in both parties. I commend the Democratic leadership for bringing this back up for a majority vote. I commend them for it. I know it's been tough. Some tough decisions had to be made, and they've made them. I thank them for that. I also thank the leadership for the Republican Party for working with a number of us to make sure that it would be a fair and open vote and debate here today. So I thank them for that.

Let me also say that all of us know this has been a long and tortuous route to get this bill to the House floor today. During that time, there's been frustration, tempers have flared, but also, probably most importantly, people have died, and that's what we have to keep in mind. This is a real human

issue. We have people sitting here in the gallery today. Many of them have breathing problems. Many of them have pulverized glass in their lungs. Many have poisonous toxins in their bloodstream. So this is real. This is a real human issue.

And I share some of the concerns that Republicans have regarding, for instance, the funding stream, how this is going to be paid for. But the fact is, this is a good bill. We cannot allow the perfect to be the enemy of the good. It's more important to me, I believe, that we take care of those who are truly in need and we look at the bill in full perspective and in full view and keep that in mind. Keep in mind the victims, the men and women who went to Ground Zero on September 11 and stayed there for the days, weeks, and months afterward, and they were on that pile, and they're now suffering the most horrible diseases, diseases and illnesses which we see in our districts when we meet these people. We see them in the stores. We see them at ball games. We see them in church. So this, again, is for real.

So let's, today, to have the debate as we are, I think, in a very civil way. Let's realize there are honest differences of opinions on both sides, but the reality is, the people in galleries, those who couldn't make it to the gallery today, they don't have the luxury of waiting another 1 year or 2 years or 3 years or 4 years.

I know that people on the Republican side have spoken about various programs that are available. The fact is this is such a unique type of disaster. The illnesses that have come from Ground Zero are very unique to Ground Zero, unfortunately. These are 9/11-type illnesses—the rarest types of cancer, the rarest types of blood disorders. It's essential we have a permanent registry so we will know exactly how these illnesses be treated, so that those in the other 430 districts around the country who could be suffering, for instance, from a cough, which a doctor may think is an innocent cough, will not realize it is a 9/11 cough; those who have symptoms which may otherwise be undetected, they will not realize how significant they are and how they could be directly related to 9/11.

And also, as far as whether or not this is an entitlement, or whatever term we want to use, the fact is, when it came to nuclear workers, Federal nuclear workers, we set up the exact same type of program. Call it entitlement, if you will. That program was set up to take care and compensate those who suffered serious illnesses resulting from their work in nuclear plants on nuclear projects.

As far as the issue of the Victims Compensation Fund and all those who were compensated, the fact is the people we are talking about today, the victims we are talking about today, were people who didn't realize their illness until after the deadline had expired, people who are today just finding out

about their illness. It's latent. It's in their bloodstreams. It's in their lungs. And back in 2003 when this program closed, virtually no one knew the extent of the illnesses and diseases that would stem from September 11.

The fact is they are there and they are getting worse and worse, and, as you know, Congressman WEINER just walked in, and he and I always haven't had the highest things to say about each other on the House floor. We're standing here together on this bill today. As he pointed out in the Energy and Commerce Committee hearing, the one thing we can be certain of is that the number of those who are entitled to take part in this program, that number is going to diminish. It is going to diminish because they're dying one by one. So let's keep that in mind.

Again, it goes to the heart of what we should be as a Congress, what we should be as Republicans and Democrats, what we should be as Americans. And those of us, we all stood together on September 11, and 9 years have gone by. And to many people it's something that happened a long time ago, but for those who are suffering today, it's something they live with every moment.

So, with that, I urge everyone to make this as much of a bipartisan vote as possible. Send a message to the country, send a message to the world, and send a message to the victims that they are not forgotten. And not only that, we're not giving them any charity. We're not giving them anything. We're just rewarding them what they're entitled to receive for them putting their lives on the line for us.

With that, I urge adoption of H.R. 847.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would like to remind all Members that remarks in debate may not call attention to visitors in the gallery.

Mr. PALLONE. Mr. Speaker, at this time, I would yield 1 minute to the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. I thank the gentleman. Mr. Speaker, in the weeks after 9/11, I remember colleagues from throughout the Congress approaching those of us who suffered loss and who lost constituents saying, What can I do to help? What do you need? How can I assist? Today, we're taking you up on your offer.

A few weeks ago, we commemorated the ninth anniversary of 9/11 and many people said the right prayers and they gave the right speeches, but now it's time to do the right thing.

To the gentlemen and gentlewomen from Louisiana, when the hurricane swept through, New Yorkers paid to rebuild Louisiana.

To the gentlemen and the gentlewomen from California, when the fires burned, New Yorkers ponied up to help California.

To the gentleman from Texas who spoke earlier today, when Hurricane

Alex ripped through Texas, New Yorkers helped pay the bill for recovery.

And I want to be able to say to those gentlemen and gentlewomen that, when the terrorists came to New York, you were there for us, and not just New Yorkers who happened to be there that day, but the 11,000 people who are suffering and ill today.

They're not just New Yorkers. They're Americans living in your districts.

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

Mr. PALLONE. At this time, I yield 1 minute to the gentleman from New York (Mr. HALL).

Mr. HALL of New York. Mr. Speaker, I thank the chairman for yielding.

I rise in strong support of H.R. 847, the James Zadroga 9/11 Health and Compensation Act.

We cannot talk about the 9/11 attacks without remembering the first responders who answered that call that day and safeguard us here every day. Police officers, firefighters, EMTs, and ordinary American citizens rushed into crumbling buildings and then worked countless hours in the days and weeks that followed; and now, more than 9 years later, many of those courageous first responders are suffering from serious illnesses caused by inhaling toxic fumes and particles in air that they were told was clear and safe to breathe.

It is our patriotic duty to protect those who sacrificed for their fellow Americans. This is not a partisan issue. This is an issue of responsibility. Many of my constituents lost loved ones on that day, spent months combing through the rubble for remains, and are now suffering health problems as a result.

Let's honor those who selflessly returned to Ground Zero to save those they did not know by standing together and passing this bill.

Mr. SHIMKUS. I continue to reserve my time.

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

Mr. MEEKS of New York. This is the United States House of Representatives, the United States of America. This is an institution that I am proud to be a Member of, and there comes a point in time in our lives when we just simply must do the right thing, keeping our priorities straight.

This is a political body, but this is not a political issue. It should not be. It was not political when every man and woman went out to save and to sacrifice their own lives, in essence, on 9/11. They went out there not because they were Democrats or Republicans, they're black or white, they're from here or there. They went out there because this is the United States of America. This is the people's House. There comes a time for us not to be political but to take care of our own, and that's what this is all about.

□ 1350

Our own are sick. Our own are dying. And we, in the people's House, need to

come to their aid and come to their aid now.

Mr. SHIMKUS. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, can I just ask the gentleman from Illinois if he has any additional speakers?

I yield to the gentleman.

Mr. SHIMKUS. I don't think we do. I mean, I'm not trying to game you here on this process. I just don't think there are any more, and I would like to close.

Mr. PALLONE. Thank you.

I yield 1½ minutes to the gentleman from New York (Ms. VELÁZQUEZ).

Ms. VELÁZQUEZ. I want to thank the gentleman for yielding.

Mr. Speaker, as is often the case with disasters, on 9/11 and in the weeks that followed, the best of America was on display. Neighborhoods came together to comfort and support one another. Communities in every corner of the country rallied together. In New York City, our brave first responders answered the call valiantly, putting their lives at risk to protect the rest of us.

Over the last 9 years, the full scope of this tragedy's health effects has become increasingly clear. Firefighters, police officers, EMTs, and rescue workers are all suffering respiratory problems. Even schoolchildren and those who work in the area have exhibited health problems. It is estimated that 36,000 people have sought treatment after being exposed to the toxic dust at the World Trade Center site. It is not just New Yorkers who are affected. Ten thousand people traveled from every State of the Union, including Puerto Rico and the territories, to assist in the aftermath of these attacks. Like all of America, these heroes were a diverse group, representing every age, race, religion, and even status. No one asked them for their citizenship status when they stepped in to help. They were all there, and they were all heroes.

This legislation will provide needed benefits for all those who are suffering from the toxins they were exposed to. This is the right thing to do. These brave individuals cast aside their own safety to assist their fellow human beings.

Mr. SHIMKUS. I continue to reserve the balance of my time, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I now yield 3 minutes to another champion of this bill from our committee, the gentleman from New York (Mr. WEINER).

Mr. WEINER. I thank the gentleman from New Jersey.

You know, I have heard some people describe this bill as an entitlement bill, as if people are lining up to get this benefit. Like someone would really want to be on the list of people eligible to get the money that's eligible under this bill to get the health care. The idea that someone would volunteer or be eager to get the benefits that, in order to get them, you have to have a stew of toxic dust in your lungs, so much that you can't breathe normally,

and you cough. And when you hear that 9/11 cough in New York, everyone knows it.

The idea that it's open-ended—no, it's actually a pretty close-ended program in the most final sense of the word, in that many people who have the illnesses that we are trying to treat with this legislation are dying. There are people in this Chamber who are watching these proceedings and those that are home who once upon a time were the most vigorous, fit people imaginable. And it was because of that vigor and that fitness that they went down to Ground Zero on September 11. They didn't ask to be chosen. They didn't fill out a form. They didn't even wear protective gear. They went down because they felt it was their obligation. They didn't just come from Lower Manhattan. They didn't just come from New York.

As I've said many times, if you were in New York the days after September 11, the streets were clogged with parked ambulances and firetrucks and cars, every license plate imaginable. Those people aren't asking for anything beyond just being able to cure the diseases that they got because they served. That's what this is about.

To my colleagues who oppose this, yeah, I imagine there are 100 different ways you can describe it and you can look at line 7 and page 6 and come up with some reason to be against it. But I would ask my colleagues to take a step back. And every single one of us on September 11 stood up in our districts and said, We are not going to forget the commitment that we made that day. Well, this is the moment. You can't stand up in your district on September 11 and say you won't forget, and have a red light next to your name today. It just doesn't wash. This is the day we repay our debts.

You want to call it an entitlement bill? Okay, they are entitled. They are entitled to our care. They are entitled to our respect. They are entitled to the health care that they need, and they're entitled to a "yes" vote today. Let's give it to them.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of the proceedings is in violation of the rules of the House.

Mr. SHIMKUS. Mr. Speaker, may I ask for how much time is remaining and how many speakers my colleague from New Jersey has.

The SPEAKER pro tempore. The gentleman from Illinois has 5 minutes, and the gentleman from New Jersey has 4½ minutes.

Mr. PALLONE. At this point, I would just close myself, unless someone else comes down. So if you would like to close on our Energy and Commerce time, then I will follow you.

Mr. SHIMKUS. Mr. Speaker, I yield myself the balance of the time.

Our great friends from both sides of the aisle, our great friends from New York, it has been an interesting battle, one that is very tough to be engaged in. They are right. You know, the folks who responded need care. They need to be supported, and that's what we think we have been doing.

When we started marking up this bill, there was \$130 million in the fund. That was still there, cash on hand. The President, in his budget, said, We can do better than that. We need \$150 million. So that started the process of us deciding what did we need to do and how did we need to do it, especially from the funding perspective.

Now the entitlement debate is an interesting one to get involved in. I am a military veteran. I served actively for 5½ years. I served another 23 in the Reserves. The first line responders are heroes. But our men and women in uniform in Afghanistan, our men and women in Iraq, and our men and women around the world, they are heroes too. They don't have an entitlement program. They go through the regular authorization process. They go through the appropriation process. And you know what? When we go into the political battle, which we are coming upon, people attack folks about whether they are authorizing enough money or whether they are spending enough money. This is what happens here.

We can spin it any way we want, but that's part of our debate. Do you use the same process to authorize funding to fight for the money and spend the money? And we would say, We should use the same categories we do with our military veterans, that we should use the same process we use for our active military forces. Again, the President wanted \$150 million. That's what we agreed upon. That's the amendment that we authorized in the marked-up bill. And some would argue and say, Gosh, there must be nothing being done. Nothing is being done. Well, we know that's not true. CDC has been before the committee twice, saying they have a list. They do have a registry. They are following up. In fact, as of September 30, the World Trade Center Program has enrolled 55,331 responders. There are 55,331 responders in the program now. It's not like we're not doing anything.

There are other issues with the bill. One of the concerns is, when the new health care law cuts money to hospitals under part A, about \$150 billion in payments, the CMS actuary says, Guess what? Ten percent of all hospitals are going to close.

□ 1400

That is under the new health care bill. And it is rural hospitals that are the targets under the new health care law.

Well, this provides more money under Medicare to New York City hospitals, at 140 percent of Medicare payments. We only pay 70 percent of Medicare payments in this country as a

whole. But under this law, we are going to provide New York hospitals 140 percent of Medicare costs. So there are real issues of concern here, and it is unfortunate because it didn't have to be this way.

All we asked for was the number that President Obama thought was good. He said \$150 million. We said, fine, 20 million more than what the money was still in the fund at the time.

And we are also saying they are all heroes. The 9/11 responders are heroes. Let's treat them like our veterans. Let's treat them like our active military. Why should we have a double standard? Can't we fight for their authorizations on an annual basis like we do for our active military and for our veterans? Of course we can.

So, with that, Mr. Speaker, it is, again, unfortunate that we are in this position. We could have had a strong bipartisan bill. We don't have that. People will cast their votes, and they will be held accountable.

I yield back the balance of my time.

Mr. PALLONE. At this time I would like to yield 1 minute to the Speaker of the House and point out that if it wasn't for her efforts, we would not be here today moving this legislation.

Ms. PELOSI. I thank the gentleman, but I, in turn, want to salute Congressman PETER KING, Congresswoman CAROLYN MALONEY, Congressman JERRY NADLER, and the entire bipartisan New York delegation for giving us this opportunity today to do what is right and fair and just.

Mr. Speaker, in observance of 9/11 earlier this month, we stood on the steps of the Capitol, Democrats and Republicans alike, to honor the memory that we lost that day. As we were standing there, I was thinking back to my first visit to Ground Zero. When you went there at that time following the tragedy, you knew that when you stepped there you were walking on sacred ground. There was an incredible silence as the workers feverishly, feverishly tried to retrieve the remains of those who were lost, and just repair the damage that was done to clear the wreckage.

No pictures were allowed in recognition that we were on sacred ground. No photographs were allowed, and of course, silence was generally observed so that those who were working could hear each other as they quietly went about their very, very sad assignment.

They, and those who rushed to the scene in real time when it happened, risked their lives and their health to do so. They didn't ask any questions: Is anybody going to take care of me? They were there to help.

Again, back to the steps of the Capitol. When we were standing there earlier this month, I am sure Congresswoman MALONEY, Congressman NADLER, Congressman KING and others recall that many signs went up in the crowd that was gathered there. It said: "Remember us next week." That was in anticipation that the bill might

come up the following week. Well, it is another week later. And we are here today to say that we do remember you this week. We remember what you did at the time. And it isn't only your sacrifice. It is the sacrifice of your families, of your health and the impact that that has on your family. You are community to New York, so there is the impact that it has on the community, and also the impact on our conscience to do what is right by those who we call heroes and we want to treat as such.

Today we remember all the heroes of 9/11. We praise the strength of thousands of firefighters, rescue workers, first responders and medical personnel who turned tragedy into inspiration and gave of themselves to help a city and our Nation rebuild.

We promised to help those who spent days, weeks and months doing the hard work our government and the American people expected them to do in the recovery effort. They went above and beyond the call of duty. We all know that. We all looked in frustration to think, if only we could help. But they were there. It was emotional, but it was professional. And we pledged to do everything in our power to ensure that their health and well-being would be taken care of. We did not want them to be unsung heroes. We wanted them to be recognized heroes.

Today we are here to honor that pledge. It is long overdue, but nonetheless we are here to do right by these workers and vote for the James Zadroga 9/11 Health and Compensation Act.

Words are, of course, inadequate to recognize and honor the bravery and courage of these brave Americans. But by this act of Congress, more than words, but by this act of Congress, we can truly express our gratitude to the ordinary men and women. Ordinary? No. Extraordinary men and women who took extraordinary action at that time.

Named for Officer James Zadroga, a hero of the New York Police Department who died from respiratory disease contracted during the Ground Zero recovery effort, this legislation will help those who jeopardized their health to rescue others secure necessary medical treatment, especially for the unique exposures suffered at Ground Zero which are real; and ensure survivors and victims' families can obtain compensation for their losses through a reopened 9/11 victims compensation fund.

It is fully paid for. This legislation does not increase the deficit. It is the least we can do for those who answered the call of duty and continue to suffer the ill health effects of their service. On September 11, 2001, all Americans were shocked by the horrifying images of terror and destruction. Yet, in the aftermath of that dark day, we responded in the best possible way, the best way Americans can: with resolve, with courage, with unity and with hope for a better future.

So many of us couldn't be at the scene ourselves. We all were willing to help. People from all over were trying to send assistance. Those who did, though, did not do so for recognition or accolades or awards or medals. They did it because their fellow Americans were in need. In those acts they became heroes.

The American people are looking to us to cast a vote that will allow these heroes to live out their lives with health and happiness.

Again, I want to commend Congresswoman CAROLYN MALONEY, Congressman JERRY NADLER, Congressman PETER KING—thank you, PETER—for their efforts to bring this bipartisan bill to the floor.

We are all inspired by the firefighters and first responders who have advocated so hard and so long on behalf of their fellow heroes. And I am so pleased that so many of them are with us today to help us make this historic decision.

We must now join together to provide this critical assistance. We must vote "aye" for the Health and Compensation Act. We must do so in a strong, bipartisan manner.

I thank our colleagues for the personal involvement that they have taken in this. At times it has been emotional. There is a lot of passion in this issue, but this bill is a very dispassionate response to the needs of our heroes. Let's get a great big vote for it today.

□ 1410

Mr. PALLONE. Mr. Speaker, can I inquire how much time remains?

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

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

I have heard Members on the other side of the aisle talk about this as an entitlement program. I want to stress it is not an entitlement program. It is not a budget gimmick. The program sunsets in 10 years. The funding is capped. Enrollment is capped. The population can't grow beyond the enrollment cap in the bill.

I hear from the opponents all about money, how much money is going to New York hospitals. I want to stress that this isn't really about who is going to pay for somebody's health insurance.

One of the centers where people go for treatment is in my home State of New Jersey, in my district, at Rutgers, and my understanding is many, if not most of the people who go there, actually have health insurance. The problem is that we are creating these centers, and we want to make sure that they are there for a long time because they serve a very important purpose. People go there because they have particular diseases that come from the World Trade Center attack that can't be treated at other locations. And even if they go to their doctor, they end up

coming here because they know how to treat and get the specialty care that they need.

They also provide research. Many of these people don't contract the diseases until later in life; and I think, as time goes on, we are going to see, unfortunately, even more problems. At these centers they do the research to look and see what kind of treatment might be necessary as more and more people, unfortunately, come down with the diseases that resulted from the World Trade Center attack.

So I know there is a lot of talk about money from the other side. And I don't mean to say that money isn't important, but I want people to understand, I want everyone to understand, this is not really about money. This is really about having a specialized program where people can be treated who sacrificed everything for America, and these centers need to be here. They need to be here a long time from now, even when there aren't people that are going to be down here and asking that this program continue. That is why this program has to be set up in this fashion today. It has to be properly funded. It has to be available for anyone who suffered any kind of disorder from this World Trade Center attack.

Do I have any additional time, Mr. Speaker?

The SPEAKER pro tempore. The gentleman has 1 minute remaining.

Mr. PALLONE. I would yield that to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. I traveled this journey with all of you. And Congresswoman MALONEY, I wanted to come and thank you, along with the chairpersons of the Energy and Commerce and the Judiciary Committees, for never giving up.

I think it is important to note that this bill will cover Pennsylvania, the Pentagon, and New York. And for those of us who listened to the families and the witnesses or the first responders themselves who saw the pain, and particularly those who already lost their lives, I think that this is a major step of balance, putting this in a system and a structure that has oversight, that provides ongoing care and provides for the coverage of those who, to this date, have suffered without coverage and comfort.

So I rise to support this legislation, and I am very glad that the Judiciary Committee and Energy and Commerce continued to work, even when we were thwarted and rejected. We are now back with, I hope, the right approach, bipartisan approach. And I would ask all of my colleagues to ask the question what would they want to do for 9/11 responders, and that is, vote "yes."

Mr. Speaker, I stand in support of H.R. 847, the James Zadroga 9/11 Health and Compensation Act. As this Nation remembers, September 11, 2001, terrorists attacked the World Trade Center and the Pentagon. An airplane was also crashed by terrorists in

Shanksville, Pennsylvania. The first responders including firefighters and emergency personnel, who assisted to the heinous attacks on the World Trade Center, were exposed to extremely toxic dust resulting from the collapse of the Twin Towers.

This exposure has resulted in serious respiratory, related illnesses and serious medical conditions. I concur with my colleagues, enacting this offset into law has far reaching ramifications nationwide. This critical health program would monitor and provide specialized treatment through Centers of Excellence for responders including emergency personnel, rescue, and clean-up workers who responded to the 9/11 attacks on the World Trade Center, the Pentagon, and Shanksville, as well as residents, workers, and students who returned to the World Trade Center area shortly after the attacks.

Seventy-one thousand individuals are enrolled in the World Trade Center Health Registry, indicating they were exposed to the toxins. 36,000 Americans have received treatment for 9/11 related illnesses or injuries and over 53,000 responders are enrolled in medical monitoring. Additionally, over 10,000 people from across the country were on hand to assist in the aftermath of the 9/11 attacks. These responders came from nearly every congressional district and all 50 States. Funding for this health program to monitor and treat these responders and residents for resulting health conditions stemming from the terrorist attacks.

Due diligence has been taken to assure that this offset will not adversely affect most foreign multinationals corporations by this offset. Most foreign multinationals will not be affected; given that these companies are organized in countries the U.S. has income tax treaties.

It is imperative that we represent the tax payers of this Nation and close a loophole that has provided those multinational corporations, unfair competitive advantage over U.S. firms—allowing them to hide or shield their taxable income. This offset that must be enacted into law, would provide greater U.S. competition over rival foreign companies and illegal tax structures. Under the previous administration, the Under Secretary for Tax Policy clearly indicated some countries the U.S. has tax treaties negotiated decades ago, have adjusted their tax laws to become more like tax shelters.

Must we allow this to continue and unfairly allow the shifting of income out of the U.S. tax jurisdiction and further erode our U.S. corporate tax base. This offset will aid U.S. based companies and eliminate their unfair competitive advantage afforded them through the U.S. tax code to these companies that have become tax shelters. Let us be clear, this offset seeks only those companies that have intentionally attempted to avoid U.S. taxes and disadvantage their U.S. competitors.

As we enact fiscally sound and responsible legislation, it is important to note, this critical change is estimated to increase revenues by an estimated \$7.4 billion over 2011 through 2020.

We must live up to our obligation and not let the tragedy of 9/11 persist and continue to deeply scar those who we should laud as this Nation's heroes. We must applaud our responders and show them that assistance is clearly at hand. I was pleased to work long years on the Judiciary Committee with Chairman CONYERS to come to this day.

I thank Representative CAROLYN MALONEY and my colleagues in advance who will rise in support of this important Act and reconfirm our commitment to this nation, and our first responders.

Mr. Speaker, I strongly support H.R. 847 and ask for its immediate adoption.

The SPEAKER pro tempore. The gentleman from New York (Mr. RANGEL) and the gentleman from Louisiana (Mr. BOUSTANY) each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. RANGEL. Mr. Speaker, I yield 1 minute to the gentleman from the sovereign State of New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, many folks from New Jersey, both first responders and workers, went to New York after this tragedy. There is no question that, when you look at the records, that there were people from all 50 States in Lower Manhattan on 9/11 and after 9/11. There are 435 congressional districts, and 430 of them were represented by the names of constituents on the World Trade Center Health Registry.

But you don't need that. You need to look at the two reports from Mount Sinai Hospital, a great hospital in New York City, to see the number of people that went to that hospital who worked on that pile even after they were given the all-clear signal by the government, not self-imposed.

What in God's name are we doing to ourselves and arguing amongst ourselves when we know that this is the right thing to do? Get out of the bureaucracy nightmare. Let's do something together for a change. The only thing we have to show for it is bickering over the last 2 years, and what did that bring us? These folks deserve our help, and they deserve it now.

Mr. Speaker, I am so proud to standing here to support our heroes from 9/11.

Today—more than four and a half years after the death of NYPD Det. James Zadroga—I am here to say that we need to pass the James Zadroga 9/11 Health and Compensation Act right away because we are losing these brave souls as we speak.

I'm sad to say its now been nine years since 9/11 and we still haven't passed the James Zadroga 9/11 Health and Compensation Act—nine years is too long to wait and watch as our first responders from that day continue to suffer physically and emotionally—nine years is late, BUT its not too late to do the right thing. We need to pass this bill and we need to pass it now.

Nine years ago we gave those brave souls the “all clear” sign, but the government now knows that we were exposing those men and women to a poisonous dust that would stay with them for the rest of their lives.

I have to admit it bothers me greatly that there were Members of this body who not only voted against the 9/11 Health Bill the last time, but spoke strongly against it as well.

And yet I imagine earlier this month on the ninth anniversary of the attacks they spoke eloquently about the loss we all suffered as a nation—and they would be right on that point, but they would also be hypocrites if they vote against the 9/11 Health Bill today.

I am proud to say that as a member of the Ways & Means Committee we found a way to pay for this bill so that we can do the right thing for our 9/11 workers AND for our children who will bear the debt of the decisions we make today.

So the choice is clear do we support a responsible course to do right by our heroes—or do we support keeping open foreign tax loopholes?

This isn't just a bill for New York and New Jersey—This is a bill for all Americans.

We know that people from all 50 states were in lower Manhattan on or after 9/11 and now are facing serious health concerns—there are 435 Congressional Districts and 431 of them are represented by the names of constituents on the World Trade Center Health Registry.

After 9/11 we all said we would be there for these brave first responders—but today if we vote against this bill we are asking those same brave individuals to come to Washington, year after year to fight for their health benefits—do we expect them to come here ten years form now?

By then it may be too late for many of these men and women who responded to their nation's call of duty.

I urge all my colleagues to support the James Zadroga 9/11 Health and Compensation Act.

Mr. BOUSTANY. I yield myself such time as I may consume.

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

Mr. BOUSTANY. Mr. Speaker, everyone in this Chamber salutes the heroic actions of those countless brave Americans, both first responders and ordinary citizens, who put sacrifice over self in responding to the tragic events of 9/11. In the wake of unspeakable tragedy in New York City, at the Pentagon, and in Shanksville, Pennsylvania, we also saw America at its best.

Now, we have already heard considerable debate today, passionate debate, about the new health care entitlement this bill would create, and I think reasonable people can disagree about whether that program, that particular entitlement is appropriate. But I want to focus my remarks on the other part of this bill and on the unfortunate decision of our friends in the majority to pay for this legislation with a highly controversial tax increase on employers that our economy and our workforce simply cannot afford.

Mr. Speaker, the bill would impose a \$7.4 billion tax hike on U.S. businesses that happen to be headquartered overseas but that create good, high-paying American jobs right here at home in communities across this great country. These “insourcing” companies provide significant employment in the United States, with many of these jobs in the manufacturing sector.

This tax increase will make it less attractive for many of these insourcing companies to initiate or expand operations here in the United States, potentially encouraging them to ship these jobs overseas. With the unemployment rate hovering near 10 percent

and businesses across the country continuing to struggle to meet payroll, now is the worst possible time for a tax hike on employers that will cost us more jobs.

□ 1420

This is not the first time House Democrats have tried to enact this particular tax hike, and it probably won't be the last. That is because even the Senate, Senate Democrats, continue to reject it, since it would not only cost jobs, but also violate our international treaty obligations. Even the Obama administration's own Treasury Department has testified before the House Ways and Means Committee that it "has concerns about the specifics of this provision and whether it will override many of our income tax treaties."

Mr. Speaker, all of us, all of us in this Chamber recognize the hardships experienced by those brave Americans who responded to the events of 9/11. But a tax increase on employers that will cost other Americans their jobs is not the answer. We could have done this in a bipartisan way, but it is unfortunate we are not there today. I urge my colleagues to reject this harmful, misguided tax increase.

I reserve the balance of my time.

Mr. RANGEL. Mr. Speaker, I yield myself 1 minute.

This is not a tax question. This is a moral question. This is one of the most serious abuses that we have in the Tax Code. It has come before this august body before and it has been supported for sound tax reasons.

We are here today because we were given the opportunity by Mrs. MALONEY and Mr. NADLER and the people of the State of New York to bring this before the House, with the support of the Speaker of the House. We had hoped so badly that this bipartisan issue would get a bipartisan vote.

We have an opportunity to say thank you, not for those people who are jobless and helpless, but for those people who gave up their lives and their families that are surviving, and those heroes that came to the site, came to the pile, and exposed themselves to these death-threatening diseases.

We have a chance not to talk about loopholes that we have in our Tax Code, but loopholes we have in the hearts of people who want to say thank you to these brave men and women. From all over the country people came, and they didn't thank New Yorkers, they thanked the people who cared about what was happening to the United States of America.

This flag is up, this flag is waving, and we really hope everyone gets a chance to salute it by saluting these people to be an example for Americans when anybody attacks us.

I reserve the balance of my time.

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

I am from Louisiana and we are no stranger to tragedies, but this is being

presented on the other side as an either/or proposition. The bottom line is we could have actually done better, we could have done better, and I am deeply concerned about those who will lose their jobs as a result of these tax provisions. It is important to recognize that.

Don't just take my word for it. I have three letters here that I want to enter into the RECORD. These were addressed to the House Ways and Means Committee leadership. One is from the Organization For International Investment, a second from the U.S. Chamber of Commerce, and a third from the National Foreign Trade Council, all of which highlight the potential for significant job loss.

As a physician I can say one of the first maxims I have always followed is first do no harm. We could have done better, Mr. Speaker.

ORGANIZATION FOR
INTERNATIONAL INVESTMENT,
September 29, 2010.

HON. SANDER LEVIN,
*Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.*

HON. DAVE CAMP,
*Ranking Member, Committee on Ways and
Means, House of Representatives, Wash-
ington, DC.*

DEAR CHAIRMAN LEVIN AND REPRESENTATIVE CAMP: On behalf of the Organization for International Investment (OFII), I am writing to express continued concern with section 301 of the James Zadroga 9/11 Health and Compensation Act (H.R. 847). While we recognize the need for revenue, we must oppose this provision as an offset because it represents a clear and harmful override of our existing U.S. income tax treaties. Although positive changes were made to this proposal since it was originally introduced as an offset to the 2007 Farm Bill (H.R. 2419), OFII remains opposed because it still uniquely discriminates against U.S. subsidiaries of companies headquartered abroad and clearly violates many of our international agreements.

OFII is the largest association of U.S. subsidiaries of companies headquartered abroad. U.S. subsidiaries play an important role in the growth and vitality of the U.S. economy. They provide high-paying jobs for over five million Americans and account for almost one-fifth of all U.S. exports. A discriminatory tax increase sends a negative signal to international investors and may dissuade these companies from choosing the United States as a location for job creating investment.

As drafted, this proposal would unilaterally override many of our bilateral income tax treaties and could lead to retaliatory actions by other countries or withdrawal by our treaty partners from existing treaties, negatively impacting international business transactions. The Senate has opposed this and similar provisions twice in the past two years for these reasons.

Congress has not held any hearings to examine this issue and whether the proposal is the appropriate remedy to address any perceived concerns. In this regard, there is no evidence that existing safeguards, including the substantial and restrictive anti-treaty shopping provisions (so-called "Limitation on Benefits" (LOB) provisions) contained in most of our current U.S. income tax treaties, are ineffective. Further, if material tax abuses were evident, the Treasury could implement changes to the U.S. Model Tax Treaty that would avoid the negative con-

sequences of violating our international agreements.

Since a similar proposal was introduced in 2007, the Treasury has taken great strides to update the three bilateral tax treaties without LOB provisions (Iceland, Hungary, Poland).

A protocol adding an LOB provision to the Iceland treaty was negotiated by Treasury and ratified by the Senate in 2008. A similar protocol with Hungary has been negotiated and initialed and could be ratified this year. Treasury is expected to pursue a similar amendment to the treaty with Poland during 2010-2011.

Consistent with the conclusions in the Treasury Report that was released in November 2007 that reviewed potential abuse of income tax treaties, OFII believes re-negotiation of existing income tax treaties without LOB provisions is a more appropriate way to address the concerns underlying this provision and we urge you to oppose including this provision in the final version 9/11 Health and Compensation Act. We would be glad to discuss our concerns with your staff in greater detail.

Sincerely,

NANCY L. MCLERNON,
President & CEO.

CHAMBER OF COMMERCE
OF THE UNITED STATES OF AMERICA,
Washington, DC, September 28, 2010.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The U.S. Chamber of Commerce, the world's largest business federation representing the interests of more than three million businesses and organizations of every size, sector, and region, urges that a provision related to taxation of foreign owned companies be removed from H.R. 847, the "James Zadroga 9/11 Health and Compensation Act of 2010," because H.R. 847 is an inappropriate vehicle for such esoteric and unrelated concerns.

The Chamber strongly opposes a tax on foreign-owned companies doing business in the United States. The provision included in H.R. 847 would raise taxes on foreign corporations that invest and create jobs domestically, would discourage foreign investment in the United States, override long-standing tax treaties, damage U.S. relationships with major trading partners, and could prompt retaliation by foreign governments against U.S. companies operating abroad.

Furthermore, the provision would further aggravate already unsettled financial markets. At a time when governments around the world are enhancing their companies' competitiveness by cutting corporate taxes, this provision would create an even more hostile tax environment in the United States. Such a provision sends precisely the wrong message to those firms wanting to invest in America.

This taxation provision should not be shoehorned into H.R. 847, which is legislation targeted at the needs of some responders to the 9/11 terrorist attack. Should Congress seek to consider tax-related legislation during the few remaining session days before the election, the Chamber believes Congress should take up legislation that would help promote economic growth, especially legislation to extend all of the expiring 2001 and 2003 tax provisions and the tax provisions that expired at the end of 2009.

Sincerely,

R. BRUCE JOSTEN,
*Executive Vice President,
Government Affairs.*

NATIONAL FOREIGN
TRADE COUNCIL, INC.,
Washington, DC.

Hon. SANDER LEVIN,
*Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.*
Hon. DAVE CAMP,
*Ranking Member, Committee on Ways and
Means, House of Representatives, Wash-
ington, DC.*

DEAR CHAIRMAN LEVIN AND RANKING MEM-
BER CAMP: The NFTC, organized in 1914, is an
association of some 300 U.S. business enter-
prises engaged in all aspects of international
trade and investment. Our membership cov-
ers the full spectrum of industrial, commer-
cial, financial, and service activities, and we
seek to foster an environment in which U.S.
companies can be dynamic and effective
competitors in the international business
arena. The NFTC opposes the provision in-
cluded with the "James Zadroga 9/11 Health
and Compensation Act of 2010" that would
undermine and override our existing U.S. bi-
lateral income tax treaties.

The NFTC has long supported the expan-
sion and strengthening of the U.S. tax treaty
network. Tax treaties reduce certain taxes
on cross-border investment and offer other
provisions that will greatly benefit U.S.
trade and investment. The abrupt changes to
the U.S. tax treaties inherent in this legisla-
tion could seriously impair the ability of the
U.S. Treasury to negotiate tax treaties and
protocols with our trading partners.

The provision would raise taxes on foreign
corporations that invest and create jobs in
the United States, would further discourage
foreign investment in the U.S., and damage
U.S. relationships with our major trading
partners.

The provision could also prompt retalia-
tion by foreign governments and would dam-
age the credibility of our tax treaty nego-
tiators. The Treasury Department places a
high priority on preventing abuse or misuse
of tax treaties. The broad brush approach
that overrides existing agreements could im-
pair on improving limitation on benefit pro-
visions in future treaties and protocols.

Congress has not directly held any hear-
ings to examine this issue and whether the
proposal is the appropriate remedy to ad-
dress any perceived concerns. Treasury has
taken great strides to update tax treaties to
tighten the limitation on benefit provisions.
Any changes to the limitation on benefits
provisions should be negotiated by the U.S.
Treasury, and should not be dealt with
through legislation.

The NFTC urges Congress to remove this
provision from the legislation to avoid un-
dermining our existing income tax treaty
system.

Sincerely,

CATHERINE SCHULTZ,
Vice President for Tax Policy.

Mr. Speaker, I yield back the balance
of my time.

Mr. RANGEL. Mr. Speaker, before I
recognize the next speaker, I would
just like to say when voters get an op-
portunity to ask the question, "and
what did you do to help these people
who have given so much of their lives
to this cause," that you just won't
have to say that you tried to save jobs
through an abusive tax provision.

Our country wants to say thank you.
Certainly our New York delegation in
Congress does too.

One of our Members felt this strong-
ly. He felt it as an American, but he
felt it also as a relative that had lost
so much in this attack on the United
States of America.

For purposes of closing, Mr. Speaker,
I recognize JOSEPH CROWLEY from the
State of New York.

Mr. CROWLEY. I thank my colleague
and friend from New York (Mr. RAN-
GEL) for yielding me this time.

Mr. Speaker, I rise in strong support
of this bill. I would like to thank those
who are here today for the debate who
served our Nation so nobly on 9/11 and
the days and months following. We
thank you for your bravery and for
your service.

It has been 9 years since the terrorist
attack that took the lives of close to
3,000 of our fellow Americans. Over
those years, speeches have been offered
and medals have been awarded and
promises have been made—promises
have been made, and yet not fulfilled—
all regarding our 9/11 heroes. But 9
years later, the most important com-
mitment and tribute remains to be ful-
filled.

The first responders, the first re-
builders, and the residents who risked
their lives at Ground Zero are still
waiting for much-needed health care
services. These are the heroes who dug
through the broken glass and the de-
bris, and, yes, through human remains.
These are the heroes who were urged
by our Federal officials, return to life
as usual in downtown New York be-
cause "the air is safe."

Well, the government was wrong. The
air was not safe, and now many, too
many, are suffering as a result.

Today we once again have the oppor-
tunity to honor our commitment that
we made to those who answered the
call to service. By passing the James
Zadroga 9/11 Health and Compensation
Act, we will provide critical health
care service to those who stood up for
America.

As many of you know, my cousin,
Battalion Chief John Moran, died on
September 11. Many in the gallery
above us knew my cousin John. As I
mentioned back in July, his last known
words to his driver that day were, "Let
me off here. I am going to try to make
a difference." "Here" was World Trade
Center Tower Two.

John died with honor and in service
to his country, and I know that he
would have wanted it no other way.
But John, like the thousands of others
who perished that day, would also want
us to know that he would want the vic-
tims and the heroes of 9/11 who sur-
vived not to be forgotten.

We don't need all of our colleagues'
votes. What we need is your respect for
the victims, for the families, for the
survivors. And for one hour, and for
one day, and with one vote, do not do
what is politically correct, but do what
is patriotically correct, and vote for
this bill.

Ms. ZOE LOFGREN of California. Mr.
Speaker, I rise again today in support of H.R.
847, the James Zadroga 9/11 Health and
Compensation Act of 2010.

Voting for this bill is essential if we want
to honor the true heroes of 9/11. These heroes
are the firefighters, police officers, rescue

workers, and volunteers who risked their lives
to help the country during one of its darkest
periods only to be misinformed by that country
with respect to conditions at the World Trade
Center crash site. They deserve our help. It is
our duty to provide it to them.

In the days after 9/11, Congress came to-
gether and—in a truly bipartisan effort—con-
ceived of a system through which the victims
of those terrible attacks could obtain medical
treatment and just compensation. As we
learned in various hearings and markups be-
fore the Judiciary Committee, that system was
a stunning success.

The 9/11 Victims Compensation Fund, for
example, quickly compensated those who
were injured or lost close family members in
the attacks. Just over \$7 billion was paid out
in a 33-month period, with overhead costs of
less than 3 percent, and with 97 percent of the
families of deceased victims opting into the
fund rather than pursuing tort relief in the
courts. As Special Master Kenneth Feinberg
stated in his written testimony before our com-
mittee earlier this year, "this was one of the
most efficient, streamlined and cost effective
programs in American history."

Despite its incredible success, however, the
job is not quite done. There remain thousands
of people who require the protection of the
VCF, but who—by no fault of their own—were
unable to take advantage of it when it was
available. This includes first responders, work-
ers, and volunteers from around the country
who rallied to help locate survivors, recover
the dead, and clean up debris from the fallen
towers. These are the people that the Nation
and the world watched on television as they
dropped everything in their own lives to rush
to aid those who needed it the most.

They were told by their government that the
air was safe to breathe. But many are now
sick and suffering because of their exposure
to the toxic dust that covered much of lower
Manhattan.

People are sick and will continue to get sick
because of their exposure to World Trade
Center dust. We must resolve this problem,
and that means passing H.R. 847.

The bill would provide medical monitoring
and treatment to the continuing victims of the
9/11 attacks. It would also reopen the 9/11
Victims Compensation Fund to provide com-
pensation to those victims.

One thing is clear: the status quo is unac-
ceptable. Worker's compensation has failed.
Medical programs aren't covering enough peo-
ple. And the World Trade Center Captive In-
surance Fund, created by Congress to resolve
claims such as those that remain outstanding,
has instead used the money appropriated to
contest each and every one of those claims.
Six years and \$300 million in administrative
and legal costs later, the Captive Insurance
Fund has settled less than 10 claims.

I believe this bill, while perhaps not perfect,
goes a long way to establishing a fair and just
program to care for and compensate those
who continue to bear the deep scars from
9/11. I urge my colleagues to support this bill,
which is the result of a great deal of work on
both sides of the aisle, and in the end is just
the right thing to do.

I congratulate Ms. MALONEY, Mr. NADLER,
Mr. KING of New York and the other members
of the New York delegation for their long
struggle to bring this bill to the floor. I also

thank Speaker PELOSI for her strong commitment to helping the heroes and heroines of 9/11.

Mr. HOLT. Mr. Speaker, as a cosponsor of the James Zadroga 9/11 Health and Compensation Act of 2010, I urge passage of this important bill.

Today the House has the opportunity to honor the rescue and recovery workers who served our Nation after the devastating attacks at the World Trade Center on September 11, 2001 and, more important than empty honor, to provide for their care. My district suffered casualties that day and nine years later, the memory of that terrible day is still fresh in our minds.

Along with the victims of 9/11, there were thousands of rescue and recovery workers who came to the aid of our Nation that day. These brave women and men rushed to Ground Zero to help the fallen and to participate in the clean-up effort without thinking about their health or safety. These workers were exposed to environmental hazards and have developed significant respiratory illnesses, chronic infections, and other medical conditions. Further, many first responders are only now being diagnosed with illnesses that are related to their exposure at Ground Zero.

The Zadroga 9/11 Health and Compensation Act of 2010 would create the World Trade Center Health Program (WTCHP). The program would provide medical monitoring and treatment benefits to first responders and workers who were directly affected by the attacks. Additionally, the program would establish education and outreach programs and conduct research on physical and mental health conditions related to the 9/11 attacks. The program would continue until 2020 and the total federal spending would be capped at \$4.6 billion. The WTCHP program would serve more than 75,000 survivors, recovery workers, and members of the affected communities.

This bill provides long-term health care and compensation for thousands of responders and survivors. By passing this bill, we will be paying tribute to the sacrifice and courage of these women and men and we will be paying a debt. This bill will be paid for with a partnership with New York City and by closing tax loopholes.

When this bill was considered by the House before, some in the minority party put politics over these brave first responders. Today, we get a second chance to approve this important piece of legislation. We cannot let our first responders down.

Ms. RICHARDSON. Mr. Speaker, I rise today in support of H.R. 847, the "James Zadroga 9/11 Health and Compensation Act," which will ensure that 9/11 emergency responders receive quality health care to address the lingering health effects resulting from their brave service on September 11, 2001.

I thank Chairman WAXMAN for his leadership in bringing this bill to the floor. I also thank the sponsor of this legislation, Congresswoman MALONEY, for her attention to this important issue.

Mr. Speaker the courageous men and women who responded to the attacks of September 11, 2001 thrust themselves into a life-threatening situation, risking everything to respond to one of our Nation's most devastating tragedies. Many of these firefighters and emergency responders died in the aftermath

of the attacks; I am forever grateful for these men and women who made the ultimate sacrifice. Many of those who survived continue to suffer from serious health issues, ranging from respiratory illness to post-traumatic stress syndrome. These individuals deserve our assurance that they will always receive first-rate care.

Unfortunately, since the closing of the 9/11 Compensation Fund on March 31, 2003, many first responders have had to fight just to get the medical treatment that they need. This bill will change that. H.R. 847 will fund through 2019 the World Trade Center Health Program, ensuring that first responders suffering from 9/11-related health problems will be able to get care. The bill will also establish medical centers of excellence throughout the country to serve 9/11 responders. Currently many 9/11 emergency responders who no longer live in New York/New Jersey metro area are required to return there in order to receive care, a requirement that is often prohibitively inconvenient.

Mr. Speaker, H.R. 847 is part of our ongoing obligation to the brave men and women who responded to 9/11. I urge my colleagues to join me in supporting this bill.

Mr. ACKERMAN. Mr. Speaker, I rise today in the strongest possible support of the 9/11 Health and Compensation Act, H.R. 847.

Mr. Speaker, we are here again on the floor of the House to consider doing the decent thing: helping the living victims of the 9/11 who continue to suffer the terrible effects of that day. For too long, the federal government has not stepped-up enough to help the responders, volunteers, workers and residents that went to Ground Zero during and after the horrific 9/11 attack. For too long, this Congress has not acted to help these victims on a permanent basis. Tragically, some of the very people that we want to help with this legislation have already died. Thousands of Americans who responded need medical treatment now. Thousands more will need treatment in the future. Nine years is too long; we must show the American people today that their representatives can put away their differences and work together to pass this bill. The sick and injured don't care about offsets and they don't care about election-year politics.

The horrific attack of 9/11 wasn't just an attack on New York City; it was an attack upon the entire United States. The brave men and women in uniform who risk their lives every day in Afghanistan and elsewhere aren't defending just New York City, they're defending America. Responders came to Ground Zero in the thousands from all around the country, from almost every Congressional District. Over 13,000 responders to Ground Zero are sick now and already are receiving medical treatment. Another 53,000 responders are currently being medically monitored and 71,000 individuals are enrolled in the World Trade Center Registry, meaning they were exposed to toxins at some point. In the coming years, these numbers will only increase as symptoms and conditions related to exposure to Ground Zero begin to manifest themselves in the victims. This measure would monitor and provide treatment to responders to Ground Zero and build on the existing monitoring and treatment programs. There's also an economic component to this bill. Victims would be able to be compensated for their economic losses and con-

tractors would receive liability protection. We must pass this bill not only because it's the right thing to do for those people who are sick, but for the next generation of responders who will have to think twice about volunteering and working at a site of a terrorist attack.

So, Mr. Speaker, I urge all my colleagues to support the 9/11 Health and Compensation Act so that all the victims of 9/11 will receive the medical care and help they need and deserve.

Mr. BISHOP of New York. Mr. Speaker, I rise in strong support of this bill and thank the leadership for giving it a second chance. The heroes who responded on September 11th certainly deserve a second chance.

Those heroes didn't hesitate. Americans united immediately on September 11th. But 9 years later, this House remains divided.

First responders, survivors, and their families have waited too long for Congress to act. On this congressional session's final day, we must fulfill our promise to care for them and treat them for their exposure to toxins at Ground Zero.

Residents of Eastern Long Island, who I proudly represent, are getting sick, as are thousands who came from nearly every state. This isn't just a New York issue, it's an American issue.

I urge my colleagues on both sides of the aisle to unite in support of our heroes by voting for the 9/11 Health and Compensation Act.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1674, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. LEE of New York. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. LEE of New York. In its present form.

Mr. WAXMAN. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Lee of New York moves to recommit the bill H.R. 847 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

In subparagraph (A) of section 3312(c)(1) of the Public Health Service Act, as added by section 101 of the bill, strike "the payment rates that would apply to the provision of such treatment and services by the facility under the Federal Employees Compensation Act" and insert "payment rates equal to the payment rates for similar services under parts A and B of title XVIII of the Social Security Act".

Strike title III and insert the following (and make such changes to the table of contents in section 1(b) as may be necessary):

TITLE III—REPEAL OF CERTAIN SPENDING PROVISIONS IN PATIENT PROTECTION AND AFFORDABLE CARE ACT

SEC. 301. REPEALS.

(a) IN GENERAL.—The following provisions are hereby repealed:

(1) Subsections (a), (b), (c), (e), (g), (h), (i), (j), (k), (l), and (m) of section 1899A of the Social Security Act (relating to Independent Payment Advisory Board) and subsections (b) and (c) of section 3403 of the Patient Protection and Affordable Care Act (and the amendments made by such subsections).

(2) Section 4002 of such Act (relating to the Prevention and Public Health Fund).

(3) Subsections (a), (b), (c), and (d) of section 6301 of such Act (and the amendments made by such subsections) (relating to patient-centered outcomes research).

(4) Section 10502 of such Act (relating to improving infrastructure of a single health care facility).

(b) CONFORMING AMENDMENTS.—In the table of contents in section 101 of the Patient Protection and Affordable Care Act, strike the items relating to sections 3403, 4002, and 10502.

At the end of the bill, add the following new title (and make such changes to the table of contents in section 1(b) as may be necessary):

TITLE V—ENACTING REAL MEDICAL LIABILITY REFORM

SEC. 501. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

The time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first. In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of manifestation of injury unless tolled for any of the following—

- (1) upon proof of fraud;
- (2) intentional concealment; or
- (3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person. Actions by a minor shall be commenced within 3 years from the date of the alleged manifestation of injury except that actions by a minor under the full age of 6 years shall be commenced within 3 years of manifestation of injury or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider or health care organization have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

SEC. 502. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit a claimant's recovery of the full amount of the available economic damages, notwithstanding the limitation in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit, the amount of noneconomic damages, if available, may be as much as \$250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same injury.

(c) NO DISCOUNT OF AWARD FOR NONECONOMIC DAMAGES.—For purposes of applying the limitation in subsection (b), future noneconomic damages shall not be discounted to present value. The jury shall not be informed about the maximum award for noneconomic damages. An award for noneconomic damages in excess of \$250,000 shall be reduced either before the entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law. If separate awards are rendered for past and future noneconomic damages and the com-

bined awards exceed \$250,000, the future noneconomic damages shall be reduced first.

(d) FAIR SHARE RULE.—In any health care lawsuit, each party shall be liable for that party's several share of any damages only and not for the share of any other person. Each party shall be liable only for the amount of damages allocated to such party in direct proportion to such party's percentage of responsibility. Whenever a judgment of liability is rendered as to any party, a separate judgment shall be rendered against each such party for the amount allocated to such party. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant's harm.

SEC. 503. MAXIMIZING PATIENT RECOVERY.

(a) COURT SUPERVISION OF SHARE OF DAMAGES ACTUALLY PAID TO CLAIMANTS.—In any health care lawsuit, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants. In particular, in any health care lawsuit in which the attorney for a party claims a financial stake in the outcome by virtue of a contingent fee, the court shall have the power to restrict the payment of a claimant's damage recovery to such attorney, and to redirect such damages to the claimant based upon the interests of justice and principles of equity. In no event shall the total of all contingent fees for representing all claimants in a health care lawsuit exceed the following limits:

- (1) 40 percent of the first \$50,000 recovered by the claimant(s).
- (2) 33½ percent of the next \$50,000 recovered by the claimant(s).
- (3) 25 percent of the next \$500,000 recovered by the claimant(s).
- (4) 15 percent of any amount by which the recovery by the claimant(s) is in excess of \$600,000.

(b) APPLICABILITY.—The limitations in this section shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution. In a health care lawsuit involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section. The requirement for court supervision in the first two sentences of subsection (a) applies only in civil actions.

SEC. 504. ADDITIONAL HEALTH BENEFITS.

In any health care lawsuit involving injury or wrongful death, any party may introduce evidence of collateral source benefits. If a party elects to introduce such evidence, any opposing party may introduce evidence of any amount paid or contributed or reasonably likely to be paid or contributed in the future by or on behalf of the opposing party to secure the right to such collateral source benefits. No provider of collateral source benefits shall recover any amount against the claimant or receive any lien or credit against the claimant's recovery or be equitably or legally subrogated to the right of the claimant in a health care lawsuit involving injury or wrongful death. This section shall apply to any health care lawsuit that is settled as well as a health care lawsuit that is resolved by a fact finder. This section shall not apply to section 1862(b) (42 U.S.C. 1395y(b)) or section 1902(a)(25) (42 U.S.C. 1396a(a)(25)) of the Social Security Act.

SEC. 505. PUNITIVE DAMAGES.

(a) IN GENERAL.—Punitive damages may, if otherwise permitted by applicable State or Federal law, be awarded against any person in a health care lawsuit only if it is proven by clear and convincing evidence that such

person acted with malicious intent to injure the claimant, or that such person deliberately failed to avoid unnecessary injury that such person knew the claimant was substantially certain to suffer. In any health care lawsuit where no judgment for compensatory damages is rendered against such person, no punitive damages may be awarded with respect to the claim in such lawsuit. No demand for punitive damages shall be included in a health care lawsuit as initially filed. A court may allow a claimant to file an amended pleading for punitive damages only upon a motion by the claimant and after a finding by the court, upon review of supporting and opposing affidavits or after a hearing, after weighing the evidence, that the claimant has established by a substantial probability that the claimant will prevail on the claim for punitive damages. At the request of any party in a health care lawsuit, the trier of fact shall consider in a separate proceeding—

- (1) whether punitive damages are to be awarded and the amount of such award; and
- (2) the amount of punitive damages following a determination of punitive liability. If a separate proceeding is requested, evidence relevant only to the claim for punitive damages, as determined by applicable State law, shall be inadmissible in any proceeding to determine whether compensatory damages are to be awarded.

(b) DETERMINING AMOUNT OF PUNITIVE DAMAGES.—

(1) FACTORS CONSIDERED.—In determining the amount of punitive damages, if awarded, in a health care lawsuit, the trier of fact shall consider only the following—

- (A) the severity of the harm caused by the conduct of such party;
- (B) the duration of the conduct or any concealment of it by such party;
- (C) the profitability of the conduct to such party;
- (D) the number of products sold or medical procedures rendered for compensation, as the case may be, by such party, of the kind causing the harm complained of by the claimant;
- (E) any criminal penalties imposed on such party, as a result of the conduct complained of by the claimant; and
- (F) the amount of any civil fines assessed against such party as a result of the conduct complained of by the claimant.

(2) MAXIMUM AWARD.—The amount of punitive damages, if awarded, in a health care lawsuit may be as much as \$250,000 or as much as two times the amount of economic damages awarded, whichever is greater. The jury shall not be informed of this limitation.

SEC. 506. AUTHORIZATION OF PAYMENT OF FUTURE DAMAGES TO CLAIMANTS IN HEALTH CARE LAWSUITS.

(a) IN GENERAL.—In any health care lawsuit, if an award of future damages, without reduction to present value, equaling or exceeding \$50,000 is made against a party with sufficient insurance or other assets to fund a periodic payment of such a judgment, the court shall, at the request of any party, enter a judgment ordering that the future damages be paid by periodic payments. In any health care lawsuit, the court may be guided by the Uniform Periodic Payment of Judgments Act promulgated by the National Conference of Commissioners on Uniform State Laws.

(b) APPLICABILITY.—This section applies to all actions which have not been first set for trial or retrial before the effective date of this title.

SEC. 507. DEFINITIONS.

In this title:

- (1) ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.—The term "alternative dispute resolution system" or "ADR" means a system that provides for the resolution of

health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) **CLAIMANT.**—The term “claimant” means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity, or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.

(3) **COLLATERAL SOURCE BENEFITS.**—The term “collateral source benefits” means any amount paid or reasonably likely to be paid in the future to or on behalf of the claimant, or any service, product, or other benefit provided or reasonably likely to be provided in the future to or on behalf of the claimant, as a result of the injury or wrongful death, pursuant to—

(A) any State or Federal health, sickness, income-disability, accident, or workers’ compensation law;

(B) any health, sickness, income-disability, or accident insurance that provides health benefits or income-disability coverage;

(C) any contract or agreement of any group, organization, partnership, or corporation to provide, pay for, or reimburse the cost of medical, hospital, dental, or income-disability benefits; and

(D) any other publicly or privately funded program.

(4) **COMPENSATORY DAMAGES.**—The term “compensatory damages” means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities, damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature. The term “compensatory damages” includes economic damages and non-economic damages, as such terms are defined in this section.

(5) **CONTINGENT FEE.**—The term “contingent fee” includes all compensation to any person or persons which is payable only if a recovery is effected on behalf of one or more claimants.

(6) **ECONOMIC DAMAGES.**—The term “economic damages” means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities.

(7) **HEALTH CARE LAWSUIT.**—The term “health care lawsuit” means any health care liability claim concerning the provision of health care goods or services or any medical product affecting interstate commerce, or any health care liability action concerning the provision of health care goods or services or any medical product affecting interstate commerce, brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider, a health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, regardless of the theory of liability on which the claim is based, or the number of

claimants, plaintiffs, defendants, or other parties, or the number of claims or causes of action, in which the claimant alleges a health care liability claim. Such term does not include a claim or action which is based on criminal liability; which seeks civil fines or penalties paid to Federal, State, or local government; or which is grounded in anti-trust.

(8) **HEALTH CARE LIABILITY ACTION.**—The term “health care liability action” means a civil action brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider, a health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action, in which the claimant alleges a health care liability claim.

(9) **HEALTH CARE LIABILITY CLAIM.**—The term “health care liability claim” means a demand by any person, whether or not pursuant to ADR, against a health care provider, health care organization, or the manufacturer, distributor, supplier, marketer, promoter, or seller of a medical product, including, but not limited to, third-party claims, cross-claims, counter-claims, or contribution claims, which are based upon the provision of, use of, or payment for (or the failure to provide, use, or pay for) health care services or medical products, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action.

(10) **HEALTH CARE ORGANIZATION.**—The term “health care organization” means any person or entity which is obligated to provide or pay for health benefits under any health plan, including any person or entity acting under a contract or arrangement with a health care organization to provide or administer any health benefit.

(11) **HEALTH CARE PROVIDER.**—The term “health care provider” means any person or entity required by State or Federal laws or regulations to be licensed, registered, or certified to provide health care services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation.

(12) **HEALTH CARE GOODS OR SERVICES.**—The term “health care goods or services” means any goods or services provided by a health care organization, provider, or by any individual working under the supervision of a health care provider, that relates to the diagnosis, prevention, or treatment of any human disease or impairment, or the assessment or care of the health of human beings.

(13) **MALICIOUS INTENT TO INJURE.**—The term “malicious intent to injure” means intentionally causing or attempting to cause physical injury other than providing health care goods or services.

(14) **MEDICAL PRODUCT.**—The term “medical product” means a drug, device, or biological product intended for humans, and the terms “drug”, “device”, and “biological product” have the meanings given such terms in sections 201(g)(1) and 201(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321(g)(1) and (h)) and section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)), respectively, including any component or raw material used therein, but excluding health care services.

(15) **NONECONOMIC DAMAGES.**—The term “noneconomic damages” means damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic

service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature.

(16) **PUNITIVE DAMAGES.**—The term “punitive damages” means damages awarded, for the purpose of punishment or deterrence, and not solely for compensatory purposes, against a health care provider, health care organization, or a manufacturer, distributor, or supplier of a medical product. Punitive damages are neither economic nor non-economic damages.

(17) **RECOVERY.**—The term “recovery” means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the plaintiff and the attorneys’ office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

(18) **STATE.**—The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States, or any political subdivision thereof.

SEC. 508. EFFECT ON OTHER LAWS.

(a) VACCINE INJURY.—

(1) To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a vaccine-related injury or death—

(A) this title does not affect the application of the rule of law to such an action; and

(B) any rule of law prescribed by this title in conflict with a rule of law of such title XXI shall not apply to such action.

(2) If there is an aspect of a civil action brought for a vaccine-related injury or death to which a Federal rule of law under title XXI of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this title) will apply to such aspect of such action.

(b) **OTHER FEDERAL LAW.**—Except as provided in this section, nothing in this title shall be deemed to affect any defense available to a defendant in a health care lawsuit or action under any other provision of Federal law.

SEC. 509. STATE FLEXIBILITY AND PROTECTION OF STATES’ RIGHTS.

(a) **HEALTH CARE LAWSUITS.**—The provisions governing health care lawsuits set forth in this title preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—

(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or

(2) prohibits the introduction of evidence regarding collateral source benefits, or mandates or permits subrogation or a lien on collateral source benefits.

(b) **PROTECTION OF STATES’ RIGHTS AND OTHER LAWS.**—(1) Any issue that is not governed by any provision of law established by or under this title (including State standards of negligence) shall be governed by otherwise applicable State or Federal law.

(2) This title shall not preempt or supersede any State or Federal law that imposes greater procedural or substantive protections for health care providers and health

care organizations from liability, loss, or damages than those provided by this title or create a cause of action.

(c) **STATE FLEXIBILITY.**—No provision of this title shall be construed to preempt—

(1) any State law (whether effective before, on, or after the date of the enactment of this Act) that specifies a particular monetary amount of compensatory or punitive damages (or the total amount of damages) that may be awarded in a health care lawsuit, regardless of whether such monetary amount is greater or lesser than is provided for under this title, notwithstanding section 502(a); or

(2) any defense available to a party in a health care lawsuit under any other provision of State or Federal law.

SEC. 510. APPLICABILITY; EFFECTIVE DATE.

This title shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this Act, except that any health care lawsuit arising from an injury occurring prior to the date of the enactment of this Act shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

Mr. LEE of New York (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

Mr. WAXMAN. I object.

The SPEAKER pro tempore. Objection is heard.

The Clerk will continue to read.

The Clerk continued to read.

□ 1450

Mr. WAXMAN (during the reading). Mr. Speaker, I ask unanimous consent that the remainder of the motion to recommit be considered as read.

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

There was no objection.

The SPEAKER pro tempore. Does the gentleman from California continue to reserve his point of order?

Mr. WAXMAN. I withdraw my point of order.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York is recognized for 5 minutes in support of his motion.

Mr. LEE of New York. Mr. Speaker, I, like many of my colleagues, am a strong supporter of the underlying provisions in H.R. 847, the James Zadroga 9/11 health bill. In fact, I am a cosponsor of the bill and believe we should pass it for our 9/11 heroes. Unfortunately, H.R. 847 is not on the floor today because the same harmful, job-killing tax hikes that were added to the bill in July are still here today.

I'm a new Member of Congress. I'm from New York. I spent my entire career in the private sector before coming here, not in politics, focused on growing jobs in the manufacturing sector, and I can tell you firsthand these taxes will kill jobs in the United States. These are taxes on new jobs.

I share the frustration of so many Americans when Congress talks a good game about creating jobs but does everything possible to send them off-

shore. These taxes, without a doubt, will send more jobs offshore. And with 15 million American workers out of work, it is unwise and unnecessary to pit America's jobless against the 9/11 heroes.

Earlier today, I signed a letter, with the entire New York delegation, to the House leadership urging that this bill be considered without procedural games or poison pills meant to make the other party look bad. This motion to recommit lives up to that request.

Specifically, this motion eliminates the job-killing tax hikes and, instead, finances the bill through spending cuts, just as the American people are urging us to do this in each and every one of our districts.

It eliminates the duplicative Public Health Service Act slush fund. It repeals the poorly drafted comparative effectiveness research program and the Medicare Independent Payment Advisory Board. It also eliminates incentives to overutilize services by changing reimbursement rates. In addition, CBO says the motion reduces the deficit over the next 10 years. I want to repeat that. It reduces the deficit.

It takes the additional step to save money and improve care for everyone by enacting something that was missing from the health care bill that was passed earlier this year. It enacts meaningful medical liability reform, reform supported by both sides of the aisle.

By passing this motion to recommit, we can remove the harmful job-killing tax hikes and do what's right for these 9/11 heroes and leave the politics aside.

I urge adoption of this motion.

I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from California is recognized for 5 minutes.

Mr. WAXMAN. This legislation is designed to provide health care services for the heroes of 9/11, the policemen and the firemen who didn't know what would be in store for them when they went into the World Trade Center. Many of them are suffering from the health consequences of their activities, and we have an obligation to provide the services that they need.

What does this motion to recommit do? It would, first of all, reduce payments to health care providers, making it harder for those people to get access to hospitals to treat them. But the worst thing about this motion to recommit is that it strikes a pay-for that's been passed three times already in the House, and it eliminates areas of the health care reform law that are designed to save money and to prevent costly health problems.

There are 248 organizations that have signed a letter opposing these kinds of cuts. This same kind of proposal was offered in the Senate and rejected very soundly. These are groups that are concerned that we have a health system that is there to protect the public

health. Can you imagine the irony that the public health measures we're trying to put in place so that we can deal with chronic disease would be struck? They would wipe that out in order to pay for this bill.

That is not the way to pay for this legislation. Groups such as the American Heart Association, the American Cancer Society, the American Diabetes Association, the American Lung Association, maternal and child health associations, and dozens of others all urge a "no" vote on this motion to recommit.

Mr. Speaker, I yield the balance of my time to the gentleman from New York (Mr. WIENER), a very important member of our committee and a champion for this legislation.

Mr. WEINER. You know, here in Washington, there are a couple of different ways you can kill a bill. One is the honest way—you vote "no." Put your card in, you press the "no" vote. It shows "no" up on the board. Another way you can kill legislation in this town is by offering up amendments or offering up procedures and offering up confusion about the bill, that it goes down for that reason and you don't quite have your fingerprints on it.

Mr. LEE's an honorable man, he's a good man. But I have to tell you it as simply as I can. If you vote for his motion to recommit, the bill dies. If you vote for this motion that says, essentially, we're going to take out the money for the care, it doesn't matter how many 9/11 events you go to, doesn't matter how many times you send out press releases that say you care, if you vote for this motion, you vote to kill the bill, period.

And there's a lot of talk about what's in it. You want to relitigate the health care bill? Okay. We're going to get to do that the first Tuesday in November. People are going to be talking, oh, the health care bill is a good bill or bad bill. Let's do that later. Let's do the politics later. Let's do the right thing now. Let's try to take care of the people in this bill with money to do it.

I understand this is a political town and we're in the midst of a political season, but can't we look around? Can't we, at this moment, look around and say this isn't the time for a parliamentary move or a clever motion to recommit?

My colleagues, when you come down here, the only way you can go home and say that you care for the victims of September 11 is if you vote a "no" on this motion and a "yes" on final passage. That's it.

□ 1500

The people in this room and back home are too smart to be fooled by anything else. "I want it paid for this way." "I want it paid for that way."

As Mr. WAXMAN just said, if you pass this amendment, it essentially says, We are going to go back and argue about the health care bill again. What is next? Are we going to go argue abortion or immigration? No, let's not do

that anymore. Well, if we are going to do it, let's do it in November on elections. We are going to have TV commercials and ads. Now let's just do the right thing. I want to see every Republican and every Democrat say, You know what, if there is one thing we agree upon, it's that the people who gave up their health on September 11 and the days after deserve our care and our respect. We need a "no" vote, my colleagues.

I have to tell you something, I have worked with the people who were advocating for 9/11 health for 9 years, and some of them are here. They are too smart. They are going to know that if you vote in favor of this motion to recommit, plain and simple, you are voting to kill this bill. We are not going to let it happen. Nine years is too long.

But I'll tell you something about time, it's also pretty darn close to election day. In 434 districts in this country are people who have a 9/11 cough. I hope they are watching this debate, and I hope they watch not just final passage, which hopefully we get to, because if this Lee amendment passes, this bill is going down. We can't let that happen.

I urge a "no" vote on the motion to recommit and a "yes" vote on passage.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. LEE of New York. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered; and motions to suspend the rules with respect to H.R. 3685, H.R. 5993, and House Resolution 1326.

The vote was taken by electronic device, and there were—yeas 185, nays 244, not voting 4, as follows:

[Roll No. 549]

YEAS—185

Aderholt	Brown (SC)	Dent
Adler (NJ)	Brown-Waite,	Diaz-Balart, L.
Akin	Ginny	Diaz-Balart, M.
Alexander	Buchanan	Djou
Austria	Burgess	Dreier
Bachmann	Burton (IN)	Duncan
Bachus	Buyer	Ehlers
Barrett (SC)	Calvert	Emerson
Bartlett	Camp	Flake
Barton (TX)	Campbell	Fleming
Biggert	Cantor	Forbes
Bilbray	Capito	Fortenberry
Billirakis	Carter	Fox
Bishop (UT)	Cassidy	Franks (AZ)
Blackburn	Castle	Frelinghuysen
Boehner	Chaffetz	Gallely
Bonner	Coble	Garrett (NJ)
Bono Mack	Coffman (CO)	Gerlach
Boozman	Cole	Gingrey (GA)
Boucher	Conaway	Gohmert
Boustany	Crenshaw	Goodlatte
Brady (TX)	Culberson	Granger
Bright	Davis (KY)	Graves (GA)
Broun (GA)	Davis (TN)	Graves (MO)

Griffith	McCaul	Rooney
Guthrie	McClintock	Ros-Lehtinen
Hall (TX)	McCotter	Roskam
Harper	McHenry	Royce
Hastings (WA)	McKeon	Ryan (WI)
Heller	McMorris	Scalise
Hensarling	Rodgers	Schmidt
Herger	Melancon	Schock
Hoekstra	Mica	Sensenbrenner
Hunter	Miller (FL)	Sessions
Inglis	Miller (MI)	Shadegg
Issa	Miller, Gary	Shimkus
Jenkins	Minnick	Shuler
Johnson, Sam	Moran (KS)	Shuster
Jordan (OH)	Murphy, Tim	Simpson
King (IA)	Myrick	Smith (NE)
Kingston	Neugebauer	Smith (NJ)
Kirk	Nunes	Smith (TX)
Kline (MN)	Nye	Space
Lamborn	Olson	Stearns
Lance	Paul	Sullivan
Latham	Paulsen	Taylor
LaTourette	Pence	Teague
Latta	Peterson	Terry
Lee (NY)	Petri	Thompson (PA)
Lewis (CA)	Pitts	Thornberry
Linder	Platts	Tiahrt
LoBiondo	Poe (TX)	Tiberi
Lucas	Posey	Turner
Luetkemeyer	Price (GA)	Upton
Lummis	Putnam	Walden
Lungren, Daniel	Radanovich	Wamp
E.	Rehberg	Westmoreland
Mack	Reichert	Whitfield
Manzullo	Roe (TN)	Wilson (SC)
Marchant	Rogers (AL)	Wittman
Marshall	Rogers (KY)	Wolf
Matheson	Rogers (MI)	Young (AK)
McCarthy (CA)	Rohrabacher	

NAYS—244

Ackerman	Dicks	Kennedy
Altmire	Dingell	Kildee
Andrews	Doggett	Kilpatrick (MI)
Arcuri	Donnelly (IN)	Kilroy
Baca	Doyle	Kind
Baird	Driehaus	King (NY)
Baldwin	Edwards (MD)	Kirkpatrick (AZ)
Barrow	Edwards (TX)	Kissell
Bean	Ellison	Klein (FL)
Becerra	Ellsworth	Kosmas
Berkley	Engel	Kratovil
Berman	Eshoo	Kucinich
Berry	Etheridge	Langevin
Bishop (GA)	Farr	Larsen (WA)
Bishop (NY)	Fattah	Larson (CT)
Blumenauer	Filner	Lee (CA)
Bocieri	Foster	Levin
Boren	Frank (MA)	Lewis (GA)
Boswell	Fudge	Lipinski
Brady (PA)	Garamendi	Loeb
Braley (IA)	Giffords	Lofgren, Zoe
Brown, Corrine	Gonzalez	Lowey
Butterfield	Gordon (TN)	Lujan
Cao	Grayson	Lynch
Capps	Green, Al	Maffei
Capuano	Green, Gene	Maloney
Cardoza	Grijalva	Markey (CO)
Carnahan	Gutierrez	Markey (MA)
Carney	Hall (NY)	Matsui
Carson (IN)	Halvorson	McCarthy (NY)
Castor (FL)	Hare	McCollum
Chandler	Harman	McDermott
Childers	Hastings (FL)	McGovern
Chu	Heinrich	McIntyre
Clarke	Herseth Sandlin	McMahon
Clay	Higgins	McNerney
Cleaver	Hill	Meek (FL)
Clyburn	Himes	Meeks (NY)
Cohen	Hinche	Michaud
Connolly (VA)	Hinojosa	Miller (NC)
Conyers	Hirono	Miller, George
Cooper	Hodes	Mitchell
Costa	Holden	Mollohan
Costello	Holt	Moore (KS)
Courtney	Honda	Moore (WI)
Critz	Hoyer	Moran (VA)
Crowley	Inslee	Murphy (CT)
Cuellar	Israel	Murphy (NY)
Cummings	Jackson (IL)	Murphy, Patrick
Dahlkemper	Jackson Lee	Nadler (NY)
Davis (AL)	(TX)	Napolitano
Davis (CA)	Johnson (GA)	Neal (MA)
Davis (IL)	Johnson (IL)	Oberstar
DeFazio	Johnson, E. B.	Obey
DeGette	Jones	Olver
DeLauro	Kanjorski	Ortiz
Deuch	Kaptur	Owens
		Pallone

Pascarell	Sánchez, Linda	Tanner
Pastor (AZ)	T.	Thompson (CA)
Payne	Sanchez, Loretta	Thompson (MS)
Pelosi	Sarbanes	Tierney
Perlmutter	Schakowsky	Titus
Perriello	Schauer	Tonko
Peters	Schiff	Towns
Pingree (ME)	Schrader	Tsongas
Polis (CO)	Schwartz	Van Hollen
Pomeroy	Scott (GA)	Velázquez
Price (NC)	Scott (VA)	Visclosky
Quigley	Serrano	Walz
Rahall	Sestak	Wasserman
Rangel	Shea-Porter	Schultz
Reyes	Sherman	Waters
Richardson	Sires	Watson
Rodriguez	Skelton	Watt
Ross	Slaughter	Waxman
Rothman (NJ)	Smith (WA)	Weiner
Roybal-Allard	Snyder	Welch
Ruppersberger	Speier	Wilson (OH)
Rush	Spratt	Woolsey
Ryan (OH)	Stark	Wu
Salazar	Stupak	Yarmuth
	Sutton	

NOT VOTING—4

Blunt	Fallin
Boyd	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER tempore. The Chair will remind all persons in the gallery that they are here as guests of the House, and any manifestation of approval or disapproval of the proceedings are in violation of the rules of the House.

□ 1529

Mrs. NAPOLITANO, Messrs. BUTTERFIELD, SCHRADER, Ms. EDWARDS of Maryland, Ms. SPEIER, Messrs. CARSON of Indiana, SPRATT, BLUMENAUER, WELCH, and DELAHUNT changed their vote from "yea" to "nay."

Mrs. LUMMIS, Messrs. GARRETT of New Jersey, POSEY, Ms. FOXX, Mrs. EMERSON, and Messrs. WITTMAN and COLE changed their vote from "nay" to "yea."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. WAXMAN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 268, noes 160, not voting 5, as follows:

[Roll No. 550]

AYES—268

Ackerman	Blumenauer	Carson (IN)
Adler (NJ)	Bocieri	Castle
Altmire	Boren	Castor (FL)
Andrews	Boswell	Chandler
Arcuri	Boucher	Childers
Baca	Brady (PA)	Chu
Baird	Braley (IA)	Clarke
Baldwin	Brown, Corrine	Clay
Barrow	Butterfield	Cleaver
Bean	Cao	Clyburn
Becerra	Capps	Cohen
Berkley	Capuano	Cole
Berman	Cardoza	Connolly (VA)
Bishop (GA)	Carnahan	Conyers
Bishop (NY)	Carney	Costa

Costello
Courtney
Critz
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Frelinghuysen
Fudge
Garamendi
Gerlach
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchev
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur

Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
LoBiondo
Loeb sack
Loftgren, Zoe
Lowey
Lujan
Lungren, Daniel
E.
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Perriello

Peters
Peterson
Pingree (ME)
Platts
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Roe (TN)
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

Graves (GA)
Graves (MO)
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hoekstra
Hunter
Ingliis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jordan (OH)
King (IA)
Kingston
Kline (MN)
Lamborn
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lucas
Luetkemeyer
Lummis
Mack
Manzullo

Marchant
McCarthy (CA)
McCauley
McClintock
McCotter
McHenry
McKeon
McMorris
Rodgers
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Petri
Pitts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher

Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (TX)
Stearns
Sullivan
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)

NOT VOTING—5

Blunt
Boyd
Diaz-Balart, L.
Fallin
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and any manifestations of approval or disapproval of the proceedings is in violation of the rules of the House.

□ 1537

Ms. ESHOO changed her vote from “no” to “aye.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will once again remind all persons in the gallery that they are here as guests of the House and any manifestations of approval or disapproval of the proceedings is in clear violation of the rules of the House.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Brian Pate, one of his secretaries.

REQUIRING HYPERLINK TO VETSUCCESS WEBSITE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3685) to require the Secretary of Veterans Affairs to include on the

main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website and to publicize such Internet website, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 425, nays 0, not voting 7, as follows:

[Roll No. 551]

YEAS—425

Ackerman	Cleaver	Graves (GA)
Aderholt	Clyburn	Graves (MO)
Adler (NJ)	Coble	Grayson
Akin	Coffman (CO)	Green, Al
Alexander	Cohen	Green, Gene
Altmire	Cole	Griffith
Andrews	Conaway	Grijalva
Arcuri	Connolly (VA)	Guthrie
Austria	Conyers	Gutierrez
Baca	Cooper	Hall (NY)
Bachmann	Costa	Hall (TX)
Bachus	Costello	Halvorson
Baird	Courtney	Hare
Baldwin	Crenshaw	Harman
Barrett (SC)	Critz	Harper
Barrow	Crowley	Hastings (FL)
Bartlett	Cuellar	Hastings (WA)
Barton (TX)	Culberson	Heinrich
Bean	Cummings	Heller
Becerra	Dahlkemper	Hensarling
Berkley	Davis (AL)	Herger
Berman	Davis (CA)	Herseth Sandlin
Berry	Davis (IL)	Higgins
Biggart	Davis (KY)	Hill
Bilbray	Davis (TN)	Himes
Bilirakis	DeFazio	Hinchev
Bishop (GA)	DeGette	Hinojosa
Bishop (NY)	Delahunt	Hirono
Bishop (UT)	DeLauro	Hodes
Blackburn	Dent	Hoekstra
Blumenauer	Deutch	Holden
Bocieri	Diaz-Balart, L.	Holt
Boehner	Diaz-Balart, M.	Honda
Bonner	Dicks	Hoyer
Bono Mack	Dingell	Hunter
Boozman	Djou	Ingliis
Boren	Doggett	Inslee
Boswell	Donnelly (IN)	Israel
Boucher	Doyle	Issa
Boustany	Dreier	Jackson (IL)
Brady (PA)	Driehaus	Jackson Lee
Brady (TX)	Duncan	(TX)
Braley (IA)	Edwards (MD)	Jenkins
Bright	Edwards (TX)	Johnson (GA)
Broun (GA)	Ehlers	Johnson (IL)
Brown (SC)	Ellison	Johnson, E. B.
Brown, Corrine	Ellsworth	Johnson, Sam
Brown-Waite,	Emerson	Jones
Ginny	Engel	Jordan (OH)
Buchanan	Eshoo	Kagen
Burgess	Etheridge	Kanjorski
Burton (IN)	Farr	Kaptur
Butterfield	Fattah	Kennedy
Buyer	Filner	Kildee
Calvert	Flake	Kilpatrick (MI)
Camp	Fleming	Kilroy
Campbell	Forbes	Kind
Cantor	Fortenberry	King (IA)
Cao	Foster	King (NY)
Capito	Fox	Kingston
Capps	Frank (MA)	Kirk
Capuano	Franks (AZ)	Kirkpatrick (AZ)
Cardoza	Frelinghuysen	Kissell
Carnahan	Fudge	Klein (FL)
Carney	Gallely	Kline (MN)
Carson (IN)	Garamendi	Kosmas
Carter	Garrett (NJ)	Kratovil
Cassidy	Gerlach	Kucinich
Castle	Giffords	Lamborn
Castor (FL)	Gingrey (GA)	Lance
Chaffetz	Gohmert	Langevin
Childers	Gonzalez	Larsen (WA)
Chu	Goodlatte	Larson (CT)
Clarke	Gordon (TN)	Latham
Clay	Granger	LaTourette

NOES—160

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Berry
Biggart
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Boehner
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)

Bright
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Carter
Cassidy
Chaffetz
Coble
Coffman (CO)
Conaway
Cooper

Crenshaw
Culberson
Davis (KY)
Diaz-Balart, M.
Djou
Dreier
Duncan
Ehlers
Emerson
Flake
Fleming
Forbes
Fortenberry
Foxy
Franks (AZ)
Gallely
Garrett (NJ)
Gingrey (GA)
Gohmert
Goodlatte
Granger