

the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on December 22, 2010 at 11:30 a.m.:

That the Senate passed S. 4053.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,

Washington, DC, December 22, 2010.

Hon. NANCY PELOSI,
The Speaker, U.S. Capitol,
House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on December 22, 2010 at 2:17 p.m.:

That the Senate passed without amendment H.R. 6398.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, December 22, 2010.

Hon. NANCY PELOSI,
The Speaker, U.S. Capitol,
House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on December 22, 2010 at 3:11 p.m.:

That the Senate passed with an amendment H.R. 847.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER.

CONDITIONAL ADJOURNMENT TO FRIDAY, DECEMBER 24, 2010

Mr. ARCURI. Madam Speaker, I ask unanimous consent that when the House adjourns today on a motion offered pursuant to this order, it adjourn to meet at 11 a.m. on Friday, December 24, 2010, unless it sooner has received a message from the Senate transmitting its concurrence in House Concurrent Resolution 336, in which case the House shall stand adjourned sine die pursuant to that concurrent resolution.

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

There was no objection.

JAMES ZADROGA 9/11 HEALTH AND COMPENSATION ACT OF 2010

Mr. ARCURI. Madam Speaker, I ask unanimous consent that it be in order

at any time to take from the Speaker's table the bill H.R. 847, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 in rule XXI, a motion offered by the chair of the Committee on Energy and Commerce or his designee that the House concur in the Senate amendment; that the Senate amendment be considered as read; that the motion be debatable for 30 minutes equally divided and controlled by the Chair and ranking minority member of the Committee on Energy and Commerce; and that the previous question be considered as ordered on the motion to final adoption without intervening motion.

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

There was no objection.

Mr. PALLONE. Madam Speaker, pursuant to the order of the House of today, 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, with the Senate amendment thereto, and I have a motion at the desk.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The Clerk will designate the Senate amendment.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

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—REVENUE RELATED PROVISIONS

Sec. 301. Excise tax on foreign procurement.

Sec. 302. Renewal of fees for visa-dependent employers.

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 FACAA.—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—

“(I) 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, including claims 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, including claims data, in accordance with section 3304.

“(2) CONTRACTS WITH DATA CENTERS.—

“(A) IN GENERAL.—The WTC Program Administrator shall enter into contracts with one or more 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)(ii);

“(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.

“(5) REVIEW ON FEASIBILITY OF CONSOLIDATING DATA CENTERS.—Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the feasibility of consolidating Data Centers into a single Data Center.

“(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, including claims 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 otherwise reimbursable by the WTC Program Administrator under section 3312(c) for patient evaluation, monitoring, or treatment but which are needed to operate the WTC program such as the costs involved in outreach to participants or recruiting participants, data collection and analysis, social services for counseling patients on other available assistance outside the WTC program, and the development of treatment protocols. Such term does not include costs for new construction or other capital costs.

“(d) **GAO ANALYSIS.**—Not later than July 1, 2011, the Comptroller General shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate an analysis on whether Clinical Centers of Excellence with which the WTC Program Administrator enters into a contract under this section have financial systems that will allow for the timely submission of claims data for purposes of section 3304 and subsections (a)(1)(F) and (b)(1)(B)(iii).

“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-re-

lated 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)(A) The term ‘WTC Program Administrator’ means—

“(i) subject to subparagraph (B), 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

“(ii) 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.

“(B) In no case may the Secretary designate under subparagraph (A)(i) the Director of the National Institute for Occupational Safety and Health or a designee of such Director with respect to section 3322 (relating to payment for initial health evaluation, monitoring, and treatment).

“(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 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) 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)(ii) 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)—

“(1) in accordance with such subparagraph; and

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

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

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

“(b) MONITORING BENEFITS.—

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

“(2) PROVISION OF MONITORING BENEFITS.—The monitoring benefits under paragraph (1)

shall be provided through the Clinical Center of Excellence for the type of individual involved or, in the case of an individual residing outside the New York metropolitan area, under an arrangement under section 3313.

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

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

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

“(A)(i) is an illness or health condition for which exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, based on an examination by a medical professional with experience in treating or diagnosing the health conditions included in the applicable list of WTC-related health conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition, as determined under paragraph (2); or

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

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

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

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

In the case of a WTC responder described in section 3311(a)(2)(A)(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 expla-

nation 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 1, 2001, terrorist attacks is substantially likely to be a significant factor in aggra-

vating, contributing to, or causing the condition—

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

“(ii) on and after the date of such transmittal and subject to subparagraph (B), the WTC Program shall provide for payment under subsection (c) for medically necessary treatment for such condition.

“(B) REVIEW; CERTIFICATION; APPEALS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“(3) REQUIREMENT OF MEDICAL NECESSITY.—

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

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

“(4) SCOPE OF TREATMENT COVERED.—

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

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

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

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

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

“(1) MEDICAL TREATMENT.—

“(A) USE OF FECA PAYMENT RATES.—

“(i) IN GENERAL.—Subject to clause (ii):

“(I) 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.

“(II) For treatment not covered under subclause (i) or subparagraph (B), the WTC Program Administrator shall establish by regulation a reimbursement rate for such treatment.

“(ii) EXCEPTION.—In no case shall payments for products or services under clause (i) be made at a rate higher than the Office of Worker’s Compensation Programs in the Department Labor would pay for such products or services rendered at the time such products or services were provided.

“(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.

“(iv) PHARMACEUTICALS.—Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on whether existing Federal pharmaceutical purchasing programs can provide pharmaceutical benefits more efficiently and effectively than through the WTC program.

“(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 in-

dividuals 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).

“(d) PROVISION OF SERVICES THROUGH THE VA.—

“(1) IN GENERAL.—The WTC Program Administrator may enter into an agreement with the Secretary of Veterans Affairs for the Secretary to provide services under this section through facilities of the Department of Veterans Affairs.

“(2) NATIONAL PROGRAM.—Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on whether the Department of Veterans Affairs can provide monitoring and treatment services to individuals under this section more efficiently and effectively than through the nationwide network to be established 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 payment rates under title XVIII of the Social Security Act shall be deemed a reference to payment rates under this title.

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

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

“(c) **HEALTH INSURANCE COVERAGE.**—

“(1) **IN GENERAL.**—In the case of an individual who has a WTC-related health condition that is not work-related and has health coverage for

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

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

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

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

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

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

“(1) **CONTRACT REQUIREMENT.**—

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

“(B) **FULL CONTRIBUTION AMOUNT.**—Under such contract, with respect to the last calendar quarter of fiscal year 2011 and each calendar quarter in fiscal years 2012 through 2015 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 year 2016, such full contribution amount shall be equal to 1/3 of the Federal expenditures in carrying out this title for the respective quarter.

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

“(i) An amount derived from Federal sources.

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

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

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

“(E) **COMPLIANCE.**—

“(i) **INTEREST FOR LATE PAYMENT.**—If New York City fails to pay to the WTC Program Administrator pursuant to such contract the

amount required for any calendar quarter by the day specified in subparagraph (D), interest shall accrue on the amount not so paid at the rate (determined by the Administrator) based on the average yield to maturity, plus 1 percentage point, on outstanding municipal bonds issued by New York City with a remaining maturity of at least 1 year.

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

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

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

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

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

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

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

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

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

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

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

“SEC. 3332. ADMINISTRATIVE ARRANGEMENT AUTHORITY.

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

“Subtitle C—Research Into Conditions

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

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

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

“(2) research on diagnosing WTC-related health conditions of such individuals, in the

case of conditions for which there has been diagnostic uncertainty; and

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

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

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

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

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

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

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

“SEC. 3342. WORLD TRADE CENTER HEALTH REGISTRY.

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

“Subtitle D—Funding

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

“(a) ESTABLISHMENT OF FUND.—

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

“(2) FUNDING.—Out of any money in the Treasury not otherwise appropriated, there shall be deposited into the Fund for each of fiscal years 2012 through 2016 (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) (1) \$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, and \$431,000,000 for fiscal year 2015; and

“(II) subject to paragraph (4), an additional amount for fiscal year 2016 from unexpended amounts for previous fiscal years; 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 2016.—Beginning with fiscal year 2016, in no case shall the share of Federal funds deposited into the Fund under paragraph (2) for such fiscal year and previous fiscal years and quarters exceed the sum of the amounts specified in paragraph (2)(A)(ii)(I).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE II—SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

SEC. 201. DEFINITIONS.

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

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

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

“(7) CONTRACTOR AND SUBCONTRACTOR.—The term ‘contractor and subcontractor’ means any contractor or subcontractor (at any tier of a subcontracting relationship), including any general contractor, construction manager, prime contractor, consultant, or any parent, subsidiary, associated or allied company, affiliated company, corporation, firm, organization, or joint venture thereof that participated in debris removal at any 9/11 crash site. Such term shall not include any entity, including the Port Authority of New York and New Jersey, with a property interest in the World Trade Center, on September 11, 2001, whether fee simple, leasehold or easement, direct or indirect.

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

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

“(11) IMMEDIATE AFTERMATH.—The term ‘immediate aftermath’ means any period beginning with the terrorist-related aircraft crashes of September 11, 2001, and ending on May 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 the date that is 5 years after the date on which such regulations are updated.”.

(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.—Such section, as so redesignated, is further amended by adding at the end the following new clause:

“(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.”.

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 180 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) 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 subparagraphs (A) and (B) 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) applies, shall be paid solely from the following funds in the following order, as may be applicable:

“(A) The funds described in subparagraph (A) or (B) of paragraph (4).

“(B) If there are no funds available as described in subparagraph (A) or (B) of paragraph (4), the funds described in subparagraph (C) of such paragraph.

“(C) If there are no funds available as described in subparagraph (A), (B), or (C) of paragraph (4), the funds described in subparagraph (D) of such paragraph.

“(D) If there are no funds available as described in subparagraph (A), (B), (C), or (D) of paragraph (4), the funds described in subparagraph (E) of such paragraph.

“(6) DECLARATORY JUDGMENT ACTIONS AND DIRECT ACTION.—Any claimant to a claim or action to which paragraph (4) 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, except that no such action for declaratory judgment or direct action may be commenced until after the funds available in subparagraph (A), (B), (C), and (D) of paragraph (5) have been exhausted consistent with the order described in such paragraph for payment.”.

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”; and

(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 \$2,775,000,000. Of such amounts, not to exceed \$875,000,000 shall be available to pay such claims during the 5-year period beginning on such date.

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

“(A) IN GENERAL.—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 5-year period, receive a payment during such period; and

“(ii) the total amount of all such payments made during such 5-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 5-year period described in paragraph (1), but in no event later than 1 year after such 5-year period, 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.

“(C) TERMINATION.—Upon completion of all payments pursuant to this subsection, the Victim's Compensation Fund shall be permanently closed.

“(e) ATTORNEY FEES.—

“(1) IN GENERAL.—Notwithstanding any contract, 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, the representative of such individual may charge an amount for compensation for services rendered to the extent that such amount charged is not more than—

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

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

“(3) DISCRETION TO LOWER FEE.—In the event that the special master finds that the fee limit set by paragraph (1) or (2) provides excessive compensation for services rendered in connection with such claim, the Special Master may, in the discretion of the Special Master, award as reasonable compensation for services rendered an amount lesser than that permitted for in paragraph (1).”.

TITLE III—REVENUE RELATED PROVISIONS

SEC. 301. EXCISE TAX ON CERTAIN FOREIGN PROCUREMENT.

(a) IMPOSITION OF TAX.—

(1) IN GENERAL.—Subtitle D of the Internal Revenue Code of 1986 is amended by adding at the end the following new chapter:

“CHAPTER 50—FOREIGN PROCUREMENT

“Sec. 5000C. Imposition of tax on certain foreign procurement.

“SEC. 5000C. IMPOSITION OF TAX ON CERTAIN FOREIGN PROCUREMENT.

“(a) IMPOSITION OF TAX.—There is hereby imposed on any foreign person that receives a specified Federal procurement payment a tax equal to 2 percent of the amount of such specified Federal procurement payment.

“(b) SPECIFIED FEDERAL PROCUREMENT PAYMENT.—For purposes of this section, the term ‘specified Federal procurement payment’ means any payment made pursuant to a contract with the Government of the United States for—

“(1) the provision of goods, if such goods are manufactured or produced in any country which is not a party to an international procurement agreement with the United States, or

“(2) the provision of services, if such services are provided in any country which is not a party to an international procurement agreement with the United States.

“(c) FOREIGN PERSON.—For purposes of this section, the term ‘foreign person’ means any person other than a United States person.

“(d) ADMINISTRATIVE PROVISIONS.—

“(1) WITHHOLDING.—The amount deducted and withheld under chapter 3 shall be increased by the amount of tax imposed by this section on such payment.

“(2) OTHER ADMINISTRATIVE PROVISIONS.—For purposes of subtitle F, any tax imposed by this section shall be treated as a tax imposed by subtitle A.”.

(2) CLERICAL AMENDMENT.—The table of chapters for subtitle D of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

“CHAPTER 50—FOREIGN PROCUREMENT”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to payments received pursuant to contracts entered into on and after the date of the enactment of this Act.

(b) PROHIBITION ON REIMBURSEMENT OF FEES.—

(1) IN GENERAL.—The head of each executive agency shall take any and all measures necessary to ensure that no funds are disbursed to any foreign contractor in order to reimburse the tax imposed under section 5000C of the Internal Revenue Code of 1986.

(2) ANNUAL REVIEW.—The Administrator for Federal Procurement Policy shall annually review the contracting activities of each executive agency to monitor compliance with the requirements of paragraph (1).

(3) EXECUTIVE AGENCY.—For purposes of this subsection, the term “executive agency” has the meaning given the term in section 4 of the Office of Federal Procurement Policy Act (41 U.S.C. 403).

(c) APPLICATION.—This section and the amendments made by this section shall be applied in a manner consistent with United States obligations under international agreements.

SEC. 302. RENEWAL OF FEES FOR VISA-DEPENDENT EMPLOYERS.

Subsections (a), (b), and (c) of section 402 of Public Law 111-230 are amended by striking “2014” each place that such appears and inserting “2015”.

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 ref-

erence 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 Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

MOTION TO CONCUR

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Pallone moves that the House concur in the Senate amendment to H.R. 847.

The SPEAKER pro tempore. Pursuant to the order of the House of today, the motion shall be debatable for 30 minutes equally divided and controlled by the Chair and ranking minority Member of the Committee on Energy and Commerce.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 15 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

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

I rise in strong support of the Senate amendment to H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010. Today, this body, for the third time, will vote on legislation to finally keep our promise and take care of the heroes of 9/11.

I would like to thank the bill's sponsors, Representatives CAROLYN MALONEY and JERRY NADLER, as well as my colleagues from New York on the committee, ELIOT ENGEL and ANTHONY WEINER, also, for their tireless work on behalf of this legislation.

Madam Speaker, this bill 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. It also reopens the 9/11 Victim Compensation Fund.

H.R. 847, as amended, costs \$4.2 billion over 10 years. Of that amount, \$1.5 billion will go to the health program, while \$2.7 billion will go the VCF. Both programs are now limited to 5 years.

The amended bill before us today also changes how the two programs are paid for by a 2 percent fee on government procurement from foreign companies located in nongovernmental procurement, and a 1-year extension of H1-B and L-1 visa fees for outsourcing companies.

Madam Speaker, this bill has long been a huge priority for me and many of my colleagues in the House and the Senate. I urge my colleagues to pass the bill.

I reserve the balance of my time.

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

Madam Speaker, I appreciate the gentleman's efforts in this regard. I would like to take a few moments and clear up some of the mischaracterizations that have occurred, unfortunately, around the debate of this bill as it has worked its way through both Houses.

There have been some who have claimed that my side, the Republicans, do not support providing treatment for 9/11 first responders, and that these first responders are currently going without treatment for the illnesses and injuries they suffered as a result of serving at the World Trade Center. Both of those claims are simply not true.

According to President Obama's administration's own Centers for Disease Control, the agency said, "We will continue to provide monitoring and treatment services for mental and physical health conditions related to World Trade Center exposures for both responders and for eligible non-responders. The World Trade Center program is critical in meeting the ongoing and long-term specialty needs of individuals that were exposed to dust, smoke, debris, and psychological trauma from the World Trade Center attacks."

As of September 30, 2009, the World Trade Center program had enrolled over 55,000 responders in its monitoring and treatment programs. This is in the CDC's budget justification for 2011.

At the Energy and Commerce Committee's markup of this legislation, Republicans offered an amendment that would authorize the program that is already providing treatment and monitoring benefits and authorized funding for the program at exactly the level that was requested by the President of the United States. That same amendment asked for real accountability to ensure that we knew how the tax dollars were being spent. Unfortunately, that amendment was defeated.

I am pleased that work in the Senate has yielded an amendment that will provide for increased accountability and increased transparency in how these funds are spent. H.R. 847 caps the number of people that can be enrolled in the program but it does not require those enrolled to verify their citizenship.

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We offered an amendment that would require this program so that people in the country without benefit of Social Security numbers would not get benefits while Americans were being stuck on the waiting list. This amendment was defeated.

As with any government spending program, there should be limitations on who can participate. The government has limited resources, so the principal beneficiaries of the 9/11 health program should be the first responders. However, H.R. 847 provides

more than just benefits to first responders; it also provides benefits to anyone who lives and works in New York City. Under this bill, even Wall Street millionaires could receive benefits with no cost to them, all done at the taxpayers' expense.

In fact, in the Committee on Energy and Commerce I offered an amendment that was rejected by the committee. I attempted to offer the amendment at Rules when this legislation was brought before the House before our adjournment in September, but I was thwarted in that. But it remains that we ought to ensure that Federal taxpayers would not have to pay for the health care of millionaires.

The bill passed by the Senate is an improvement over what passed in the House. There could have been further improvements to ensure our limited resources are being spent in the most efficient manner possible. But all in all, the improvements that have been accomplished over the last 24 hours are all to the good. This is an important piece of legislation. This is something that this Congress or some Congress should have passed in the last 8 years. And it is unconscionable that we are here today at the last hour of the 111th Congress with still this work pending. It's important to get this work done.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the chairman of the Energy and Commerce Committee, the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. I rise in strong support, Madam Speaker, of H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010. I want to thank the chairman of the Health Subcommittee, FRANK PALLONE, as well as my colleagues from New York on the committee, ELIOT ENGEL and ANTHONY WEINER, for their relentless work on behalf of this legislation, as well as Representatives MALONEY and NADLER, and the whole New York City delegation, who were tireless in their support of this bill.

This is an important piece of legislation that will attempt to provide the services to first responders and community residents who developed illness as a result of their exposure to the massive toxic dust cloud that blanketed Lower Manhattan after the terrorist attack on September 11, 2001. I strongly urge all Members to support this legislation.

H.R. 847, was reported by the Energy and Commerce Committee with bipartisan support on May 25 by a vote of 33-12.

The House passed H.R. 847 on September 29; the bill received bipartisan support from 268 Members.

The version of before us this afternoon is one that has been amended by the Senate in order to obtain bipartisan support in that Chamber.

Like the House-passed version, the Senate version is fully paid for and will not increase the deficit. It fully complies with all pay-go rules.

The World Trade Center Health Program currently provides services to first responders and community residents who developed illnesses as a result of their exposure to the massive toxic dust cloud that blanketed lower Manhattan after the terrorist attacks on September 11, 2001.

The current program is not authorized. The House-passed bill authorized the Health Program through FY 2019 at a federal funding level of \$3.2 billion. The federal government will pay 90 percent of the cost, while New York City will pay 10 percent.

The Senate amendment reduces the authorization period to FY 2015 and federal funding to \$1.5 billion. New York City would still be required to pay 10 percent of the costs.

The Senate amendment makes a number of other changes in the Health Program.

It prohibits the Secretary of HHS from using NIOSH to administer payments to Centers of Excellence and other participating providers.

It clarifies that Centers of Excellence delivering services to responders and community residents will have to provide claims-level data to the Health Program Administrator.

It clarifies the Centers of Excellence should be paid for the costs of carrying out the program that are not otherwise reimbursable, such as outreach, data collection, social services, and development of treatment protocols.

It authorizes the Program Administrator to contract with the VA to provide services to responders enrolled in the national program through its facilities, but only if the VA chooses to do so.

Finally, the Senate amendment directs the GAO to conduct studies on various aspects of the Health Program and to report to the Committees of jurisdiction prior to July 1, 2011. That is the date on which Secretary of HHS and the WTC Administrator are responsible for implementing the Health Program. In the likely event that the GAO is unable to complete all of its work by that date, the Program will nonetheless begin furnishing services to responders and survivors.

The Administration supports this bill for the same reason that all of us should: it is the right thing to do.

The first responders were there for us on 9-11. We should be there for them today.

I urge my colleagues to pass this bill and send it on to the President for signature.

Mr. BURGESS. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Oklahoma (Mr. COLE).

Mr. COLE. I thank the gentleman from Texas for yielding.

Madam Speaker, long before New York City's first responders rushed to save their fellow Americans in the fire and the horror of 9/11, they came to help the people of Oklahoma City deal with the death and destruction stemming from the terrorist bombing of the Alfred P. Murrah Federal Building on April 19, 1995. The people of Oklahoma have never forgotten the help that they received in their most difficult days from the first responders of New York City and their fellow first responders from all across North America.

When 9/11 occurred, Oklahoma's first responders were proud to join their fellow Americans and rush to the aid of a stricken New York City. Now it's our turn in this body to help all of those

who answered the call of duty on 9/11. They risked themselves to save others and to help one of America's great cities deal with and recover from the devastation of the greatest terrorist attack in our history. It's time, as our greatest President said in an earlier era and in another context, "to bind up the Nation's wounds, to care for him who shall have borne the battle, and for his widow, and for his orphan."

Madam Speaker, I urge the passage of H.R. 847, as amended.

Mr. PALLONE. Madam Speaker, I yield 1 minute to one of the sponsors of the bill who has worked tirelessly on this, the gentleman from New York (Mr. NADLER).

Mr. NADLER of New York. Madam Speaker, let me first thank everyone who has worked on this bill and say the Senate passed this bill a little while ago unanimously. The most conservative Senators, Senators ENZI and COBURN, supported it, and I hope we can do the same.

Nine years ago, Madam Speaker, the heroes of 9/11 ran into the buildings, they rushed into the burning buildings, and they worked in a toxic environment for weeks and months. They have suffered for that. They have suffered for their service to this country by getting sick, by dying, by being sick. It is now up to us to see that the United States honors its heroes, that the United States does not turn its back on those who served us.

When we pass this bill, we will answer the question of whether the United States honors its heroes, and whether the United States honors itself. Let us pass this bill, let us redeem the honor of the United States after all these years, let us show the world that the United States looks after its own. That's what this bill is. I urge everyone to support it.

Mr. BURGESS. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BRADY), a member of the Ways and Means Committee.

Mr. BRADY of Texas. Madam Speaker, I too support the goal of ensuring that the brave men and women that acted as first responders at the World Trade Center attack are fairly treated and compensated. But I rise today to oppose the troubling provisions the majority has attached to pay for this bill.

This measure would impose a 2 percent tax on goods and services that are produced or provided in certain foreign countries from firms that are based in foreign countries that are not parties to certain treaties or international agreements. It sounds complicated. But some analysis suggests that a significant majority of this tax, at least two-thirds, if not more, would be raised by taxing contracts that support American troops stationed in the Afghan and Iraqi theaters. Even more incredible, this tax could apply to American companies that are providing goods and services to our troops through local subsidiaries. Levying additional

taxes on companies that support American troops is both illogical and dangerous.

In addition, there is no reason that other countries wouldn't copy this tax and impose it on our U.S. companies that are competing to sell goods and services overseas. This would hurt our U.S. economic recovery efforts and efforts to boost U.S. sales abroad and create American jobs here at home. Moreover, I have real concerns that this excise tax could be subject to legal challenge at the World Trade Organization and may be inconsistent with our G-20 commitments to avoid imposing new protectionist measures.

Madam Speaker, I urge a "no" vote because of these provisions. Strangely, the proposed procurement tax doesn't include any of the exceptions included in our standard Buy America legislation, such as non-availability, unreasonable cost and inconsistency with the public interest. As a result, the bill would mandate a tax on the procurement of goods from a foreign producer even when U.S. goods aren't available.

In addition to this new tax, the bill would extend a tax on companies that have more than half their employees on certain specialized visas to work here in the United States. This tax raises independent concerns under our international obligations.

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

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. BRADY of Texas. Finally, I would like to have printed in the RECORD a letter from 10 key business associations, including the Emergency Committee for American Trade and the U.S. Chamber of Commerce, that also oppose the use of these pay-for provisions.

DECEMBER 21, 2010.

HON. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

HON. JOHN BOEHNER,
Republican Leader, House of Representatives,
Washington, DC.

HON. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

HON. MITCH MCCONNELL,
Republican Leader, U.S. Senate,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADERS REID, BOEHNER, AND MCCONNELL: We are writing to urge you to remove from the proposed amended version of H.R. 847 the Title III revenue raisers related to international government procurement. First, its purported revenue raising benefits are highly questionable. Second, there is a high risk that it will undermine the international competitiveness of American companies and American workers.

Title III would impose an excise tax on companies that are from foreign countries which are not members of the World Trade Organization (WTO) Government Procurement Agreement (GPA) or similar procurement arrangements ostensibly for the purpose of helping finance health benefits for the valiant 9/11 first responders. In reality, the U.S. federal government is already prohibited from procuring from such countries, except under very limited conditions—when

the good or service is not available in the United States or would cost an unreasonable amount or if the procurement is required for the national interest. Moreover, the amount of such procurement is generally regarded as relatively small compared to U.S. sales into the procurement markets of these countries.

The procurement portions of this legislation would undermine U.S. efforts to succeed in the international economy by both inviting non-GPA countries to take reciprocal action against U.S. companies seeking to participate in their procurement markets and by opening the United States to retaliation for violating its WTO obligations. While U.S. companies certainly face significant and discriminatory procurement barriers in China, India, Brazil and other countries that are not part of the WTO procurement agreement, U.S. companies are still selling more into those government procurement markets than the United States is purchasing from those countries. As a result, there would more than likely be net loss for U.S. exports, U.S. companies and U.S. jobs if this provision became a model for foreign governments.

Furthermore, the imposition of this discriminatory tax on foreign companies may also violate U.S. international commitments if implemented. If found to be contrary to U.S. WTO commitments, other countries could end up being authorized to retaliate directly against U.S. exports, further undermining U.S. opportunities overseas.

For all of these reasons, we strongly urge you to remove the Title III procurement provisions from this legislation.

Respectfully,

American Association of Exporters and Importers (AAEI);

Association of Equipment Manufacturers (AEM);

Business Roundtable;

Emergency Committee for American Trade (ECAT);

National Foreign Trade Council (NFTC);

National Retail Federation (NRF);

Organization for International Investment (OFID);

TechAmerica;

United States Council for International Business (USCIB);

U.S. Chamber of Commerce;

U.S.-China Business Council.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the Speaker of the House, who has done so much to make this bill possible.

Ms. PELOSI. Madam Speaker, I thank the gentleman for yielding. I rise to briefly congratulate and thank the Members of the New York delegation and others who helped bring this legislation to the floor in a strong bipartisan way: Congresswoman MALONEY, Congressman NADLER, Congressman KING. Thank you. We thank you for giving us the opportunity to say "thank you" in a real way to our first responders, to our firefighters, to those who rushed in without question to rescue their fellow Americans, and people from all over the country as a matter of fact.

There is an exhilaration, Madam Speaker, that you see in the Chamber, because right now we know that any discussion we have ever had about 9/11 has been a discussion where we have entered holy and sacred ground, where people lost their lives. Fewer did because others were willing to risk theirs. For over 9 years we have been

trying to redress the grievance that we have of people not having the health benefits and the recognition of their service, their sacrifice, and their courage.

Today Mr. KING, Congresswoman MALONEY, Congressman NADLER—I should say Congressman KING, Chairman KING to be—and the leadership of this House and of the United States Senate, and I thank Senator GILLIBRAND and Senator SCHUMER as well as Senator REID and the Republican leadership in the Senate for affording us this opportunity to extend our patriotic appreciation to those whose love of our country, whose care and commitment to their fellow person, who unquestionably made sacrifices, and now, almost 9½ years later, more than 9 years later we finally are doing the right thing for them.

□ 1610

Every day our firefighters, our police officers, our first responders leave their homes, willing to risk their lives. Little did they know on that day many of them would not return home. How can we ever repay their sacrifice and their courage?

So, today we do so, certainly not enough, but as a token of our appreciation for what they have done to strengthen our country.

Again, I thank all of those who made this important legislation possible.

Mr. BURGESS. May I inquire as to how much time remains?

The SPEAKER pro tempore. The gentleman from Texas has 7½ minutes remaining, and the gentleman from New Jersey has 10½ minutes remaining.

Mr. BURGESS. I yield myself 30 seconds.

Madam Speaker, Congressman BRADY articulated very well some of the concerns he has with the pay-for that is in this bill, raising new revenues through tariffs, and the possibility of retaliatory efforts by other countries.

I would just point out, in section 4002 of the recently passed health care law last March, there is a section that calls for a Public Health and Wellness Trust Fund. The Secretary of Health and Human Services has \$15 billion in a slush fund in ObamaCare. This money could have been easily used to pay for this legislation. It could have been done last April, and we wouldn't be here at the last minute trying to scrounge for capital to pay these funds.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. MALONEY), who is the prime sponsor of the legislation and has worked so hard on this bill.

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. I thank all of my colleagues, especially the New York delegation and the Speaker and Leader HOYER.

Today, Congress repays a long overdue debt and answers the emergency calls of our ailing 9/11 first responders

and survivors. This bill will save lives. It has taken too long, but help finally is here for the thousands of Americans who are suffering because of 9/11.

Our bill will give support and hope to more than 36,000 Americans who are ailing because of the attacks on our Nation. It also says to future generations that if you are harmed in the service of our country, you will be taken care of.

I couldn't be more proud of everyone who fought like hell to pass this bill, our Senators GILLIBRAND and SCHUMER, my good friends and coauthors NADLER and KING, the 9/11 responders and survivors who are here with us, and the thousands of their brothers and sisters who could not be. John Feal, you have been a warrior for this bill. Thank you.

Just after the attacks, this body came together. With this bill, we put in law that we will never forget and do whatever it takes.

Madam Speaker, today, I proudly rise to support the James Zadroga 9/11 Health and Compensation Act. Passing this bill and getting it to the President's desk will truly be a Christmas miracle.

When JERRY NADLER and I first introduced a 9/11 bill, we never would have thought it could take 7 years or that it could be the last legislative item out the door. It should never have taken so long.

A TV commentator recently made a good point when he said that Pearl Harbor was not just a Hawaii issue and neither should caring for the victims of 9/11 be a New York issue. The Twin Towers were attacked as a symbol of our Nation and the sick and injured are not just from New York. After the attacks, at least 10,000 brave men and women came from all 50 states and 428 of 435 Congressional districts.

I thank my colleagues from across the country for staying to complete the last remaining gap in America's response to 9/11. Our bill will give support and hope to the more than 36,000 Americans who are ailing because of the attacks on our Nation, and it also says to future generations that if you are harmed in the service of America, you will be taken care of.

I especially thank my good friends and co-authors JERRY NADLER and PETER KING, the entire New York Delegation, and Speaker PELOSI and Majority Leader HOYER, who all helped pass this bill in September and are working on it today. I thank Senators GILLIBRAND and SCHUMER for tireless efforts to get this bill done.

This long-overdue legislation will provide health care and financial compensation to the responders and survivors who are sick from exposure to toxins at Ground Zero. The cost of the bill has been cut almost in half to \$4.3 billion from \$7.4 billion. The Victim Compensation Fund will be funded for 5 years at \$2.8 billion and the health programs will be fully funded for 5 years at \$1.5 billion. I thank Members of the other body for coming to this bipartisan compromise.

The offset has been entirely replaced with two other offsets and in addition to fully funding this bill, the procurement payor will put an estimated \$450 million in extra revenue toward the deficit.

We are reminded this holiday season of the importance of giving. But today I ask my col-

leagues to remember all that the heroes of 9/11 have already given. These individuals rushed to the site of immeasurable danger and first gave their time, and later are giving up their health, and in some cases their lives.

Nine long years have passed since the attacks. It was never the intention of the bill's authors to make this a partisan issue and I regret that it has become wrapped in party politics.

I hope that my colleagues on both sides of the aisle can come together, just as we stood together on the steps of the Capitol the evening of September 11, 2001, to show our gratitude to the responders and survivors who have given so much to our country.

There could be no better gift to America this holiday season than helping save the lives of those who came to the aid of our Nation in a time of war.

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

Mr. PALLONE. Mr. Speaker, I yield to the gentleman from New York (Mr. ENGEL) for the purpose of a unanimous consent request.

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

Mr. ENGEL. I rise in strong support of this bill. This is a fitting way to end the 111th Congress. This is the proudest moment I have had in Congress in 22 years. I believe that our hard work paid off, all of us together on the Health Subcommittee of the Energy and Commerce Committee.

I urge my colleagues to support the bill.

Madam Speaker, I rise in strong support of the James Zadroga 9/11 Health Compensation Act. As a member of the Energy and Commerce Committee I was proud to help shepherd this bill through the committee process and am proud to speak in support of this legislation yet again on the House floor this year.

Two days ago, I joined New York City Mayor, Michael Bloomberg, and other members of the New York delegation, and first responders to urge swift passage of this bill in the Senate.

Madam speaker, it is shameful that we are approaching the 10-year anniversary of 9-11 next year and this bill still has not reached the President for his signature.

Now I am here again today to urge my colleagues to vote in favor of the package that we are considering today, which rectifies some of the concerns that my colleagues on the other side of the aisle have expressed.

This is not a partisan issue, and the package that we consider today reflects that.

People from all over the country joined to help after the attack without concern for their health or wellbeing. Now it is their country's time to step-up in their time of need. Victims of 9-11 continue to suffer from crippling physical ailments. They are dying and have been ignored for almost a decade. The House noticed, once already this year. I am hopeful that we can send a bill to the Senate that will pass.

I look forward to casting my vote in support of the James Zadroga 9/11 Health Compensation Act and sending it back to the Senate.

I am proud of the role that we played on the Health Subcommittee and the Energy and Commerce with our hearings and markups in moving this bill through. This is not a New

York issue; this is an American Issue. First responders came from all parts of the country. The Federal Government falsely told everyone it was safe to return and it wasn't.

Today we say thank you to our first responders—it is a fitting way to end the 111th Congress.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentleman from New York (Mr. CROWLEY) for the purpose of a unanimous consent request.

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

Mr. CROWLEY. Madam Speaker, on September 11, my cousin, John Moran, was at Tower Two of the World Trade Center. He said, "Let me off here. I want to try and make a difference."

We have made a difference today in the lives of the people we're saving.

Today, I rise as the cousin of Battalion Chief John Moran.

My cousin, along with almost 3,000 others, died on September 11, 2001.

His last known words were to the driver of the New York City Fire Department vehicle. As he was dropped off at World Trade Center Tower 2, John said, "Let me off here. I am going to try to make a difference."

Nothing can replace the loss of my cousin or the thousands of others who were killed that day. Nothing can replace the loss of those who have perished since.

But, today we can make proud his memory and the memory of all those who served on September 11th and the days following.

Enactment of the James Zadroga 9-11 Health and Compensation Act fulfills a commitment to those who served our Nation honorably, tirelessly and without pause.

Today, I am proud to stand before my colleagues as the cousin of Battalion Chief John Moran, and I am proud, in the words of John, to 'make a difference' for the many heroes who have suffered long enough because of their service to our great country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. A Member asking to insert remarks may include a simple declaration of sentiment toward the question under debate but should not embellish the request with extended oratory.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentleman from New York (Ms. SLAUGHTER) for the purpose of a unanimous consent request.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Madam Speaker, I rise in strong support of this bill. A lot of us are going to sleep a lot better now knowing that this bill has been passed.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield to the gentleman from New York (Mr. RANGEL) for the purpose of a unanimous consent request.

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

Mr. RANGEL. All of us from the City of New York and around the Nation are so proud to be a Member of this body.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will repeat that a Member asking to insert remarks may include a simple declaration of sentiment toward the question under debate but should not embellish the request with extended oratory.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentleman from New York (Mr. MCMAHON) for the purpose of a unanimous consent request.

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

Mr. MCMAHON. Madam Speaker, I rise in support of this bill on behalf of the people of Staten Island and Brooklyn, New York, all of them, and in particular Trish and Marty Fullam.

The SPEAKER pro tempore. The gentleman from New Jersey will be charged with the time consumed.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentleman from New York (Mr. ACKERMAN) for the purpose of a unanimous consent request.

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

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield to the gentlewoman from California (Ms. ESHOO) for the purpose of a unanimous consent request.

(Ms. ESHOO asked and was given permission to revise and extend her remarks.)

Ms. ESHOO. Madam Speaker, I urge all of my colleagues to vote for this. How proud I am to have voted as a Californian for the Americans that went and took care and did their job.

The SPEAKER pro tempore. The gentleman will be charged with the time.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentleman from Georgia (Mr. SCOTT) for the purpose of a unanimous consent request.

(Mr. SCOTT of Georgia asked and was given permission to revise and extend his remarks.)

Mr. SCOTT of Georgia. Madam Speaker, I rise in support of this bill as a big thank you from a very, very grateful Nation.

The SPEAKER pro tempore. The gentleman from New Jersey will be charged.

Mr. BURGESS. I continue to reserve the balance of my time.

Mr. PALLONE. I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. I thank the distinguished gentleman, and I rise to support the Senate amendment to H.R. 847, to be able to thank CAROLYN MALONEY for the enormous work and to also cite those who I saw dying that they might live.

Madam Speaker I rise today in strong support of H.R. 847, the "James Zadroga 9/11 Health and Compensation Act." This bill has been a long time coming, and I am glad that it is finally here for us to provide medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers who responded to the September 11, 2001, terrorist attacks. This legislation also allows for 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 the 9/11 terrorist attacks.

I have met firsthand many of these first responders and workers, and I know the patriotic sacrifices they have made for their fellow Americans. These brave, selfless individuals who put aside their own needs and fears to come to the aid of their fellow Americans put their lives at risk. They ventured into the wreckage and dust of the World Trade Center, not worrying about their own well being, but rather, hoping that they could save the lives of strangers. As a result of their fearless acts, many of these emergency workers and first responders were exposed to airborne toxins and other hazards. Providing medical services, including clinical examinations, long-term health monitoring, mental health care and necessary prescription drug coverage, is the least we can do to repay them for their efforts.

The James Zadroga 9/11 Health and Compensation Act will provide both initial and follow-up medical services for World Trade Center responders and workers whose physical and mental health were impacted by the 9/11 attacks. H.R. 847 will also establish an outreach program to potentially eligible individuals.

September 11, 2001, is a day that is indelibly etched in the psyche of every American and most of the world. Much like the unprovoked attack on Pearl Harbor on December 7, 1941, September 11 is a day that will live in infamy. And as much as Pearl Harbor changed the course of world history by precipitating the global struggle between totalitarian fascism and representative democracy, the transformative impact of September 11 in the course of American and human history is indelible. September 11 was not only the beginning of the Global War on Terror, but moreover, it was the day of innocence lost for a new generation of Americans.

Just like my fellow Americans, I remember September 11 as vividly as if it was yesterday. In my mind's eye, I can still remember being mesmerized by the television as the two airliners crashed into the Twin Towers of the World Trade Center, and I remember the sense of terror we experienced when we realized that this was no accident, that we had been attacked, and that the world as we knew it had changed forever. The moment in which the Twin Towers collapsed and the nearly 3,000 innocent Americans died haunts me until this day.

At this moment, I decided that the protection of our homeland would be at the forefront of my legislative agenda. I knew that all of our

collective efforts as Americans would all be in vain if we did not achieve our most important priority: the security of our nation. Accordingly, I became then and continue to this day to be an active and engaged Member of the Committee on Homeland Security who considers our national security paramount.

Our nation's collective response to the tragedy of September 11 exemplified what has been true of the American people since the inception of our Republic—in times of crisis, we come together and always persevere. Despite the depths of our anguish on the preceding day, on September 12, the American people demonstrated their compassion and solidarity for one another as we began the process of response, recovery, and rebuilding. We transcended our differences and came together to honor the sacrifices and losses sustained by the countless victims of September 11. Let us honor those who served and sacrificed by passing H.R. 847.

Madam Speaker, as I stand here today, my heart still grieves for those who perished on flights United Airlines 93, American Airlines 77, American Airlines 11, and United Airlines 175. When the sun rose on the morning of September 11, none of us knew that it would end in an inferno in the magnificent World Trade Center Towers in New York City, the Pentagon in Washington, DC, and in the grassy fields of Shanksville, Pennsylvania. How I wish we could have hugged and kissed and held each of the victims one last time.

I stand here remembering those who still suffer, whose hearts still ache over the loss of so many innocent and interrupted lives. My prayer is that for those who lost a father, a mother, a husband, a wife, a child, or a friend will in the days and years ahead take comfort in the certain knowledge that they have gone on to claim the greatest prize, a place in the Lord's loving arms. And down here on the ground, their memory will never die so long as any of the many of us who loved them lives.

Again, I would like to reiterate my strong support for H.R. 847, the James Zadroga 9/11 Health and Compensation Act, for it is important that we take care of those who take care of us in our time of need.

The SPEAKER pro tempore. The gentleman from New Jersey will be charged.

Mr. BURGESS. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. KING).

Mr. KING of New York. I thank the gentleman for yielding. I will keep my remarks very brief.

I thank the Congress of the United States for what it is going to do today. Especially I want to thank CAROLYN MALONEY and JERRY NADLER for the tremendous work they have done on this bill over the years from the very start. I want to thank Congressman Vito Fossella, who was also an original cosponsor of this. I want to thank the Speaker of the House, Ms. PELOSI, for doing so much to bring this bill forward, and also the Republican leader, who this summer managed to have this bill come up in a way that was not going to be disruptive at all.

□ 1620

I want to thank all the members of the New York delegation. Most impor-

tantly, I want to thank the firefighters, the police officers, the construction workers, and all of those who came forward to answer the Nation's call on September 11. This is a great victory for the American people. It's a great victory for the Congress of the United States. And it sends a signal that we stand by those who come to our Nation's defense in time of trouble and, indeed, in time of war, because this was the first battle of the great war of the 21st century.

Mr. PALLONE. I have no further speakers, and I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself the balance of my time.

This is an important bill. It's something that should have been done a long time ago. I credit a former New York fireman, Richard Lasky, who is now my fire chief in Lewisville, Texas, for helping me understand the importance of this bill as it has gone forward. It has been difficult. In my opinion, there were better ways to do this bill, but it's before us today.

Mr. GENE GREEN of Texas. Madam Speaker, we need to ensure that the first responders and individuals who were in the vicinity of the World Trade Center have access to the specialized medical treatment they need and that means ensuring these programs are properly funded.

H.R. 847 accomplishes that goal and I am proud to be a cosponsor of this bill.

Mr. JOHNSON of Illinois. I find it appalling that a bill of this magnitude was amended in the Senate just hours before the House was asked to vote on it, with no Member having had the chance to review and deliberate on what we were voting on and enacting into law. When earlier versions of this bill were brought to the floor I had some major reservations and with no way to know if all of these were addressed I would not feel comfortable voting yes or no on this bill.

Mr. HOLT. Madam Speaker, I rise in support of the Senate amendment to the Zadroga 9/11 Health and Compensation Act of 2010. As a cosponsor of the House bill, I urge passage of this important bill.

Today, we have 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.

This bill would create the World Trade Center Health Program (WTCHP) that 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 WTCHP program would serve more than 75,000 survivors, recovery workers, and members of the affected communities.

Additionally, 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 reducing government procurement payments and the extension of fees for outsourcing companies.

Unfortunately, this bill is a weaker version of the bill that I cosponsored and that the House passed in September. The bill caps federal funding for health programs over five years and allows first responders only five years to file claims. Unfortunately, some put politics over these brave first responders. Although this bill is a reduced version of the original bill, we must honor the rescue and recovery workers by providing them with the much needed health care. We cannot let our first responders down.

Mr. RYAN of Wisconsin. Madam Speaker, I was absent for legislative business and missed rollcall vote 663 on December 21, 2010, and rollcall vote 664 on December 22, 2010. Had I been present, I would have voted "yes" on H.R. 6547, the Protecting Students from Sexual and Violent Predators Act, and "no" on rollcall vote 664 (H.R. 847).

The vote I wish to discuss is the bill H.R. 847, the James Zadroga 9/11 Health and Compensation Act. Without a doubt, Republicans and Democrats can agree that both the victims of the attacks on September 11, 2001, and the first responders who bravely served following the attacks deserve to be fairly treated and compensated. However, this bill would create a new health care entitlement, the World Trade Center Health Program, while also extending eligibility for compensation under the September 11th Victim Compensation Fund of 2001. As a result, had I been present, I would have voted against passage of the bill.

Since the terrorist attacks occurred nearly nine years ago, I have supported legislation to ensure that these individuals are cared for and receive access to the services they deserve. However, rather than working with Republicans to craft a bill which truly addressed the shortcomings in care provided to those directly impacted by the September 11th terrorist attacks, the Majority instead rushed this bill to the floor in the waning hours of the 111th Congress, refusing to allow an open debate or consider amendments.

The result is a deeply flawed bill. H.R. 847 creates yet another mandatory spending program—increasing spending by \$4.2 billion dollars over 10 years—and paying for it by an excise tax on foreign manufacturers, an extension of Travel Promotion Act fees, and the extension of H1-B visa fees.

There is no doubt that we owe a debt of gratitude to those who came to the rescue of countless individuals following the attacks on September 11, 2001, but these provisions distort that noble goal. At a time when our budget

deficit is \$1.3 trillion and our national debt stands at \$13.8 trillion, we must accurately account for those programs that take priority. I remain hopeful that as the 112th Congress convenes, my colleagues and I can work together to reform some of my concerns with this proposal and truly provide the services these first responders deserve.

Mrs. MCCARTHY of New York. Madam Speaker, with the ninth anniversary of September 11th having passed, it is important to remember not only those who were lost that tragic day, but also the sense of purpose and togetherness that shined in the aftermath of, no doubt, one of the most difficult days in our nation's history. Heroic first responders deserve utmost recognition for selflessly digging through the ruins of Lower Manhattan in hope of finding survivors. The James Zadroga 9/11 Health and Compensation Act, a bill that I am proud to be an original cosponsor of, provides just that by extending and improving protections and services to individuals directly impacted by the terrorist attacks on September 11, 2001.

Since our inception, we, as a nation, have grown stronger by protecting and honoring the sacrifices of our citizenry. This legislation is the embodiment of that mantra. As a New Yorker, not a day passes without thought of the horrific attacks of September 11th, this legislation will no doubt go a long way to provide first-responders with peace of mind.

During House floor consideration and passage of the James Zadroga 9/11 Health and Compensation Act on Wednesday, I was unavoidably absent from Washington due to a family health emergency. I have had the privilege of working closely with my New York colleagues in both the House and Senate on this legislation, and I am extraordinarily happy that the Congress was able to pass this bill before the adjournment of the 111th Congress.

Mr. VAN HOLLEN. Madam Speaker, I rise in support of legislation that would help thousands of first responders who were exposed to hazardous health conditions in the aftermath of the September 11th attacks.

Many first responders bravely answered the call of duty and rushed to the scene of the attacks. While they were helping out the victims, the responders unknowingly were exposed to long-term physical and mental health problems due to the residual dust, toxins, and chemicals from the attacks. Congress and the federal government have an obligation and a responsibility to care and help those who responded to the September 11th attacks.

Madam Speaker, let us not forget the sacrifice and service of those brave individuals who responded to one of the worst attacks in American history. I am pleased that my colleagues in the Senate were able to come to a bipartisan agreement on this bill. I urge my House colleagues to support this legislation so that the thousands of 9/11 responders can get the help they need.

Mr. RANGEL. Madam Speaker, I rise today, nine years after the tragic events of September 11, to recognize the passage of a bill that will allow the first responders who rushed to the scene that day to now be able to get the health care resources they need.

Today, both the U.S. House of Representatives and the Senate approved an amended version, the James Zadroga 9/11 Health and Compensation Act that would provide medical treatment for the ailing first responders and re-

covery workers who were exposed to toxic dust following the collapse of the Twin Towers in New York City on September 11, 2001.

This victory is for what is right; a long overdue thank you to those who rushed in to help after what was one of our nation's biggest tragedies. After nine long years, these unsung heroes and their families no longer have to worry about how they are going to get the care and resources they so desperately need.

The Zadroga bill originally passed the House in September, but had been held up in the Senate due to various partisan concerns. It now goes to President Barack Obama, who is expected to sign the bill into law before the end of the holiday season.

This should have never been about the money, but about what we should do to honor those who thought of their country first and not themselves. They answered the call when their country needed them and we are all a better nation for it.

Thanks to the hard work of so many people—from legislators, like our Mayor Michael Bloomberg, the New York Congressional Delegation and House Leadership, to the NYS AFL-CIO President Dennis Hughes, the 32nd Fire Commissioner Salvatore Cassano and the countless union officials and 911 families that traveled to Washington to lobby on the bill's behalf—these patriotic Americans can spend the holiday seasons with some peace of mind.

What the law would do: Under an agreement worked out by New York Senators CHARLES SCHUMER and KRISTEN GILLIBRAND, the James Zadroga 9/11 Health and Compensation Act would: provide a total of \$4.3 billion in funding for the health and compensation titles of the bill; cap federal funding for the health program over five years at \$1.5 billion (New York City will contribute 10% of the cost). Any funds not spent in the first five years may be carried over and expended in the sixth year of the program; reopen the Victim Compensation Fund (VCF) for five years to file claims, with payments to be made over six years. Fund the VCF at \$2.8 billion for six years, with \$8 billion available for payments in the first five years and \$2.0 billion available for payment in year six. Claims will be paid in 2 installments—one payment in the first five years, and a second payment in the sixth year of the program; the pay for the House-passed version of the bill has been replaced by a 2 percent fee on government procurement from foreign companies located in non-GPA countries and a one-year extension of H-B 1 and L-1 Visa fees for outsourcing companies. These are estimated by CBO to collect \$4.59 billion over the 10-year scoring period for the bill.

Others changes made in the bill to address Republican concerns: requiring that the Centers of Excellence report claims data to HHS so that costs and utilization of services can be fully monitored; specifying the non-treatment services furnished by Centers of Excellence to be funded under the health program (e.g., outreach, social services, data collection, and development of treatment protocols); authorizing the World Trade Center Program Administrator to designate the Veteran's Administration as a provider for WTC health services; directing the Special Master to develop rules to implement the VCF within 180 days of passage of the legislation.

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

Today, we must show the American people that their representatives can put away their differences and work together to pass this bill. Over the past few weeks, this clearly was not the case. Some Members of Congress have played political games with this legislation, delaying its passage for dubious reasons and causing the measure to be watered down. The sick and injured don't care about offsets and they don't care whether this is a \$6 billion bill or a \$7 billion bill. They just care about getting the medical care they need, the medical care they rightly deserve.

So Madam Speaker, we are here for the third and I hope final time on the floor of the House to consider doing the decent thing: helping the living victims of 9/11 who continue to suffer the terrible effects of that day. 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. This Congress has not acted to help these victims on a permanent basis—we have the opportunity to do that today. 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.

So, Madam 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. Let's pass this bill.

Mr. DAVIS of Illinois. Madam Speaker, I rise today in full support of H.R. 847, the James Zadroga 9/11 Health and Compensation Act. This bill will provide the needed assistance to the brave men and women who have become ill due to the dangerous toxins they inhaled while risking their lives to help out the city of New York during that tragic time in September of 2001. This is a bipartisan bill and should be supported by all Members of Congress.

These heroes risked their lives to assist their fellow Americans and their efforts will never go unnoticed. This bill will allow health benefits to a wide range of first responders such as firefighters, construction workers, residents, area workers and even school children—all of whom have been affected by the toxins that filled the air after the attack on the World Trade Center in 2001.

We all witnessed the terrible attacks on America, September 11, 2001 and we also witnessed the acts of bravery by our first responders. I support the passage of the 9/11 Health and Compensation Act.

Mr. LANGEVIN. Madam Speaker, I rise in strong support of the James Zadroga 9/11 Health and Compensation Act. Every American remembers the day the Twin Towers fell and the unparalleled heroism of the first responders who saved countless lives without any regard for their own. They showed courage in the face of terror and strength in a path of destruction. Too many of these brave men and women didn't make it out of the wreckage in time. Those who did returned every day for months, sifting through rubble, recovering victims and restoring order to Ground Zero with little consideration for their own welfare or safety.

Tragically, many of these selfless workers are now suffering chronic, disabling health conditions as a direct result of injuries or toxic exposure sustained at the site. The bill before

us creates a program to provide medical services and health monitoring for first responders and others who have medical conditions related to the September 11 terrorist attacks. Madam Speaker, I strongly urge my colleagues to support this measure and finally show these heroes the same honor and respect they showed us, our families, our friends and our country.

Mr. PASCRELL. Madam Speaker, I am proud to say that we are finally doing the right thing to support our heroes from 9/11. The agreement we have here today is much less than we originally hoped for—but 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 now because we are losing these brave souls as we speak.

I'm sad to say its now been nine years since 9/11 and it has taken this long to pass 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 we now know that we were exposing those men and women to a poisonous dust that would stay with them for the rest of their lives.

I am proud to say that 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.

Let me be clear, 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 from 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—once and for all let us stand up for these brave Americans.

Mrs. LOWEY. Madam Speaker, today the House will consider the James Zadroga 9/11 Health and Compensation Act.

More than 70,000 Americans from every state descended upon ground zero to help recover and rebuild after 9/11. Some have died from illnesses as a result and more than 17,000 who are ill lack the care they need.

Just as we provide medical care for our troops, we must care for those who heroically responded.

Passage of the James Zadroga 9/11 Health and Compensation Act is a milestone for our nation, as we finally fulfill our obligation to those who sacrificed so much for us. Our nation owes a debt of gratitude that can never be fully repaid to the September 11 responders

who died or were sickened as a result of their brave and selfless actions.

Nearly all of us represent a responder, and almost nine years later, have a duty to do what is right—vote for this bill today.

Mr. BURGESS. I yield back the balance of my time and urge support of the bill.

Mr. PALLONE. Madam Speaker, I would urge passage of this bill and send it to the President.

I yield back the balance of my time. The SPEAKER pro tempore. All time for debate has expired.

Pursuant to the order of the House of today, the previous question is ordered.

The question is on the motion by the gentleman from New Jersey (Mr. PALLONE).

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

Mr. BURGESS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 206, nays 60, not voting 168, as follows:

[Roll No. 664]

YEAS—206

Ackerman	Etheridge	Matheson
Aderholt	Farr	Matsui
Adler (NJ)	Fattah	McCollum
Altmire	Fortenberry	McDermott
Andrews	Foster	McGovern
Arcuri	Frank (MA)	McMahon
Austria	Frelinghuysen	McNerney
Baldwin	Garrett (NJ)	Meek (FL)
Barrow	Gerlach	Meeks (NY)
Bean	Gonzalez	Michaud
Berkley	Gordon (TN)	Miller (NC)
Bilbray	Grayson	Miller, George
Bishop (GA)	Green, Al	Mollohan
Bishop (NY)	Grijalva	Moore (WI)
Blunt	Hall (NY)	Moran (VA)
Boren	Halvorson	Murphy (CT)
Boswell	Hare	Murphy (NY)
Boucher	Hastings (FL)	Murphy, Patrick
Brown, Corrine	Heinrich	Murphy, Tim
Burgess	Higgins	Nadler (NY)
Butterfield	Himes	Napolitano
Capito	Hinchey	Nye
Capps	Hirono	Obey
Capuano	Holden	Olver
Cardoza	Holt	Owens
Carnahan	Hoyer	Pallone
Carney	Inslee	Pascarell
Carson (IN)	Israel	Payne
Castle	Jackson (IL)	Pelosi
Castor (FL)	Jackson Lee	Perriello
Chaffetz	(TX)	Peters
Chandler	Johnson (GA)	Pingree (ME)
Clarke	Kanjorski	Platts
Cleaver	Kaptur	Polis (CO)
Clyburn	Kildee	Price (NC)
Cole	Kind	Quigley
Connolly (VA)	King (NY)	Rahall
Conyers	Kissell	Rangel
Costa	Klein (FL)	Reed
Courtney	Kosmas	Reichert
Critz	Kratovil	Richardson
Crowley	Kucinich	Rogers (AL)
Cummings	Lance	Rooney
Dahlkemper	Langevin	Ross
Davis (CA)	Larsen (WA)	Rothman (NJ)
DeGette	Larson (CT)	Roybal-Allard
DeLauro	Lee (NY)	Ruppersberger
Dent	Levin	Ryan (OH)
Dicks	Lewis (GA)	Sarbanes
Dingell	LoBiondo	Schakowsky
Donnelly (IN)	Loeback	Schauer
Doyle	Lowe	Schiff
Dreier	Lujan	Schwartz
Driehaus	Lungren, Daniel	Scott (GA)
Edwards (MD)	E.	Scott (VA)
Edwards (TX)	Lynch	Serrano
Ellison	Maffei	Sestak
Emerson	Maloney	Shea-Porter
Engel	Markey (MA)	Sherman
Eshoo	Marshall	Sires

Skelton
Slaughter
Smith (NJ)
Snyder
Sutton
Teague
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tierney

Titus
Tonko
Towns
Tsongas
Turner
Van Hollen
Velázquez
Visclosky
Walz

Wasserman
Schultz
Watson
Watt
Waxman
Weiner
Wilson (OH)
Wolf
Woolsey
Yarmuth

NAYS—60

Akin	Guthrie	Olson
Alexander	Hall (TX)	Paulsen
Bachmann	Hensarling	Posey
Bachus	Herger	Rehberg
Bartlett	Hoekstra	Rogers (KY)
Bilirakis	Inglis	Royce
Bishop (UT)	Jenkins	Scalise
Boozman	Jordan (OH)	Schmidt
Brady (TX)	King (IA)	Sessions
Cantor	Kingston	Shuster
Cassidy	LaTourette	Smith (NE)
Coffman (CO)	Latta	Stutzman
Conaway	Lewis (CA)	Taylor
Diaz-Balart, M.	Lummis	Terry
Ehlers	Manzullo	Tiahrt
Fleming	McClintock	Upton
Fox	McCotter	Walden
Franks (AZ)	Mica	Whitfield
Goodlatte	Miller (FL)	Wilson (SC)
Graves (GA)	Myrick	Wittman

NOT VOTING—168

Baca	Fudge	Moran (KS)
Baird	Gallegly	Neal (MA)
Barrett (SC)	Garamendi	Neugebauer
Barton (TX)	Giffords	Nunes
Becerra	Gingrey (GA)	Oberstar
Berman	Gohmert	Ortiz
Berry	Granger	Pastor (AZ)
Biggert	Graves (MO)	Paul
Blackburn	Green, Gene	Pence
Blumenauer	Griffith	Perlmutter
Boccieri	Gutierrez	Peterson
Boehner	Harman	Petri
Bonner	Harper	Pitts
Bono Mack	Hastings (WA)	Poe (TX)
Boustany	Heller	Pomeroy
Boyd	Hereth Sandlin	Price (GA)
Brady (PA)	Hill	Putnam
Braley (IA)	Hinojosa	Radanovich
Bright	Hodes	Reyes
Broun (GA)	Honda	Rodriguez
Brown (SC)	Hunter	Roe (TN)
Brown-Waite,	Issa	Rogers (MI)
Ginny	Johnson (IL)	Rohrabacher
Buchanan	Johnson, E. B.	Ros-Lehtinen
Burton (IN)	Johnson, Sam	Roskam
Buyer	Jones	Rush
Calvert	Kagen	Ryan (WI)
Camp	Kennedy	Salazar
Campbell	Kilpatrick (MI)	Sánchez, Linda
Cao	Kilroy	T.
Carter	Kirkpatrick (AZ)	Sanchez, Loretta
Childers	Kline (MN)	Schock
Chu	Lamborn	Schrader
Clay	Latham	Sensenbrenner
Coble	Lee (CA)	Shadegg
Cohen	Linder	Shimkus
Cooper	Lipinski	Shuler
Costello	Lofgren, Zoe	Simpson
Crenshaw	Lucas	Smith (TX)
Cuellar	Luetkemeyer	Smith (WA)
Culberson	Mack	Space
Davis (AL)	Marchant	Speier
Davis (IL)	Markey (CO)	Spratt
Davis (KY)	McCarthy (CA)	Stark
Davis (TN)	McCarthy (NY)	Stearns
DeFazio	McCaul	Stupak
Delahunt	McHenry	Sullivan
Deutch	McIntyre	Tanner
Diaz-Balart, L.	McKeon	Thornberry
Djou	McMorris	Tiberi
Doggett	Rodgers	Wamp
Duncan	Melancon	Waters
Ellsworth	Miller (MI)	Welch
Fallin	Miller, Gary	Westmoreland
Filner	Minnick	Wu
Flake	Mitchell	Young (AK)
Forbes	Moore (KS)	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). 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 proceedings is in violation of the rules of the House.

□ 1736

Mr. TERRY and BACHUS changed their vote from “yea” to “nay.”

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BACA. Madam Speaker, I was absent on Wednesday, December 22, 2010. I had legislative business in the district. Had I been present, I would have voted in support of the Motion to Concur in the Senate Amendment to H.R. 847—James Zadroga 9/11 Health and Compensation Act.

Ms. CHU. Madam Speaker, I was absent on December 22, 2010. Had I been present, I would have voted “yes” on H.R. 847—James Zadroga 9/11 Health and Compensation Act.

Mr. BRALEY of Iowa. Madam Speaker, I regret missing floor votes on today, December 22, 2010 due to travel. If I was present, I would have voted: “yea” on rollcall 664, motion to concur in the Senate Amendment to H.R. 847—James Zadroga 9/11 Health and Compensation Act.

Ms. LEE of California. Madam Speaker, today I missed rollcall vote 664 on H.R. 847. Had I been present I would have voted “aye.”

Ms. HERSETH SANDLIN. Madam Speaker, I regret that I was unable to participate in one vote on the floor of the House of Representatives today.

The vote was the Motion to Concur in the Senate Amendment to H.R. 847—James Zadroga 9/11 Health and Compensation Act. Had I been present, I would have voted “yea” on that question.

Mr. GUTIERREZ. Madam Speaker, I was unavoidably absent for votes in the House Chamber today. I would like the record to show that, had I been present, I would have voted “yea” on rollcall vote 664.

Ms. LINDA T. SANCHEZ of California. Madam Speaker, unfortunately, I was unable to be present in the Capitol for votes on today, December 22, 2010. However, had I been present, I would have voted as follows: “yea” on H.R. 847—the James Zadroga 9/11 Health and Compensation Act.

Mr. FILNER. Madam Speaker, on rollcall 664, I was away from the Capitol. Had I been present, I would have voted “yea.”

Mrs. MILLER of Michigan. Madam Speaker, on rollcall No. 664, had I been present, I would have voted “yes.”

Mr. BECERRA. Madam Speaker, on Wednesday, December 22, 2010, I missed rollcall No. 664. If present, I would have voted “yea.”

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, on Wednesday, December 22, 2010, I requested and received a leave of absence for the rest of the week.

Below is how I would have voted on the following vote I missed during this time period.

On rollcall 664, 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, I would have voted “yes.”

Mr. GENE GREEN of Texas. Madam Speaker, I would have voted “aye” on the

Senate amendment to H.R. 847, the James Zadroga 9/11 Health and Compensation Act.

Stated against:

Mrs. BIGGERT. Madam Speaker, on rollcall No. 664 I was absent. Had I been present, I would have voted “no.”

Mr. DAVIS of Kentucky. Madam Speaker, on Wednesday, December 22, 2010, I was absent for one vote. Had I been present I would have voted on rollcall No. 664—“no”—Motion to concur in the Senate amendment to H.R. 847, James Zadroga 9/11 Health and Compensation Act.

PERSONAL EXPLANATION

Mr. JOHNSON of Illinois. Madam Speaker, unfortunately I was not able to be in Washington, DC today to vote on the motion to concur in the Senate Amendment to H.R. 847.

Had I been in Washington for this vote, I would have voted “present.”

WHISTLEBLOWER PROTECTION ENHANCEMENT ACT OF 2010

Mr. VAN HOLLEN. Madam Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 372) to amend chapter 23 of title 5, United States Code, to clarify the disclosures of information protected from prohibited personnel practices, require a statement in nondisclosure policies, forms, and agreements that such policies, forms, and agreements conform with certain disclosure protections, provide certain authority for the Special Counsel, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

S. 372

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Whistleblower Protection Enhancement Act of 2010”.

TITLE I—PROTECTION OF CERTAIN DISCLOSURES OF INFORMATION BY FEDERAL EMPLOYEES

SEC. 101. CLARIFICATION OF DISCLOSURES COVERED.

(a) IN GENERAL.—Section 2302(b)(8) of title 5, United States Code, is amended—

(1) in subparagraph (A)(i)—

(A) by striking “a violation” and inserting “any violation”; and

(B) by adding “except for an alleged violation that is a minor, inadvertent violation, and occurs during the conscientious carrying out of official duties,” after “regulation,”; and

(2) in subparagraph (B)(i)—

(A) by striking “a violation” and inserting “any violation (other than a violation of this section)”; and

(B) by adding “except for an alleged violation that is a minor, inadvertent violation, and occurs during the conscientious carrying out of official duties,” after “regulation,”.

(b) PROHIBITED PERSONNEL PRACTICES UNDER SECTION 2302(b)(9).—

(1) TECHNICAL AND CONFORMING AMENDMENTS.—Title 5, United States Code, is amended in subsections (a)(3), (b)(4)(A), and (b)(4)(B)(i) of section 1214, in subsections (a), (e)(1), and (i) of section 1221, and in subsection (a)(2)(C)(i) of section 2302, by inserting “or section 2302(b)(9) (A)(i), (B), (C), or (D)” after “section 2302(b)(8)” or “(b)(8)” each place it appears.

(2) OTHER REFERENCES.—(A) Title 5, United States Code, is amended in subsection (b)(4)(B)(i) of section 1214 and in subsection (e)(1) of section 1221, by inserting “or protected activity” after “disclosure” each place it appears.

(B) Section 2302(b)(9) of title 5, United States Code, is amended—

(i) by striking subparagraph (A) and inserting the following:

“(A) the exercise of any appeal, complaint, or grievance right granted by any law, rule, or regulation—

“(i) with regard to remedying a violation of paragraph (8); or

“(ii) with regard to remedying a violation of any other law, rule, or regulation;”;

(ii) in subparagraph (B), by inserting “(i) or (ii)” after “subparagraph (A)”;.

(C) Section 2302 of title 5, United States Code, is amended by adding at the end the following:

“(f)(1) A disclosure shall not be excluded from subsection (b)(8) because—

“(A) the disclosure was made to a person, including a supervisor, who participated in an activity that the employee or applicant reasonably believed to be covered by subsection (b)(8)(A)(ii);

“(B) the disclosure revealed information that had been previously disclosed;

“(C) of the employee's or applicant's motive for making the disclosure;

“(D) the disclosure was not made in writing;

“(E) the disclosure was made while the employee was off duty; or

“(F) of the amount of time which has passed since the occurrence of the events described in the disclosure.

“(2) If a disclosure is made during the normal course of duties of an employee, the disclosure shall not be excluded from subsection (b)(8) if any employee who has authority to take, direct others to take, recommend, or approve any personnel action with respect to the employee making the disclosure, took, failed to take, or threatened to take or fail to take a personnel action with respect to that employee in reprisal for the disclosure.”.

SEC. 102. DEFINITIONAL AMENDMENTS.

Section 2302(a)(2) of title 5, United States Code, is amended—

(1) in subparagraph (B)(ii), by striking “and” at the end;

(2) in subparagraph (C)(iii), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(D) ‘disclosure’ means a formal or informal communication or transmission, but does not include a communication concerning policy decisions that lawfully exercise discretionary authority unless the employee or applicant providing the disclosure reasonably believes that the disclosure evidences—

“(i) any violation of any law, rule, or regulation, except for an alleged violation that is a minor, inadvertent violation, and occurs during the conscientious carrying out of official duties; or

“(ii) gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety.”.