

Second, the proposed implementing legislation is modeled after legislation passed by Congress to implement earlier counterterrorism treaties. Most recently, in 2002 Congress passed legislation to implement two treaties which focused on terrorist bombings and terrorist finance. The form of the proposed legislation tracks that which has been successfully used in the past. Indeed, the proposed legislation for the 2005 SUA Protocols itself amends legislation originally passed by Congress to implement the SUA Convention and Fixed Platforms Protocol. Just as the 2005 SUA Protocols amend those earlier treaties, so would the proposed legislation amend U.S. law implementing those treaties."

According to the Department of Justice, the United States cannot ratify these four agreements until Congress has amended the federal criminal code to bring it into line with these new treaty obligations. Early this Congress, the Obama Administration submitted a legislative proposal to Congress to implement these changes. This proposal was substantially identical to two earlier proposals in the 110th and 111th Congresses.

At the October 2011 Subcommittee hearing, members questioned the apparent over breadth of the Administration's proposed legislation. Several provisions seemed completely outside the scope of the requirements of the treaties, e.g., an expansion of the scope of conduct subject to the death penalty, new wiretap predicates, and authorization for the President to conduct similar agreements in the future without congressional approval. With the full cooperation of the Majority, Committee staff negotiated implementing legislation that does not include these troubling provisions.

The Obama Administration has also indicated its official support for the bill. And I too will support this measure and look forward to receiving timely official reports as we attempt to secure our navigable waterways and prevent acts of terrorism.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5889, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. JOHNSON of Georgia. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

STRENGTHENING AND FOCUSING ENFORCEMENT TO DETER ORGANIZED STEALING AND ENHANCE SAFETY ACT OF 2012

Mr. SMITH of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4223) to amend title 18, United States Code, to prohibit theft of medical products, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4223

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 "Strengthening and Focusing Enforcement to Deter Organized Stealing and Enhance Safety Act of 2012" or the "SAFE DOSES Act".

SEC. 2. THEFT OF MEDICAL PRODUCTS.

(a) **PROHIBITED CONDUCT AND PENALTIES.**—Chapter 31 of title 18, United States Code, is amended by adding at the end the following:

"§ 670. Theft of medical products

"(a) **PROHIBITED CONDUCT.**—Whoever, in, or using any means or facility of, interstate or foreign commerce—

"(1) embezzles, steals, or by fraud or deception obtains, or knowingly and unlawfully takes, carries away, or conceals a pre-retail medical product;

"(2) knowingly and falsely makes, alters, forges, or counterfeits the labeling or documentation (including documentation relating to origination or shipping) of a pre-retail medical product;

"(3) knowingly possesses, transports, or traffics in a pre-retail medical product that was involved in a violation of paragraph (1) or (2);

"(4) with intent to defraud, buys, or otherwise obtains, a pre-retail medical product that has expired or been stolen;

"(5) with intent to defraud, sells, or distributes, a pre-retail medical product that is expired or stolen; or

"(6) attempts or conspires to violate any of paragraphs (1) through (5); shall be punished as provided in subsection (c) and subject to the other sanctions provided in this section.

"(b) **AGGRAVATED OFFENSES.**—An offense under this section is an aggravated offense if—

"(1) the defendant is employed by, or is an agent of, an organization in the supply chain for the pre-retail medical product; or

"(2) the violation—

"(A) involves the use of violence, force, or a threat of violence or force;

"(B) involves the use of a deadly weapon;

"(C) results in serious bodily injury or death, including serious bodily injury or death resulting from the use of the medical product involved; or

"(D) is subsequent to a prior conviction for an offense under this section.

"(c) **CRIMINAL PENALTIES.**—Whoever violates subsection (a)—

"(1) if the offense is an aggravated offense under subsection (b)(2)(C), shall be fined under this title or imprisoned not more than 30 years, or both;

"(2) if the value of the medical products involved in the offense is \$5,000 or greater, shall be fined under this title, imprisoned for not more than 15 years, or both, but if the offense is an aggravated offense other than one under subsection (b)(2)(C), the maximum term of imprisonment is 20 years; and

"(3) in any other case, shall be fined under this title, imprisoned for not more than 3 years, or both, but if the offense is an aggravated offense other than one under subsection (b)(2)(C), the maximum term of imprisonment is 5 years.

"(d) **CIVIL PENALTIES.**—Whoever violates subsection (a) is subject to a civil penalty in an amount not more than the greater of—

"(1) three times the economic loss attributable to the violation; or

"(2) \$1,000,000.

"(e) **DEFINITIONS.**—In this section—

"(1) the term 'pre-retail medical product' means a medical product that has not yet been made available for retail purchase by a consumer;

"(2) the term 'medical product' means a drug, biological product, device, medical food, or infant formula;

"(3) the terms 'device', 'drug', 'infant formula', and 'labeling' have, respectively, the meanings given those terms in section 201 of the Federal Food, Drug, and Cosmetic Act;

"(4) the term 'biological product' has the meaning given the term in section 351 of the Public Health Service Act;

"(5) the term 'medical food' has the meaning given the term in section 5(b) of the Orphan Drug Act; and

"(6) the term 'supply chain' includes manufacturer, wholesaler, repacker, own-labeled distributor, private-label distributor, jobber, broker, drug trader, transportation company, hospital, pharmacy, or security company."

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 31 of title 18, United States Code, is amended by adding after the item relating to section 669 the following:

"670. Theft of medical products."

SEC. 3. CIVIL FORFEITURE.

Section 981(a)(1)(C) of title 18, United States Code, is amended by inserting "670," after "657,".

SEC. 4. PENALTIES FOR THEFT-RELATED OFFENSES.

(a) **INTERSTATE OR FOREIGN SHIPMENTS BY CARRIER.**—Section 659 of title 18, United States Code, is amended by adding at the end of the fifth undesignated paragraph the following: "If the offense involves a pre-retail medical product (as defined in section 670), it shall be punished under section 670 unless the penalties provided for under this section are greater."

(b) **RACKETEERING.**—

(1) **TRAVEL ACT VIOLATIONS.**—Section 1952 of title 18, United States Code, is amended by adding at the end the following:

"(d) If the offense under this section involves an act described in paragraph (1) or (3) of subsection (a) and also involves a pre-retail medical product (as defined in section 670), the punishment for the offense shall be the same as the punishment for an offense under section 670 unless the punishment under subsection (a) is greater."

(2) **MONEY LAUNDERING.**—Section 1957(b)(1) of title 18, United States Code, is amended by adding at the end the following: "If the offense involves a pre-retail medical product (as defined in section 670) the punishment for the offense shall be the same as the punishment for an offense under section 670 unless the punishment under this subsection is greater."

(c) **BREAKING OR ENTERING CARRIER FACILITIES.**—Section 2117 of title 18, United States Code, is amended by adding at the end of the first undesignated paragraph the following: "If the offense involves a pre-retail medical product (as defined in section 670) the punishment for the offense shall be the same as the punishment for an offense under section 670 unless the punishment under this section is greater."

(d) **STOLEN PROPERTY.**—

(1) **TRANSPORTATION OF STOLEN GOODS AND RELATED OFFENSES.**—Section 2314 of title 18, United States Code, is amended by adding at the end of the sixth undesignated paragraph the following: "If the offense involves a pre-retail medical product (as defined in section 670) the punishment for the offense shall be the same as the punishment for an offense under section 670 unless the punishment under this section is greater."

(2) **SALE OR RECEIPT OF STOLEN GOODS AND RELATED OFFENSES.**—Section 2315 of title 18, United States Code, is amended by adding at the end of the fourth undesignated paragraph the following: "If the offense involves a pre-retail medical product (as defined in section 670) the punishment for the offense shall be the same as the punishment for an offense under section 670 unless the punishment under this section is greater."

(e) **PRIORITY GIVEN TO CERTAIN INVESTIGATIONS AND PROSECUTIONS.**—The Attorney General shall give increased priority to efforts to investigate and prosecute offenses under section

670 of title 18, United States Code, that involve pre-retail medical products.

SEC. 5. AMENDMENT TO EXTEND WIRETAPPING AUTHORITY TO NEW OFFENSE.

Section 2516(1) of title 18, United States Code, is amended—

(1) by redesignating paragraph (s) as paragraph (t);

(2) by striking “or” at the end of paragraph (r); and

(3) by inserting after paragraph (r) the following:

“(s) any violation of section 670 (relating to theft of medical products); or”.

SEC. 6. REQUIRED RESTITUTION.

Section 3663A(c)(1)(A) of title 18, United States Code, is amended—

(1) in clause (ii), by striking “or” at the end;

(2) in clause (iii), by striking “and” at the end and inserting “or”; and

(3) by adding at the end the following:

“(iv) an offense under section 670 (relating to theft of medical products); and”.

SEC. 7. DIRECTIVE TO UNITED STATES SENTENCING COMMISSION.

(a) *IN GENERAL.*—Pursuant to its authority under section 994 of title 28, United States Code, and in accordance with this section, the United States Sentencing Commission shall review and, if appropriate, amend the Federal sentencing guidelines and policy statements applicable to persons convicted of offenses under section 670 of title 18, United States Code, as added by this Act, section 2118 of title 18, United States Code, or any another section of title 18, United States Code, amended by this Act, to reflect the intent of Congress that penalties for such offenses be sufficient to deter and punish such offenses, and appropriately account for the actual harm to the public from these offenses.

(b) *REQUIREMENTS.*—In carrying out this section, the United States Sentencing Commission shall—

(1) consider the extent to which the Federal sentencing guidelines and policy statements appropriately reflect—

(A) the serious nature of such offenses;

(B) the incidence of such offenses; and

(C) the need for an effective deterrent and appropriate punishment to prevent such offenses;

(2) consider establishing a minimum offense level under the Federal sentencing guidelines and policy statements for offenses covered by this Act;

(3) account for any additional aggravating or mitigating circumstances that might justify exceptions to the generally applicable sentencing ranges;

(4) ensure reasonable consistency with other relevant directives, Federal sentencing guidelines and policy statements;

(5) make any necessary conforming changes to the Federal sentencing guidelines and policy statements; and

(6) ensure that the Federal sentencing guidelines and policy statements adequately meet the purposes of sentencing set forth in section 3553(a)(2) of title 18, United States Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SMITH) and the gentleman from Georgia (Mr. JOHNSON) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. SMITH of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 4223, as amended, currently under consideration.

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

There was no objection.

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

Large-scale medical product theft is a significant problem in today's society. Medical products require special care and maintenance. When medical products are stolen, thieves resell them. When these drugs are not stored or handled properly, they can lose their effectiveness and cause further injury to medical patients.

Current law does not recognize the added importance of medical products. These products are often essential to a person's health and can be lifesaving.

Under federal law, those who steal a truck full of insulin intended for diabetics would be sentenced to the same extent as those who steal a truck full of car tires.

In 2009, an organized ring of criminals stole 129,000 vials of insulin worth approximately \$11 million in North Carolina. A few months later, the FDA received a report that some of the vials had been reintroduced into the supply chain when a diabetic patient reported to a medical center in Houston, Texas, with an adverse reaction after use of insulin from the stolen lot.

The FDA issued a warning that the insulin had likely not been kept refrigerated correctly and could still be in the market. The spoiled product was ultimately found in pharmacies in 17 states. At least 2 additional patients experienced adverse reactions. While some arrests have been made, over 125,000 vials of insulin still remain unaccounted for.

Shipments of drugs that treat kidney failure, ADHD, schizophrenia, rheumatoid arthritis and ovarian cancer were stolen in three separate incidents between 2008 and 2009.

The prescription drugs, worth over \$3 million, were taken during a distribution center break-in and in two separate trailer break-ins. The FBI made an arrest in only one of the three incidents, and the criminal was convicted.

H.R. 4223, the SAFE DOSES Act, modernizes and strengthens the criminal code in order to deter and punish those who steal pre-retail medical products. Enhanced penalties not only make people think twice before they steal medical shipments, but also provide law enforcement agencies with the tools they need to obtain cooperation to bring down criminal organizations.

The SAFE DOSES Act enables authorities to better target the multi-dimensional criminal enterprises that carry out these thefts and recognizes the health risks created by the improper care and handling of sensitive medical products.

This bipartisan bill helps to ensure that life-saving drugs remain in the hands of those trained to handle them, and do not continue to pose a threat to public safety. I commend Crime Subcommittee Chairman SENSENBRENNER for his work on this legislation and urge my colleagues to join me in support of this bill.

Mr. SMITH of Texas. Madam Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. SENSENBRENNER), who is the chairman of the Crime Subcommittee of the Judiciary Committee and a former chairman of the Judiciary Committee, and also the sponsor of this legislation.

Mr. SENSENBRENNER. I thank the gentleman from Texas for yielding me this time.

I introduced H.R. 4223, the SAFE DOSES Act, to address the problem of medical cargo theft across the United States. Medical cargo theft poses significant health risks to patients who have no reason to know that their medicines have been stolen and improperly cared for before being sold back into the legitimate supply chain.

Stolen medical cargo can kill or injure those patients that need reliable, safe medicines.

□ 1510

Sophisticated and enterprising criminal organizations are stealing large quantities of medical products and selling them via the wholesale market into legitimate pharmacies and hospitals. They are putting patient safety at risk because improperly cared-for medical products can be ineffective or harmful, and such damaged products are often impossible for health care professionals to identify.

High-value pharmaceuticals, including treatments for serious diseases, are frequent targets. Unfortunately, these high-value items are the very type of sensitive products that need the most careful handling and temperature control. Many medical products can become ineffective if stored at the wrong temperature, even for a brief time. Yet, under current law, the theft of life-saving medical supplies is treated the same as the theft of perfume or stereo equipment.

The criminal organizations hijack tractor-trailers at truck stops, break into warehouses and evade alarm systems, forge shipping documents, produce high-quality counterfeit labels with altered expiration dates and lot numbers, and otherwise thwart the intense security measures used by the industry. Some employ sophisticated surveillance equipment and techniques in order to learn exactly when and where they can steal the particular shipments they want.

For example, in March 2010, over \$75 million of prescription drugs, including treatments for cancer, heart disease, and neurological disorders such as depression, ADHD, and schizophrenia, were stolen from a warehouse in Enfield, Connecticut. The burglary was one of the largest pharmaceutical heists in history. The criminals broke into the secure facility on the weekend by cutting a hole in the roof, then rappelling into the storage area. They disabled the alarm system and loaded dozens of crates onto a tractor-trailer.

Experts have said that this heist shared many traits with warehouse thefts of pharmaceuticals last year in Richmond, Virginia; Memphis, Tennessee; and Olive Branch, Mississippi. Those thieves also cut through ceilings and sometimes used trapeze-style rigging to get inside and to disable the main and backup alarms. In some cases, they sprayed dark paint on the

lenses of security cameras; in others, they removed disks from the security recording devices.

This bill increases sentences for theft, transportation, and storage of medical product cargo; enhances penalties for the “fences” who knowingly obtain stolen medical products for resale into the supply chain; increases sentences when injury or death results from the ingestion of a stolen substance or when the defendant is employed by an organization in the supply chain; provides law enforcement with such tools as wiretaps; and provides restitution to victims injured by stolen medical products.

The legislation is supported by the Coalition for Patient Safety and Medicine Integrity, a group of pharmaceutical, medical device, and medical products companies whose purpose is to protect patients from the risks posed by stolen and improperly handled medical products reentering the legitimate supply chain. Members of the Coalition include Abbott and Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Novartis, Novo Nordisk, Sanofi, and PhRMA. The bill is also supported by the Association of Community Cancer Centers, the Healthcare Distribution Management Association, the National Council for Community Behavioral Healthcare, and the National Fraternal Order of Police.

The companion bill in the other body, Senate 1002, was reported by voice vote from the Senate Judiciary Committee in March.

I urge my colleagues to support this commonsense, bipartisan legislation to give law enforcement agencies and prosecutors the additional tools they need to confront this growing problem.

Mr. JOHNSON of Georgia. Madam Speaker, I yield myself such time as I may consume.

H.R. 4223 is intended to address the problem of large-scale medical product theft. I think we will all agree that this crime poses substantial risks to the public.

For instance, in North Carolina, in 2009, over 120,000 vials of insulin were stolen and subsequently reintroduced back into the supply chain to be used by unsuspecting patients.

Patients should be able to rely on their medications to be safe, effective, and unadulterated, and we certainly need to treat it as a significant crime when criminals steal shipments of drugs. Large-scale medical product theft is a serious problem that merits a serious solution.

I commend my colleagues on the House Judiciary Committee for making important changes to this bill. The manager's amendment adopted at markup clarified that the mens rea applies only to conduct in which the perpetrator knows that the product involved is a medical product that is stolen, expired, or not yet released to the public.

I also believe that the correct reading of this bill, consistent with the

general presumption that the mens rea element in a statute applies to all other nonjurisdictional elements, is that a defendant would have to know that the product is a pre-retail medical product in order to be convicted.

While I note these important issues, I want to raise a note of concern about the approach of increasing penalties as a way of addressing crime. Stealing cargo from a warehouse is already illegal, of course. The penalty is a fine and up to 10 years in prison.

H.R. 4223 creates a new crime for theft of preretail medical products and a new code section, 18 U.S.C. Section 670. Section 670 would increase the penalties to up to 30 years in prison in some cases if the stolen goods are preretail medical products.

However, I'm heartened that this bill does not include mandatory minimum sentences, and there will be an intelligent, deliberative process to set sentencing guidelines by the U.S. Sentencing Commission.

As the House moves to adopt this bill today, I want to emphasize that it is also important that we do what we know works best to deter crime, and that is to increase the likelihood that perpetrators will be caught and convicted.

We heard from a witness at the hearing on this bill that increased investigation and enforcement would have a greater deterrent effect than increased penalties. I agree, and this bill was amended at markup to include a provision directing the Attorney General to give increased priority to efforts to investigate and prosecute preretail medical theft offenses.

Finally, we want to encourage the industry to exhaust all reasonable means of preventing these thefts from their properties and other facilities along the transit route.

The April 2011 edition of *Fortune* Magazine included an article entitled, “Drug Theft Goes Big.” The article reports that the thieves who committed the largest prescription drug theft in history did so by cutting through the tar roof of Eli Lilly's Connecticut warehouse and sliding down ropes. Security was so lax that the thieves were able to pull their own tractor-trailer up to the loading dock and spend a couple of hours loading the stolen goods.

In a similar event several months ago, thieves broke into a GlaxoSmithKline warehouse by coming through the roof. While none of this in any way shields or excuses the perpetrators of these crimes, clearly, these examples point to the need for more security.

Government and industry should work together at all points along the factory-to-retail chain to prevent and detect such thefts. I'm aware that industry and government regulatory authorities are working toward these ends, and I would hope that work will continue so that we will have a comprehensive effort to address this type of crime.

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

□ 1520

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

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today in support of H.R. 4223, the “Safe Doses Act of 2012” which amends Title 18, United States Code, to prohibit theft of medical products, and for other purposes.

More specifically, this bill will prohibit theft of pre-retail products such as drugs, medical devices and infant formula. Likewise, it forbids one from alternating labels of pre-retail medical products, transporting stolen or counterfeit medical products and purchasing or distributing expired medical products with the intent to deceive others and passing such products off as authentic.

Due to the increased activity in counterfeit drugs it is critical that Congress lay down harsher parameters so that potential criminals are faced with more deterrents should they consider participating in such behavior.

As a Representative from Houston, Texas, it is of grave concern that consumers and law enforcement officials are protected given the proximity of Texas to the Mexican border. It is not inconceivable that crime syndicates operating on both sides could cause significant problems by stealing drugs and selling them in Mexico.

The theft of large scale medical products has become a growing concern; thus, this legislation aims to toughen the penalties for individuals who place thousands of lives in danger by stealing large quantities of medical products and re-introducing such products in the legitimate supply chain including pharmacies and hospitals.

This bill is encouraged by pharmaceutical companies after instances of fraud appeared within the industry. According to an FDA affidavit, in 2009, a truck containing over 120,000 vials of insulin was stolen in North Carolina. After being improperly stored the product was illegally resold into distribution by wholesalers reaching medical centers in many other states including my state of Texas.

While some diabetic patients reported the drugs after usage and noticing poor blood sugar control, the actual amount of innocent people who received the spoiled product in pharmacies in 17 states is unknown. It was determined that the insulin was purchased from a national distribution company only one day after the medication was reported stolen. While some arrests were made in relation to this incident, over 125,000 vials of insulin were never located.

Incidents such as these are ones which this bill is intended to prevent. Serious public health and safety implications arise based on the improper care of medical products which may be both ineffective and harmful to unsuspecting patients.

Currently, Title 18 of the United States Code sets forth penalties of a fine and/or imprisonment of no more than 10 years for involvement in such crimes. While I am not quick to increase sentences, keeping one imprisoned after they have served their time, I am of the belief that consumers purchasing medicine should be able to do so with the confidence that what they are paying for is real and safe. Thus those criminals that take actions to threaten the life of another by engaging in the

transportation of counterfeit drugs should be locked up.

Despite the lack of evidence supporting the contention that offenders are less likely to engage in such deviant behavior once they are aware of federal laws increasing fines and longer penalties, I support this bipartisan measure to help ensure that our everyday Americans in need of medication are not falling prey to criminals intending to defraud them of necessary medical products.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 4223, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PUBLIC SAFETY OFFICERS' BENEFITS IMPROVEMENTS ACT OF 2012

Mr. SMITH of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4018) to improve the Public Safety Officers' Benefits Program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4018

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

SECTION 1. SHORT TITLE.

This title may be cited as the "Public Safety Officers' Benefits Improvements Act of 2012".

SEC. 2. BENEFITS FOR CERTAIN NONPROFIT EMERGENCY MEDICAL SERVICE PROVIDERS; MISCELLANEOUS AMENDMENTS.

(a) IN GENERAL.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended—

(1) in section 901(a) (42 U.S.C. 3791(a))—

(A) in paragraph (26), by striking "and" at the end;

(B) in paragraph (27), by striking the period at the end and inserting "; and"; and

(C) by adding at the end the following:

"(28) the term 'hearing examiner' includes any medical or claims examiner.";

(2) in section 1201 (42 U.S.C. 3796)—

(A) in subsection (a), by striking "follows:" and all that follows and inserting the following: "follows (if the payee indicated is living on the date on which the determination is made)—

"(1) if there is no child who survived the public safety officer, to the surviving spouse of the public safety officer;

"(2) if there is at least 1 child who survived the public safety officer and a surviving spouse of the public safety officer, 50 percent to the surviving child (or children, in equal shares) and 50 percent to the surviving spouse;

"(3) if there is no surviving spouse of the public safety officer, to the surviving child (or children, in equal shares);

"(4) if there is no surviving spouse of the public safety officer and no surviving child—

"(A) to the surviving individual (or individuals, in shares per the designation, or, otherwise, in equal shares) designated by the public safety officer to receive benefits under this subsection in the most recently executed designation of beneficiary of the public

safety officer on file at the time of death with the public safety agency, organization, or unit; or

"(B) if there is no individual qualifying under subparagraph (A), to the surviving individual (or individuals, in equal shares) designated by the public safety officer to receive benefits under the most recently executed life insurance policy of the public safety officer on file at the time of death with the public safety agency, organization, or unit;

"(5) if there is no individual qualifying under paragraph (1), (2), (3), or (4), to the surviving parent (or parents, in equal shares) of the public safety officer; or

"(6) if there is no individual qualifying under paragraph (1), (2), (3), (4), or (5), to the surviving individual (or individuals, in equal shares) who would qualify under the definition of the term 'child' under section 1204 but for age.";

(B) in subsection (b)—

(i) by striking "direct result of a catastrophic" and inserting "direct and proximate result of a personal";

(ii) by striking "pay," and all that follows through "the same" and inserting "pay the same";

(iii) by striking "in any year" and inserting "to the public safety officer (if living on the date on which the determination is made)";

(iv) by striking "in such year, adjusted" and inserting "with respect to the date on which the catastrophic injury occurred, as adjusted";

(v) by striking "to such officer";

(vi) by striking "the total" and all that follows through "For" and inserting "for"; and

(vii) by striking "That these" and all that follows through the period, and inserting "That the amount payable under this subsection shall be the amount payable as of the date of catastrophic injury of such public safety officer.";

(C) in subsection (f)—

(i) in paragraph (1), by striking "as amended (D.C. Code, sec. 4-622); or" and inserting a semicolon;

(ii) in paragraph (2)—

(I) by striking ". Such beneficiaries shall only receive benefits under such section 8191 that" and inserting "such that beneficiaries shall receive only such benefits under such section 8191 as"; and

(II) by striking the period at the end and inserting "; or"; and

(iii) by adding at the end the following:

"(3) payments under the September 11th Victim Compensation Fund of 2001 (49 U.S.C. 40101 note; Public Law 107-42).";

(D) by amending subsection (k) to read as follows:

"(k) As determined by the Bureau, a heart attack, stroke, or vascular rupture suffered by a public safety officer shall be presumed to constitute a personal injury within the meaning of subsection (a), sustained in the line of duty by the officer and directly and proximately resulting in death, if—

"(1) the public safety officer, while on duty—

"(A) engages in a situation involving non-routine stressful or strenuous physical law enforcement, fire suppression, rescue, hazardous material response, emergency medical services, prison security, disaster relief, or other emergency response activity; or

"(B) participates in a training exercise involving nonroutine stressful or strenuous physical activity;

"(2) the heart attack, stroke, or vascular rupture commences—

"(A) while the officer is engaged or participating as described in paragraph (1);

"(B) while the officer remains on that duty after being engaged or participating as described in paragraph (1); or

"(C) not later than 24 hours after the officer is engaged or participating as described in paragraph (1); and

"(3) the heart attack, stroke, or vascular rupture directly and proximately results in the death of the public safety officer, unless competent medical evidence establishes that the heart attack, stroke, or vascular rupture was unrelated to the engagement or participation or was directly and proximately caused by something other than the mere presence of cardiovascular-disease risk factors."; and

(E) by adding at the end the following:

"(n) The public safety agency, organization, or unit responsible for maintaining on file an executed designation of beneficiary or executed life insurance policy for purposes of subsection (a)(4) shall maintain the confidentiality of the designation or policy in the same manner as the agency, organization, or unit maintains personnel or other similar records of the public safety officer.";

(3) in section 1202 (42 U.S.C. 3796a)—

(A) by striking "death", each place it appears except the second place it appears, and inserting "fatal"; and

(B) in paragraph (1), by striking "or catastrophic injury" the second place it appears and inserting "disability, or injury";

(4) in section 1203 (42 U.S.C. 3796a-1)—

(A) in the section heading, by striking "WHO HAVE DIED IN THE LINE OF DUTY" and inserting "WHO HAVE SUSTAINED FATAL OR CATASTROPHIC INJURY IN THE LINE OF DUTY"; and

(B) by striking "who have died in the line of duty" and inserting "who have sustained fatal or catastrophic injury in the line of duty";

(5) in section 1204 (42 U.S.C. 3796b)—

(A) in paragraph (1), by striking "consequences of an injury that" and inserting "an injury, the direct and proximate consequences of which";

(B) in paragraph (3)—

(i) in the matter preceding clause (i)—

(I) by inserting "or permanently and totally disabled" after "deceased"; and

(II) by striking "death" and inserting "fatal or catastrophic injury"; and

(ii) by redesignating clauses (i), (ii), and (iii) as subparagraphs (A), (B), and (C), respectively;

(C) in paragraph (5)—

(i) by striking "post-mortem" each place it appears and inserting "post-injury"; and

(ii) by redesignating clauses (i) and (ii) as subparagraphs (A) and (B), respectively;

(D) in paragraph (7), by striking "public employee member of a rescue squad or ambulance crew;" and inserting "employee or volunteer member of a rescue squad or ambulance crew (including a ground or air ambulance service) that—

"(A) is a public agency; or

"(B) is (or is a part of) a nonprofit entity serving the public that—

"(i) is officially authorized or licensed to engage in rescue activity or to provide emergency medical services; and

"(ii) engages in rescue activities or provides emergency medical services as part of an official emergency response system."; and

(E) in paragraph (9)—

(i) in subparagraph (A), by striking "as a chaplain, or as a member of a rescue squad or ambulance crew;" and inserting "or as a chaplain";

(ii) in subparagraph (B)(ii), by striking "or" after the semicolon;

(iii) in subparagraph (C)(ii), by striking the period and inserting "; or"; and

(iv) by adding at the end the following:

"(D) a member of a rescue squad or ambulance crew who, as authorized or licensed by