New York City on September 11, 2001, and for other purposes.

SA 4924. Mr. BROWN of Ohio (for himself, Mr. CASEY, Mr. BAUCUS, Mr. MCCAIN, and Mr. KYL) proposed an amendment to the bill H.R. 6523, to extend trade adjustment assistance and certain trade preference programs, to amend the Harmonized Tariff Schedule of the United States to modify temporarily certain rates of duty, and for other purposes.

TEXT OF AMENDMENTS

SA 4921. Mr. LEVIN (for himself and Mr. MCCAIN) proposed an amendment to the bill H.R. 6523, to authorize appropriations for fiscal year 2011 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; as follows:

Strike title XVII and the corresponding table of contents on page 18.

SA 4922. Mr. KIRK submitted an amendment intended to be proposed to amendment SA 4904 proposed by Mr. COOPER. Pursuant to the National Missile Defense Act of 1999 (Public Law 106-36), it has long been the policy of the United States to deploy as soon as is technologically possible an effective National Missile Defense system capable of defending the territory of the United States against limited ballistic missile attack, whether accidental, unauthorized, or deliberate. Thirty ground-based interceptors based at Fort Greely, Alaska, and Vandenberg Air Force Base, California, are now defending the nation. All United States missile defense programs—including all phases of the European Phased Adaptive Approach to missile defense (EPAA) and programs to defend United States deployed forces, allies, and partners against regional threats—are consistent with this policy.

The New START Treaty places no limitations on the development or deployment of our missile defense programs. As the NATO Summit in Lisbon began last month underscored, we are proceeding apace with a missile defense system in Europe designed to provide full coverage for NATO members on the continent, as well as deployed U.S. forces, against the growing threat posed by the proliferation of ballistic missiles. The final text of the New START Treaty augments our current defenses against intercontinental ballistic missiles from Iran targeted against the United States.

All NATO members in Lisbon that the growing threat of missile proliferation, and our Article 5 commitment of collective defense, require that the Alliance develop a territorial missile defense capability. The Alliance further agreed that the EPAA, which I announced in September 2009, will be crucial to this capability. Starting in 2011, we will begin deploying the first phase of the EPAA, to protect large parts of southern Europe from short- and medium-range ballistic missile threats. In subsequent phases, we will deploy longer-range and more effective land-based Standard Missile-3 (SM-3) interceptors in Romania and Poland to protect Europe against medium- and intermediate-range ballistic missiles. In the final phase, planned for the end of the decade, further upgrades of the SM-3 interceptor will provide an ascension phase intercept capability to augment our defense of NATO European territory, as well as that of the United States, against future threats of ICBMs from Iran.

The Lisbon decisions represent an historic achievement, making clear that all NATO allies have agreed on an effective territorial missile defense to defend against the threats we face now and in the future. The EPAA represents the right response. At Lisbon, the Alliance also invited the Russian Federation to cooperate on missile defense, which could lead to adding Russian capabilities to those deployed by NATO to enhance our common security against ballistic threats. The Lisbon Summit thus demonstrated that the Alliance’s missile defenses can be strengthened by improving NATO-Russian relations. This comes even as we have made clear that the system we intend to pursue with Russia will not be a joint system, and it will not in any way limit United States or NATO’s missile defense capabilities. Effective cooperation with Russia could enhance the overall effectiveness and efficiency of our combined territorial missile defenses, and at the same time provide Russia with greater security. Irrespective of how cooperation with Russia develops, the Alliance alone bears responsibility for defending NATO’s member countries, consistent with our Treaty obligations for collective defense. The EPAA and NATO’s territorial missile defense capability will allow us to do that. In signing the New START Treaty, the Russian Federation issued a statement that expressed its view that the extraordinary acceleration provided to in Article XIV the Treaty include a “build-up in the missile defense capabilities of the United States of America such that it would give rise to a threat to the strategic nuclear potential of the Russian Federation.” Article XIV(3), as you know, gives each Party the right to withdraw from the Treaty if it believes its supreme interests are jeopardized. The United States did not and does not agree with the Russian statement. We believe that the continued development and deployment of U.S. missile defense systems, including qualitative and quantitative improvements to such systems, do not and will not threaten the strategic balance with the Russian Federation. All provided policy and technical explanations to Russia on why we believe that to be the case. Although the United States cannot circumscribe Russia’s last month underscored, we believe that the continued improvement and deployment of U.S. missile defense systems do not constitute a basis for questioning the effectiveness and viability of the New START Treaty, and therefore would not give rise to circumstances justifying Russia’s withdrawal from Treaty.

Regardless of Russia’s actions in this regard, as long as I am President, and as long as the Congress provides the necessary funding, the United States will continue to develop and deploy effective missile defenses to protect the United States, our deployed forces, and our allies and partners. My Administration plans to deploy all four phases of the EPAA. While advances of technology or future changes in the threat would modify the details or timing of the later phases of the EPAA, one methodology which is called “adaptive”—I will take every action available to me to support the deployment of all four phases.

Sincerely,

BARACK OBAMA.

SA 4923. Mr. REID (for Mrs. GILLIBRAND (for herself and Mr. SCHUMER)) proposed an amendment to the bill H.R. 847, to amend the Public Health Service Act to extend and improve protections and services to individual directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes; as follows:

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:

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 management for benefits for eligible individuals outside New York.

PART 2—WTC SURVIVORS

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

Sec. 3322. Followup monitoring and treatment of certified-eligible WTC survivors for WTC-related health conditions.
Program includes the following components:

Sec. 401. Compliance with statutory pay-
Sec. 302. Renewal of fees for visa-dependent
Sec. 301. Excise tax on foreign procurement.
Sec. 203. Requirement to update regulations.
Sec. 202. Extended and expanded eligibility
Sec. 201. Definitions.

responded to the September 11, 2001, terrorist
those who are Federal employees) who re-
benefits to eligible emergency responders
which shall be administered by the WTC Pro-
lished within the Department of Health and

Program

DESCRIPTION OF PROVISIONS

TITLE I—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 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) COMPREHENSIVE COVERAGE.—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 WORK-RELATED CONDITIONS OF RESPONDERS AND SURVIVORS.—Provision under sections 3312, 3322, and 3323 of followup moni-
toring 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 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 period data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data described in section 3342.

(6) RESEARCH ON HEALTH CONDITIONS.—Est-

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) PREVENTION AND UNREASONABLE ADMINISTRA-

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 1851(1) of such Act) for purposes of applying sections 1128 through 1128E of such Act.

(2) UNREASONABLE ADMINISTRATIVE COSTS.—The WTC Program Administrator working with the Clinical Centers of Excellence 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 Centers of Excellence and any other providers that are participating health care providers. Such program shall include—

(1) adherence to monitoring and treat-

ment protocols;

(2) appropriate diagnostic and treatment referrals for participants;

(3) prompt transmission of test results to participants; and

(4) such other elements as the Adminis-

trator 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 PERSONS.—Information for each clinical program described in para-

graph (3)—

(i) the number 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;

(ii) with respect to individuals so cer-

fielded who received such treatment, on the WTC-related health conditions for which they were treated; and

(iv) on the projected number of individ-

uals who will be certified under subtitle B in the succeeding fiscal year and the succeeding 10-year period.

(B) MONITORING, INITIAL HEALTH EVALU-

ATION, 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 administrative costs included in 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 WTC-related health conditions for which the program has reached 80 percent of such limit.

(F) ADVISORY COMMITTEE RECOMMENDA-

TIONS.—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 section of the WTC Program Administrator concerning each such recommendation.

(G) SEPARATE CLINICAL PROGRAMS DES-

CRIBED.—In paragraph (2), each of the following shall be treated as a separate clinical program of the WTC Program:

(A) FIREFIGHTERS AND RELATED PERSON-

NEL.—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).

(D) NOTIFICATION TO CONGRESS UPON REACHING 80 PERCENT OF ELIGIBILITY NUMER-

ICAL 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.

(b) 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.

(1) ADVISORY COMMITTEE—

(a) ADVISORY COMMITTEE.—

(i) 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.

(ii) MEMBERSHIP.—The Advisory Committee shall consist of:

(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) 1 occupational health professional;

(G) 1 toxicologist;

(H) 1 epidemiologist; and

(I) a mental health professional.

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

(iv) 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.

(b) 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.

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

(2) WTC HEALTH PROGRAM STEERING COMMITTEES—

(A) 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:

(i) 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.

(ii) 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.

(B) MEMBERSHIP—

(i) WTC RESPONDERS STEERING COMMITTEE—

(A) 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 shall be represented 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 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; 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 date of the enactment of this title).

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

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

SEC. 3303. CLINICAL CENTERS OF EXCELLENCE AND DATA CENTERS.

(A) IN GENERAL.—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))—

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

(ii) for the provision of outreach activities for 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;

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

(iv) for the provision of counseling 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;

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

(vi) for the collection and reporting of data, including claims data, in accordance with section 3304.

(B) CONTRACTS WITH DATA CENTERS.—

(A) IN GENERAL.—The WTC Program Administrator shall enter into contracts with other 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)(ii); and

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

(C) FOR THE DEVELOPMENT OF MONITORING AND TREATMENT PROGRAMS.—The WTC Program Administrator shall provide, through the Data Centers or 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 3001(a)(2) and section 552a of title 5, United States Code).

SEC. 3304. UNIFORM DATA COLLECTION AND ANALYSIS.

(1) 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.

(2) 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.
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).

(1) 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.

(2) 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.

(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 classes 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, 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.

(6) 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) preserves 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 3311(c);

(iii) employs health care provider staff with experience, at a minimum, at a comprehensive medical center including 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:

(1) Establish a formal mechanism for consultation on utilization of services or treatment by representatives of eligible populations receiving monitoring and treatment benefits under subtitle B from such Center.

(2) Identify quality assurance and treatment benefits under subtitle B with routine medical care provided for the treatment of conditions other than WTC-related health conditions.

(3) Collect and report to the corresponding Data Center, data, including the type and quantity of data, in accordance with section 3094(b).

(4) Have in place safeguards against fraud that are satisfactory to the Administrator, as determined by the Inspector General of the Department of Health and Human Services.

(5) 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.

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

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

(8) Utilize health care providers with occupational and environmental medicine expertise and mental and physical health assessment protocols, in accordance with protocols developed under subsection (a)(2)(A).

(9) Communicate with WTC responders and certified eligible WTC survivors in appropriate languages and conduct outreach activities with relevant stakeholders.

(Q) Meet all 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 described in section 3311(a)(2).

(D) 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).

(1) 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.

(E) 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 subsection 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 and treatment benefits that 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.

(2) QAO 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 a report on whether Clinical Centers of Excellence with which the WTC Program Administrator enters into a contract under this section have financial interest in such contracts that will allow a timely and complete review of claims data for purposes of section 3301 and subsections (a)(1)(F) and (b)(1)(B)(iii).

SEC. 3206. 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 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 3311(a)(3).

(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 physical, medical and exposure history, a physical examination, and additional medical testing as needed to evaluate whether the individual has a WTC-related health condition and is eligible for treatment under the WTC program.

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

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

(B) for screening-eligible and certified-eligible WTC survivors, the health conditions listed in section 3322(b). (7) The term ‘New York City disaster area’ means the area within New York City that—

(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, that includes 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 3065(b)(1).

(9) The term ‘corresponding 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 such date subsequent to the terrorist attacks at the World Trade Center, Shanksville, Pennsylvania, or the Pentagon, as applicable.

(11) The term ‘September 11, 2001, terrorist attacks’ means the terrorist attacks
subsection (2).

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 3322(a)(1) 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 World Trade Center sites (including Ground Zero, the 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) 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) is determined by the WTC Program Administrator; and

(B) RESPONDER WHO MEETS CURRENT ELIGIBILITY CRITERIA. An individual who meets the current eligibility criteria described in paragraph (2) shall be deemed to be enrolled in such programs.

The WTC Program Administrator shall determine whether an individual meets the current eligibility criteria described in paragraph (2).

(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, or a designee of such Director;

(i) the consortium coordinated by Mt. Sinai Hospital in New York City that coordinates the monitoring and treatment for enrolled WTC responders and those referred to the consortium by other entities involved in the examination and handling of human remains from the World Trade Center site or other buildings 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;

(ii) 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

(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 site or other buildings.

(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.

(III) 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.

(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, or for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002; or

(ii) is determined by the WTC Program Administrator.

(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.

(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 related services.

(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 site or other buildings 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; or

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

(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 site or other buildings 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; 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.

(III) 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.

(IV) 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 site or other buildings 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; 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 examined by airborne toxins from the September 11, 2001, terrorist attacks during a duration and period described in subparagraph (A).

(VI) 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 site or other buildings 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; or
“(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.

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

(III) OTHER RESPONDERS.—In accordance with subparagraph (A)(ii) and consistent with the recommendations of 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 paragraphs (3)(A)(i) or (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) to—

(1) in accordance with such subparagraph; and

(2) to such number, as determined by the Administrator based on the best available information and subject to amounts available under section 3331, 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 section 3331, the Administrator, in consultation with the Secretary of Homeland Security, shall determine whether the individual is on such list.

(B) MONITORING BENEFITS.—

(i) In general.—In the case of an enrolled WTC responder to whom the term ‘WTC-related health conditions’ is applied under subparagraph (A), the WTC Program Administrator shall—

(A) begin medical examination and treatment of an individual described in paragraph (1)(A) in the WTC Program at the time of such determination.

(B) is included in the applicable list of WTC-related health conditions issued by the WTC Program Administrator.

(2) Provision of monitoring benefits.—

(i) 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:

(1) Low back pain.

(ii) 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:

(1) Low back pain.

(d) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added, pursuant to subparagraph (2) or (6), to the list under this paragraph.

(5) 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:

(1) Low back pain.

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

(C) FINAL REGULATIONS.—Based on all the available 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. 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 such type of cancer or the certain type of cancer to such list.

(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 relating to such conditions, 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 from a registered 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 may:

(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 paragraph (B)(i), 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 such recommendation is made by the Administrator, the Administrator shall, in accordance with subparagraph (D), publish in the Federal Register a proposed rule with respect to such recommendation. Notwithstanding the Administrator's review of such recommendation, the Administrator shall not 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;

(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.

(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 that is 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.

(B) CERTIFICATION.—The Administrator shall establish procedures for the appeal of determinations under clause (i).

(C) ACTION BY ADMINISTRATOR.—The Administrator shall make a determination under subparagraph (B) with respect to such physician's determination.

(D) 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—

(i) the timeframe for such a determination by a physician panel with appropriate expertise for the condition and recommendations to the Administrator;

(ii) not later than 60 days after the date of the transmittal under subparagraph (A)(i), a determination by the WTC Program Administrator that 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.

(E) 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)(2), add the condition to the list in subsection (a)(3).

(F) CONDITIONS ALREADY DECLARED INCLUSION IN LIST.—If 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 provide the certification for 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.

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

(i) MEDICAL TREATMENT.—

(A) USE OF FICA PAYMENT RATES.—

(i) IN GENERAL.—Subject to clause (ii), the WTC Program Administrator shall reimburse costs for medically necessary treatment under this title and 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.

"(D) For treatment not covered under clause (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 at the time such products or services were provided.

"(B) PHARMACEUTICALS.—

"(i) 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) FUNDAMENTAL OF FDNY PARTICIPANTS.—Under such program the Administrator may enter into an agreement with a separate vendor to provide pharmaceutical benefits for enrolled WTC responders for whom the Clinic 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, 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 and the Data Centers shall develop medical treatment protocols and medical treatment and monitoring by the WTC Environmental Health Center as of the date of enactment of this title.

"(4) MONITORING AND INITIAL HEALTH EVALUATION.—The Data Centers shall develop medical treatment protocols and medical treatment and monitoring by the WTC Environmental Health Center as of the date of enactment of this title.

"(A) IDENTIFICATION OF SCREENING-ELIGIBLE WTC SURVIVORS.

"(i) Identification of Screening-Eligible WTC Survivors and Certified-Eligible WTC Survivors.—

"(I) 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 such 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, and meets metrics and methodologies described in section 3305 and the WTC Scientific/Technical Advisory Committee and WTC Health Program Steering Committees described in section 3302.

"(B) CURRENT ELIGIBILITY CRITERIA.—The eligibility criteria described in subparagraph (A)(i) and paragraph (2)(B) has reached 90 percent of the limits described in paragraph (3) or on or after the date that the number of enrollments of WTC responders has reached 90 percent of the limit described in section 3311(a)(4).

"(C) IDENTIFICATION OF SCREENING-ELIGIBLE WTC SURVIVORS.

"(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—

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

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

"(III) A 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 (I)(i) and has 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 WTC Small Firms Attraction and Retention Act 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.
(C) APPLICATION AND DETERMINATION PROCESSES FOR SCREENING ELIGIBILITY.—

(1) IN GENERAL.—The WTC Program Administrator in consultation with the Data Center shall establish a process for individuals, other than those described in subparagraph (A), to determine whether they are 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 if the Administrator determines that—

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

(bb) the numerical limitation on certification of 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 no right to appeal such determination in a manner established under such process.

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

(II) OTHER MEMBERS.—In the case of any other 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 determination.

(B) CERTIFIED-ELIGIBLE WTC SURVIVORS.—

(A) DEFINITION.—The term 'certified-eligible WTC survivor' means, subject to paragraph (2), any individual as a certified-eligible WTC survivor who the WTC Program Administrator certifies under subparagraph (B) to be eligible for follow-up 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 section 3305(a)(2)(A)(ii), are determined to be eligible for follow-up monitoring and treatment under this part.

(II) 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.

(III) OTHER MEMBERS.—In the case of any other individual who is determined under clause (i), the Administrator shall provide the certification under clause (i) not later than July 1, 2011.

(1) LIMITATION ON INITIAL HEALTH EVALUATION BENEFITS.—

(A) IN GENERAL.—Subject to subsection (b), the provisions of sections 3311 and 3312 shall apply to follow-up monitoring and treatment of WTC-related health conditions in the case of individuals described in subsection (a) in a manner that is the same as such provisions apply to the follow-up 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.

(2) LIMITATION.—

(A) IN GENERAL.—The WTC Program Administrator shall limit benefits for any fiscal year under subsection (b) 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.

(B) WORKERS' COMPENSATION PAYMENT.—

(1) IN GENERAL.—Subject to subsection (a), the provisions of section 3322 shall apply to the WTC Program 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 WTC Program treatment of WTC-related health conditions for certified-eligible WTC survivors.

(2) 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.

(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(5) 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.

(4) LIMITATION.—

(A) THE WTC PROGRAM.—The WTC Program shall limit benefits for any fiscal year under subsection (b) 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.

(B) WORKERS' COMPENSATION PAYMENT.—

(1) IN GENERAL.—Subject to subsection (a), the provisions of section 3322 shall apply to the WTC Program 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 WTC Program treatment of WTC-related health conditions for certified-eligible WTC survivors.

(2) 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.

(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(5) 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.

(4) LIMITATION.—

(A) THE WTC PROGRAM.—The WTC Program shall limit benefits for any fiscal year under subsection (b) 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.

(B) WORKERS' COMPENSATION PAYMENT.—

(1) IN GENERAL.—Subject to subsection (a), the provisions of section 3322 shall apply to the WTC Program 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 WTC Program treatment of WTC-related health conditions for certified-eligible WTC survivors.

(2) 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.

(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(5) 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.

(4) LIMITATION.—

(A) THE WTC PROGRAM.—The WTC Program shall limit benefits for any fiscal year under subsection (b) 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.

(B) WORKERS' COMPENSATION PAYMENT.—

(1) IN GENERAL.—Subject to subsection (a), the provisions of section 3322 shall apply to the WTC Program 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 WTC Program treatment of WTC-related health conditions for certified-eligible WTC survivors.

(2) 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.

(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(5) 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.

(4) LIMITATION.—

(A) THE WTC PROGRAM.—The WTC Program shall limit benefits for any fiscal year under subsection (b) 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.

(B) WORKERS' COMPENSATION PAYMENT.—

(1) IN GENERAL.—Subject to subsection (a), the provisions of section 3322 shall apply to the WTC Program 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 WTC Program treatment of WTC-related health conditions for certified-eligible WTC survivors.

(2) 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.

(3) ADDITIONAL CONDITIONS.—Any cancer (or type of cancer) or other condition added to the list in section 3312(a)(5) 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.

(4) LIMITATION.—

(A) THE WTC PROGRAM.—The WTC Program shall limit benefits for any fiscal year under subsection (b) 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.
(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 subject 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 (i), (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 an individual entitled under subsection (a) of such section 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 this title to the extent that they are work-related shall be deemed a reference to any reference in such paragraph (4) to payment under section 1862(b)(2) of such Act and an individual entitled to benefits under section 1862(b)(2) of such Act and an individual entitled to benefits under such title XVIII of such Act to the extent that they are work-related shall be deemed a reference to any reference in such paragraph (4) to payment under section 1862(b)(2) of the Social Security Act and paragraphs (3) and (4) of such section shall apply to such a health plan and an individual entitled to benefits under section 1862(b)(2) of such Act and an individual entitled to benefits under section 1862(b)(2) of such Act in the same manner as they apply to a group health plan and an individual entitled to benefits 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 legal obligation for purposes of paragraph (2)(B) of 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 under this title for treatment of a WTC-related health condition of an individual as defined in subsection (d) of section 5000A of the Internal Revenue Code of 1986) for whom the exemption under subsection (e) of such section does not apply; and

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

(1) CONTRACTIONS.—

(A) IN GENERAL.—No funds may be disbursed from the World Trade Center Health Program Fund under section 3351 until 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 amount under this subparagraph in accordance with this subsection on a timely basis, plus any interest owed pursuant to subparagraph (E)(i). Such contract shall include 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) FUND 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 with respect to calendar quarters in fiscal year 2016, such full contribution amount shall be equal to 15 percent 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.

(iv) The Federal financial participation in less exposed populations.

(v) Potential for long-term adverse health effects in less exposed populations.

(vi) Research that was initiated before the date of 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.

(3) RESEARCH ON TREATING WTC-RELATED HEALTH CONDITIONS IN LESS EXPOSED POPULATIONS.—In the case of conditions for which there has been diagnostic uncertainty; and

(4) research on treating WTC-related health conditions in less exposed populations.

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 subsections 3312, 3313.

Subtitle C—Research Into Conditions

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

(1) RESEARCH.—With respect to individuals, including enrolled WTC responders and certified-eligible WTC survivors, receiving monitoring or treatment under subsection (b), the WTC Program Administrator shall conduct or support—

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

(b) research on diagnosing WTC-related health conditions of survivors, including enrollees, in the case of conditions for which there has been diagnostic uncertainty; and

(c) research on treating WTC-related health conditions of survivors, 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 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.

(2) AMOUNTS.—Among enrolled WTC responders and certified-eligible WTC survivors under treatment; and

(2) in sampled populations outside the New York City disaster area, such 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 population.

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

(3) LIMITATION ON AUTHORIZATION FOR PURCHASES.—This title does not establish any authorization for appropriation of amounts in excess of the amounts available from the Fund for such purpose.

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

(5) LIMITATIONS 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) SURVIVORS, FAMILY MEMBERS OF FIREFIGHTERS.—For the purposes of carrying out subtitle B with respect to WTC respondents described in section 331(a)(2)(A)(I).

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

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

(4) 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) RESEARCH REGARDING CERTAIN HEALTH CONDITIONS.—For the purpose of carrying out section 3305(b)(3), $3,750,000;

(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.

(9) 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 impacted by the crashes so 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 CONTESTS.—Section 405(c)(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 section 405(a)(3) 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’’.

(B) EXCEPTION.—A claim may be filed under section 405(a)(3) of such Act, as redesignated by subsection (c)(3)(A)(1), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date the Special Master determines the individual first knew (or reasonably should have known) on or after the date on which regulations are promulgated under section 407(a).

(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 (A) and (C), respectively;

and

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

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

‘‘(1) 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) unless such individual with (ii), by inserting ‘‘or debris removal’’ 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 section 405(a)(3) 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’’.

(B) EXCEPTION.—A claim may be filed under section 405(a)(3) of such Act, as redesignated by subsection (c)(3)(A)(1), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date the Special Master determines the individual first knew (or reasonably should have known) on or after the date on which regulations are promulgated 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 (A) and (C), respectively; and

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

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

‘‘(1) 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) unless such individual with (ii), by inserting ‘‘or debris removal’’ 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 section 405(a)(3) 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’’.

(B) EXCEPTION.—A claim may be filed under section 405(a)(3) of such Act, as redesignated by subsection (c)(3)(A)(1), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date the Special Master determines the individual first knew (or reasonably should have known) on or after the date on which regulations are promulgated under section 407(a).

(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 (A) and (C), respectively; and

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

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

‘‘(1) 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) unless such individual with (ii), by inserting ‘‘or debris removal’’ 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 section 405(a)(3) 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’’.

(B) EXCEPTION.—A claim may be filed under section 405(a)(3) of such Act, as redesignated by subsection (c)(3)(A)(1), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date the Special Master determines the individual first knew (or reasonably should have known) on or after the date on which regulations are promulgated 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 (A) and (C), respectively; and

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

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

‘‘(1) 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) unless such individual with (ii), by inserting ‘‘or debris removal’’ after ‘‘crashes’’; and

(3) in clause (iii), by inserting ‘‘or debris removal during the immediate aftermath’’ after ‘‘crashes’’.
(3) by adding at the end the following new subpar.

‘‘(d) LIMITATION.—

‘‘(1) IN GENERAL.—The total amount of Fed-

eral paid for compensation under this title, 

with respect to claims filed or on after the 

date on which the regulations are up-

dated, 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 RE-

MAINING CLAIMS.—

‘‘(A) IN GENERAL.—The Special 

Master shall determine the total amount of com-

pensation 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 sen-

tence 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 

subsection (a) (1), on or after the first day 

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), 

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 perma-

nently closed.

‘‘(e) ATTORNEY FEES.—

‘‘(1) IN GENERAL.—Notwithstanding any 

contract, the representative of an individual 

may pay in connection with services rendered 

in connection with the claim of an individual 

under this title, more than 10 percent of an 

amount for compensation for services ren-

dered to the extent that such amount 

charged is not more than

‘‘(i) 10 percent of any 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 

AMENDMENTS

SEC. 301. EXCISE TAX ON CERTAIN FOREIGN 

PROCUREMENT.

(a) IMPOSITION OF TAX.—

(1) IN GENERAL.—(A) Section 407(b) 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.

‘‘(2) OTHER ADMINISTRATIVE PROVISIONS .—

For purposes of this section, the term ‘specified 

far 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 coun-

try which is not a party to an international 

procurement agreement with the United 

States, or

‘‘(2) the provision of services, if such ser-

vices are provided by 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 23 of subtitle D of 

the Code of 1986 is increased by the amount of tax 

imposed by this section on such payment.

(2) OTHER ADMINISTRATIVE PROVISIONS .— 

For purposes of subsection (c) F, any tax imposed 

by this section shall be treated as a tax im-

posed by subtitle A.’’.

(b) PAYMENT OF REMAINDER OF CLAIM 

AMOUNTS.—In any case in which the amount 

of a claim is ratably reduced pursuant to 

subsection (a) (1), on or after the first day 

after such 5-year period, the Special Master 

shall ratably reduce the amount of com-

pensation due claimants under this title in a 

manner to ensure, to the extent possible, 

that

‘‘(A) IN GENERAL.—The Special Master 

shall determine the total amount of compen-

sation 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 sen-

tence 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 

subsection (a) (1), on or after the first day 

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), 

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 perma-

nently closed.

‘‘(e) ATTORNEY FEES.—

‘‘(1) IN GENERAL.—Notwithstanding any 

contract, the representative of an individual 

may pay in connection with services rendered 

in connection with the claim of an individual 

under this title, more than 10 percent of an 

amount for compensation for services ren-

dered 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
Section 114. TAA Recipients Not Enrolled in Training Programs Eligible for Credit.
(a) In General.—Section 35(c)(2)(B) of the Internal Revenue Code of 1986 is amended by striking “January 1, 2011” and inserting “February 13, 2011.”
(b) Effective Date.—The amendment made by this section shall apply to coverage months beginning after December 31, 2010.

Section 115. TAA Pre-Certification Period Rule for Purposes of Determining Whether There is a 63-Day Lapse in Coverage.
(a) IRC Amendment.—Section 9801(c)(2)(D) of the Internal Revenue Code of 1986 is amended by striking “January 1, 2011” and inserting “February 13, 2011.”
(b) ERISA Amendment.—Section 701(c)(2)(C) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(c)(2)(C)) is amended by striking “January 1, 2011” and inserting “February 13, 2011.”

(d) Effective Date.—The amendments made by this section shall apply to plan years beginning after December 31, 2010.
(b) CONFORMING AMENDMENT.—Section 173(c)(8) of the Workforce Investment Act of 1998 (29 U.S.C. 3183(c)(8)) is amended by striking “January 1, 2011” and inserting “February 12, 2011”.

c) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2010.

SEC. 116. EXTENSION OF COBIA BENEFITS FOR TAA-ELIGIBLE INDIVIDUALS AND PBGC RECIPIENTS.


(b) TAA-ELIGIBLE INDIVIDUALS.—Section 602(2)(A)(v) of such Act (29 U.S.C. 1162(2)(A)(v)) is amended by striking “December 31, 2010” and inserting “February 12, 2011”.


(2) TAA-ELIGIBLE INDIVIDUALS.—Section 4980B(f)(2)(B)(i)(VI) of such Code is amended by striking “December 31, 2010” and inserting “February 12, 2011”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2010.

SEC. 117. ADDITION OF COVERAGE THROUGH VOLUNTARY EMPLOYERS’ BENEFICIARY ASSOCIATIONS.

(a) IN GENERAL.—Section 3304(c)(1)(K) of the Internal Revenue Code of 1986 is amended by striking “January 1, 2011” and inserting “February 13, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to coverage months beginning after December 31, 2010.

SEC. 118. NOTICE REQUIREMENTS.

(a) IN GENERAL.—Section 7527(d)(2) of the Internal Revenue Code of 1986 is amended by striking “January 1, 2011” and inserting “February 13, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to notices issued after December 31, 2010.

TITLE III—OFFSETS

SEC. 201. CUSTOMS USER FEES.

Section 13031(1)(3) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (29 U.S.C. 2(b)(3)) is amended—

(1) in subparagraph (A), by striking “September 30, 2019” and inserting “January 7, 2020”;

and

(2) in subparagraph (B)(i), by striking “September 30, 2019” and inserting “January 14, 2020”.

SEC. 202. TIME FOR PAYMENT OF CORPORATE EXEMPTED TAXES.

The percentage under paragraph (2) of section 561 of the Hiring Incentives to Restore Employment Act in effect on the date of the enactment of this Act is increased by 4.5 percentage points.

TITLE IV—BUDGETARY EFFECTS

SEC. 401. COMPLIANCE WITH PAYGO.

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

ARTS IN EDUCATION WEEK

Mr. BAYH. Madam President, I ask unanimous consent that the Health, Education, Labor and Pensions Committee be discharged from further consideration of H. Con. Res. 275, and the Senate proceed to its immediate consideration.

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

The concurrent resolution (S. Con. Res. 78) was agreed to.

The resolution, with its preamble, reads as follows:

S. CON. RES. 78

Whereas President Clinton, with the approval of Congress and the bipartisan support of the Congress of the United States and the Congress of the States of the Delta in both the House of Representatives and the Senate, launched the Delta Regional Authority on December 21, 2000, in an effort to alleviate the economic hardship facing the Delta region and to create a more level playing field for the cities and parishes of the States to compete for jobs and investment;

Whereas the Delta Regional Authority is a Federal-State partnership that serves 252 counties and parishes in parts of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee;

Whereas the Delta region holds great potential for access and trade, as the region borders the world’s greatest transportation arterial in the Mississippi River;

Whereas the Delta boasts a strong cultural heritage as the birthplace of the blues and jazz music and as home to world famous cuisine, which people throughout the United States and the world identify with the region;

Whereas the counties and parishes served by the Delta Regional Authority constitute an economically-distressed area facing such challenges as undeveloped infrastructure systems, insufficient transportation options, struggling education systems, migration out of the region, substandard health care, and the needs to develop, recruit, and retain a qualified workforce to build strong communities that attract new industries and employment opportunities;

Whereas the Delta Regional Authority has made significant progress toward addressing such challenges during its first 10 years of work;

Whereas the Delta Regional Authority operates a highly successful grant program in each of the 8 States it serves, allowing cities, counties, and parish governments, represented by other Federal agencies and private investors;

Whereas the Delta Regional Authority has invested nearly $86,200,000 into more than 600 projects during the first decade of existence, leveraging $1,400,000,000 in private sector investment and producing an overall 22 to 1 return on taxpayer dollars;

Whereas the Delta Regional Authority is working with partners to create or retain approximately 66,000 jobs by developing the critical infrastructure to sustain new water and sewer services for more than 43,000 families;

Whereas an independent report from the Department of Agriculture’s Economic Research Service found that per capita income