AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

Calendar No. 321

110TH CONGRESS *1st Session* | SENATE | REPORT 110–189

BAN ASBESTOS IN AMERICA ACT OF 2007

OCTOBER 3, 2007.—Ordered to be printed

Mrs. BOXER, from the Committee on Environment and Public Works, submitted the following

R E P O R T

[To accompany S. 742]

[Including cost estimate of the Congressional Budget Office]

The Committee on Environment and Public Works, to which was referred the bill (S. 742) to amend the Toxic Substances Control Act to reduce the health risks posed by asbestos-containing products, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends the bill, as amended, do pass.

PURPOSE AND SUMMARY OF THE LEGISLATION

The purpose of S. 742 is to prohibit the importation, manufacturing, processing and distribution of asbestos-containing material and products having asbestos-containing material. The bill also expands research efforts on asbestos-related diseases and establishes a public education campaign to inform Americans about the dangers of asbestos exposure.

BACKGROUND AND NEED FOR LEGISLATION

MINERAL FORMS OF ASBESTOS

Asbestos is a commercial name given to six minerals—amosite, crocidolite, tremolite, actinolite, anthophyllite, and chrysotile.[1] In traditional mineralogy, asbestos is a commercial term that describes a variety of certain silicates belonging to the serpentine and amphibole mineral groups, which have crystallized in the asbestiform habit into bundles of fibers causing them to be easily

Footnotes appear at end of section.

separated into long, very thin, flexible, heat resistant, strong parallel fibers when crushed or processed. When commercial asbestos products are handled, the measurement of asbestos in both the bulk material and in the air is relatively simple and straightforward. In the natural environment, however, where both asbestiform and non-asbestiform varieties of these minerals can occur simultaneously, these analyses are quite complex and challenging. The methodology study (Section 222(b)) to be conducted will serve to inform those analyzing these complex samples, so that the properties of asbestos can be more accurately determined and distinguished from those properties of elongated particles that are not asbestos. Amphibole fibers—which include actinolite asbestos, tremolite asbestos, anthophyllite asbestos, crocidolite and amosite—are generally brittle and often have a rod- or needle-like shape, whereas chrysotile fibers are flexible and curved.[2] Some federal agencies regulate these same minerals in the nonfibrous form under particulate matter standards. Substances, including building stone,[3] talc,[4] and vermiculite[5] may contain these minerals, including asbestos.

HEALTH EFFECTS OF ASBESTOS

All forms of asbestos are hazardous and all can cause cancer, but amphibole forms of asbestos are considered by some to be somewhat more hazardous to health than chrysotile. Asbestos can also cause a non-cancerous lung scarring and asbestosis.[6] The incidence of disease generally depends on fiber type and size and the extent and duration of exposure.[7]

Exposure

Asbestos materials have a tendency to separate into microscopic fibers or fibrils that can be suspended in the air for days and easily inhaled. Fibers can become suspended when asbestos-containing materials break down in natural deposits. Fibers can also become suspended during manufacturing or when products having asbestos-containing material degrade or undergo maintenance.[8]

Small asbestos fibers are inhaled deep into the lungs and can trigger cells deaths. The body's cells can envelop asbestos fibers from the lungs, but the great majority of fibers in the lung remain uncoated. Once enveloped by a cell, the body may form lung scarring, clear the material or transported it to another area in the body.[9]

According to EPA, between 1940 and 1980, an estimated 27 million American workers had an occupational exposure to asbestos that could result in health effects.[10] Today, an estimated 1.3 million employees in construction and general industry still face significant asbestos exposure on the job.[11] Family members and others can be exposed to asbestos that is carried home or to other locations than the workplace.[12] People can also be exposed to asbestos if the substance exists in structures and airborne asbestos dust has an exposure route, including demolition, remolding, or fires.[13]

Cancer

Domestic and international public health organizations recognize that asbestos causes cancer, including the Environmental Protection Agency,[14] Occupational Safety and Health Administration,[15]

National Institutes of Health,[16] Centers for Disease Control,[17] and the International Agency for Research on Cancer,[18] which is part of the World Health Organization.

Two types of cancer are most prominently associated with asbestos: lung cancer and mesothelioma.[19] Mesothelioma is a rare form of cancer associated with asbestos exposure. The symptoms of lung cancers may take 40 years to develop.[20] According the NIOSH, there were roughly 2,500 work-related mesothelioma deaths each year between 1999 and 2002.[21]

Non-Cancer Health Impacts

Non-cancer health impacts include asbestosis, pleural plaques, and thickening and effusions in the lungs, which can cause coughing, shortness of breath, scarring of lung tissue, reduced oxygen levels and death.[22] Work-related asbestosis deaths recorded among US residents age 15 and over have increased from fewer than 100 in 1968 to more than 1,250 annually in 1999.[23] According to NIOSH, over a 10-year period from 1990 to 1999, there were more than 10,000 work-related asbestosis deaths, and annual asbestosis deaths increased by one-third.[24]

USES OF ASBESTOS [25]

In 2005, world production of asbestos was 2.40 million metric tons, an increase from 2.36 million metric tons in 2004. Russia led the world in asbestos production, followed by China, Kazakhstan, Canada, Brazil, and Zimbabwe.

Asbestos has not been mined in the United States since 2002, and imports, mostly from Canada (88 percent), satisfy domestic manufacturing needs. In the United States, asbestos has been used in about 3,000 different products. The United States used about 2,530 metric tons of asbestos in 2005. Roofing products accounted for 55 percent of this use, coating and compounds about 26 percent, other uses about 19 percent, and electrical insulation less than 1 percent. In 2005, the United States also imported a number of products that contained asbestos or that could contain asbestos, including cement and cement panels, sheets, and tiles; fabric, including yarn, thread, cord, and string; gaskets, packing material, and seals; and aircraft parts.

The United States exports and reexports asbestos and asbestos products. The main products include brake lining and disk brake pads, cement panels, sheets, tiles, and tubes, clutch facings and linings, fiber products, gaskets, packing and seals, and paper and millboard.

STANDARDS AND RECOMMENDATIONS TO REDUCE EXPOSURE TO ASBESTOS

A number of federal agencies and international organizations have developed standards or recommendations for reducing exposure to asbestos.

The National Institutes for Occupational Safety and Health (NIOSH) [26]

For asbestos fibers greater than 5 micrometers in length, NIOSH has a Recommended Exposure Limit of 100,000 fibers per cubic meter of air, which is equal to 0.1 fibers per cubic centimeter of air.

NIOSH defines airborne asbestos fibers as having (1) an aspect ratio (i.e. length to width ratio) of 3 to 1 or greater, and (2) the mineralogical characteristics (i.e. the crystal structure and elemental composition) of asbestos minerals and nonasbestiform substances.

NIOSH defines asbestos minerals as chrysotile, crocidolite, amosite, anthophyllite, tremolite, and actinolite. Airborne cleavage fragments from the nonasbestiform types of the serpentine minerals antigorite and lizardite, and the amphibole minerals contained in the series cummingtonite-grunerite, tremolite-ferroactinolite, and glaucophane-riebeckite also count as fibers provided they meet the criteria for a fiber when viewed microscopically.

According to NIOSH, worker deaths from noncancerous lung disease can occur at levels of exposure to asbestos below the levels allowed by the Occupational Safety and Health Administration as of the date of enactment of this Act.[27]

Environmental Protection Agency (EPA)

Toxic Substances Control Act (TSCA)[28]

In 1989 EPA tried to ban or phase out various uses of asbestos under TSCA, but a 1991 court decision overturned much of EPA's action. Six asbestos products are still banned: (1) Corrugated paper, (2) Rollboard, (3) Commercial Paper, (4) Specialty Paper, (5) Flooring Felt, and (6) New Uses of Asbestos. Based on EPA's failure to follow statutory and administrative procedures, the court overturned EPA actions to ban or phase out the following products: asbestos-cement corrugated sheet, asbestos-cement flat sheet, asbestos clothing, pipeline wrap, roofing felt, vinyl-asbestos floor tile, asbestos-cement shingle, millboard, asbestos-cement pipe, automatic transmission components, clutch facings, friction materials, disc brake pads, drum brake linings, brake blocks, gaskets, nonroofing coatings, and roof coatings. However, additional scientific evidence demonstrates an ongoing threat from asbestos exposure,[29] and manufacturers have decreased or eliminated their use of asbestos in such products over the past 15 years.[30]

Clean Air Act

EPA regulates asbestos in two ways under the Clean Air Act, with spray-on applications of material that contain asbestos and in demolishing and renovating certain structures that have asbestos-containing material inside.

EPA regulates the use of asbestos in spray-on applications of materials that contain more than 1 percent asbestos in buildings, structures, pipes, and conduits, unless the material is encapsulated during the spraying and the materials do not easily crumble after drying. EPA still allows spray-on applications of material containing more than one percent of asbestos on equipment and machinery, if the asbestos fibers in the materials are encapsulated during spraying and the materials do not easily crumble after drying.[31] EPA acknowledges that the one percent threshold still could present a public health threat.[32]

EPA's regulation of demolition and renovation activities applies to residential buildings with four or more living units, commercial,

institutional, industrial, or public buildings, ships and other structures that contain certain threshold amounts of asbestos-regulated material. Public notice must be given prior to beginning work and certain exposure mitigation steps must be taken during the work and with transportation and disposal of the material.[33]

Occupational Safety and Health Administration (OSHA)[34]

OSHA has a Permissible Exposure Limit (PEL) with two parts: (1) Time Weighted Average—requires employers to ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fibers per cubic centimeter of air as an 8-hour time-weighted average. OSHA acknowledges that significant risk remains with its PEL. However, OSHA did not set a lower PEL because OSHA determined that lower asbestos levels cannot be reliably measured at the time and because additional steps, such as wetting down material, could further reduce exposures.

OSHA also set an Excursion Limit that requires employers to ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air as averaged over a 30 minute sampling period.

OSHA and MSHA did not accept the NIOSH position to regulate nonasbestiform minerals in its asbestos standard.

Mine Safety and Health Administration (MSHA)

In 2002, MSHA issued an advanced notice of proposed rulemaking to revise their existing health standards for asbestos exposure at metal and nonmetal mines, surface coal mines, and surface areas of underground coal mines. The proposed rule would reduce the permissible exposure limit to make it consistent with OSHA's rulemaking.

INTERNATIONAL BANS ON THE USE OF ASBESTOS[35]

According to the World Health Organization, more than 40 countries—including all members of the European Union—have banned asbestos, with some exceptions for certain uses.

FOOTNOTES

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SECTION-BY-SECTION ANALYSIS

Section 1. Short title

This section sets forth the short title of the bill as the "Ban Asbestos in America Act of 2007."

Section 2. Findings

Summary: This section of the bill includes 20 findings regarding the importance of the ban on products having asbestos-containing materials, increased research, and an expanded effort to educate Americans about the effects of asbestos exposure.

Section 3. Asbestos-containing products

Section 3. Subtitle A—General Provisions

Summary: This section provides the technical changes to TSCA regarding the list of materials.

Section 3. Subtitle B—Asbestos-Containing Products

Summary: This section of the bill amends the Toxic Substances Control Act in several ways. First, it establishes new definitions, limited to this Subtitle, including "asbestos-containing product;" "elongated mineral particle;" and "biopersistent elongated mineral particle."

Second, it outlines new studies to be conducted by the National Institute of Occupational Safety and Health (NIOSH), in consultation with the National Academies of Science, US Geological Survey, and the Environmental Protection Agency, and appropriate Federal entities—a current state of the science study, a mode of action and health effects study, and a methodology study. This section also establishes a testing and public right-to-know program, which is also intended to facilitate enforcement. This section also requires an asbestos public education program.

Third, this section requires the issuance of proposed and final regulations that prohibit the importation, manufacturing, processing, or distributing in commerce of asbestos-containing materials by the Environmental Protection Agency (EPA), and notes the conditions for limited exemptions including certain government uses, and diaphragms for existing electrolysis installations. The terms and conditions for exemptions are also established. In addition, this section outlines the requirements for disposing of materials prohibited under this bill.

Finally, this section authorizes appropriations in such sums as necessary to carry out the provisions.

Discussion—Definitions: The Committee intends that the definition of "elongated mineral particle" include, but not be limited to, asbestos and "biopersistent elongated mineral particles", acknowledging that an "elongated mineral particle" may or may not be asbestos or biopersistent, and may or may not present the same health risks as asbestos.

The Committee recognizes that the term "nonasbestiform minerals" is used throughout the study section of the bill, but the term is not defined. For purposes of this section of the bill, the term "nonasbestiform minerals" refers to those minerals in the nonasbestiform varieties of chrysotile, amosite, crocidolite, anthophyllite, tremolite, actinolite, winchite, richterite, erionite and the nonasbestiform varieties of other amphiboles.

It has come to the Committee's attention that the definition of "elongated mineral particle" in the bill could be construed to include synthetic polycrystalline fibers. The Committee does not intend this result. Synthetic fibers subject to human production and control are not included within the study at this time.

Studies: With respect to the NIOSH studies, both the current state of the science study and the mode of action and health effects study, the Committee intends for NIOSH to examine and generate scientific evidence to guide the development of regulations that will distinguish those materials that may from those that do not cause asbestos-related diseases.

Both the description of the means by which to "identify, distinguish, and measure" such minerals and recommendations for controls to protect human health shall reflect the potential health risks found in occupational, recreational, residential, and other set-

tings that are based on exposure patterns that people may encounter.

The Committee intends the term "consultation" to mean that NIOSH should seek those organizations' expertise throughout the research work, and seeking comments prior to NIOSH's submission for publication.

The Committee notes that Section 222 of the bill references a number of organizations, including the U.S. EPA, U.S. Geological Survey, the National Academy of Sciences, and appropriate federal entities. Other appropriate federal entities may include, but is not limited to, the National Institutes of Health, the National Cancer Institute and the National Institute of Environmental Health Sciences and others, that have been involved in mesothelioma and asbestos-related disease research. The Committee wishes to emphasize the importance of focusing consultation activities with agencies that have significant experience in researching and addressing the health effects of asbestos-related diseases.

Public Education Program: The Committee believes that federal government has a responsibility to increase public awareness about the dangers of asbestos-containing materials and the harmful effects of asbestos exposure in the workplace, home, natural disasters, building demolishment, environment and other locations. In addition to the larger public education campaign, this information should be provided directly to asbestos-related disease patients, family members, and healthcare professionals. The Committee expects that this information will be comprehensive, timely and accurate. The Committee also encourages state and local governments to participate in this national public education campaign by sharing information with customers through state agencies.

Section 3. Subtitle C—Prohibition on Asbestos-Containing Materials

Summary: This section includes the prohibition of asbestos-containing materials, provisions for conditional exemptions to this prohibition and includes a definition for distribute in commerce.

Discussion: The prohibition in Section 232(a) applies only to asbestos-containing materials, which is a term defined in the Toxic Substances Control Act (TSCA) to mean "any material which contains more than 1 percent asbestos by weight."

The exemption for existing electrolysis installations in Section 232(b)(4) applies to any installation (facility or plant) which uses asbestos diaphragms and meets the other requirements of the exemption. This exemption allows the importation, manufacturing, processing, and distribution in commerce of asbestos to be used to manufacture asbestos diaphragms, and the importation, manufacturing, processing, and distribution in commerce of asbestos diaphragms, so long as the diaphragms are intended for use in existing electrolysis installations meeting the requirements of the exemption. The Administrator must authorize these activities through regulations adopted under Section 232(a).

The Administrator's review of an exemption under Section 232(b)(4)(B) will be on an installation-by-installation basis. The exemption will continue to apply unless the Administrator determines under Section 232(b)(4)(C) that the use of asbestos diaphragms in the installation poses an unreasonable risk to health

or the environment. This is a standard used in Subchapter I of the Toxic Substances Control Act. The Administrator's review of exemptions shall consider the factors listed in Section 6(c)(1)(A)–(D) of TSCA, using information that should include a consideration of the latest scientific findings on heath effects and technological considerations, and other appropriate guidance on relevant issues.

This section also includes a public right-to-know and compliance testing program. Right to know programs can be an effective way to inform the public about potential health threats, encourage additional business scrutiny of their practices, and facilitate government enforcement efforts. The Committee expects that EPA's annual testing program shall be comprehensive including both qualitative and quantitative information on a diversity of products—produced domestically and internationally—which reflect the full range of products having asbestos-containing materials. Testing shall use the latest detection technologies to ensure that our ability to identify and eliminate the use of products having asbestos-containing materials is enhanced by scientific advances. The Administrator should consider using multiple, independent laboratories to cross test products and to perform quality assurance and quality control activities. Compliance testing outlined in Section 232(d) shall not apply to the exemptions outlined in Section 232(b). The Administrator should widely distribute the annual report to the public and incorporate the report's findings into the bill's public education campaign and the Agency's enforcement efforts.

Section 4. Asbestos-Related Diseases

Summary: This section of the bill amends the Public Health Service Act by requiring the Centers for Disease Control and Prevention (CDC), NIOSH and the Agency for Toxic Substances and Disease Registry to establish an asbestos-related disease registry, and by requiring the National Institutes of Health (NIH) to establish an asbestos-related disease research treatment network ("Network").

Data collected through the registry will serve as the foundation for a research clearinghouse on asbestos-related diseases, with a particular emphasis on mesothelioma.

The "Network" will support the detection, prevention, treatment, and cure of asbestos-related diseases, with particular emphasis on malignant mesothelioma, and must include at least 10 extramural centers. The extramural centers, chosen by the director of NIH after competitive peer review, can include nonprofit hospitals, universities, or medical or research institutions. The director is required to provide a $1,000,000 for each center in the Network. The Network is authorized for four fiscal years (2008–2012).

This section requires the Secretary of Labor, through the United States Army Medical Research and Material Command, to support research on mesothelioma and other asbestos-related diseases that are relevant to the health of members and veterans of the Armed Forces.

Finally, this section authorizes appropriations in such sums as necessary to carry out the research provisions and authorizes $10,000,000 for each of the fiscal years 2008–2012 for the treatment networks.

Discussion: *Asbestos-Related Disease Registry:* The Committee strongly urges the CDC to use the data of the disease registry to enhance studies of occupational respiratory disease mortality among workers, to help accurately assess residential and other asbestos-related disease risks, and to better characterize the magnitude of mesothelioma and other asbestos-related diseases in the United States.

Treatment Networks: The Committee encourages the Director of NIH to seek collaboration between the National Cancer Institute (NCI), particularly the NCI's Cooperative Oncology Groups and Community Clinical Oncology Program, and the National Institute for Environmental Health Sciences in the establishment of an asbestos-related disease research and treatment network focused particularly on mesothelioma. This collaboration should also extend to investigators directing NIOSH's National Virtual Mesothelioma Registry and Tissue Bank. The network is an opportunity for mesothelioma medical experts to expand treatment options and benefits to patients in a clinical setting and for basic scientists including young investigators to obtain better understanding of the mesothelioma cell and the carcinogenic pathology of asbestos in order to develop new, more effective treatments.

Department of Defense Research: Because of the substantial number of veterans who were exposed to asbestos, particularly during the Second World War, research attention on the health impacts of such asbestos exposure is clearly warranted. These military personnel provided the national defense during a critical period in our history. Committee expects the Secretary to work closely with the Department of Defense, NIH, and NIOSH to support research on asbestos-related diseases, particularly mesothelioma, including an outline of an aggressive research agenda that has "clear scientific value and direct relevance to the health of members and veterans of the Armed Forces."

LEGISLATIVE HISTORY, COMMITTEE VIEW AND VOTES

Senator Murray began her efforts to ban asbestos nearly six years ago. She held her first hearing on asbestos in 2001. In 2002, she introduced the Ban Asbestos in America Act with four co-sponsors. With 14 co-sponsors, she re-introduced the bill on May 22, 2003. Senator Murray re-introduced the Ban Asbestos in America Act of 2007 on March 1, which was received, read twice and referred to the Committee on Environment and Public Works.

HEARINGS

On March 2, 2007, the Senate Health, Education, Labor, and Pensions Subcommittee on Employment and Workplace Safety held a hearing to examine the harmful effects of asbestos exposure.

ROLLCALL VOTES

The Committee on the Environment and Public Works unanimously (19–0) passed a substitute amendment bill out of Committee on July 31, 2007. With 20 co-sponsors, the bill was placed on the Senate Legislative Calendar under general orders on August 2, 2007 (No. 321).

REGULATORY IMPACT STATEMENT

The committee finds that a number of different businesses may be impacted by this bill, including producers of brake pads and linings, roofing materials, and cement that contain banned substances. However, existing information demonstrates that substitutes with comparable costs are generally available and the bill also contains an exemption process for critical uses. The economic impact of this bill on the private sector is anticipated to be $131 million in 2007. There is no anticipated impact on personal privacy.

MANDATES ASSESSMENT

In compliance with the Unfunded Mandates Reform Act of 1995 (Public Law 104–4), the committee finds that S. 742 contains both intergovernmental and private-sector unfunded mandates, as defined in UMRA. The cost of complying with these mandates, however, is not expected to exceed the annual thresholds established under UMRA.

COSTS OF LEGISLATION

Section 403 of the Congressional Budget and Impoundments Control Act requires a statement of the cost of the reported bill, prepared by the Congressional Budget Office, be included in the report.

DEAR MADAM CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 742, the Ban Asbestos in America Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contacts are Susanne S. Mehlman and Sarah Evans.

Sincerely,

PETER R. ORSZAG.

Enclosure.

S. 742—Ban Asbestos in America Act of 2007

Summary: S. 742 would amend the Toxic Substances Control Act and the Public Health Service Act to require the Environmental Protection Agency (EPA) and agencies within the Department of Health and Human Services (HHS) to reduce the health risks posed by products containing asbestos. CBO estimates that implementing this legislation would cost $112 million over the 2008–2012 period, assuming appropriation of the necessary amounts. Enacting the legislation would not affect direct spending or revenues.

CBO estimates that under the bill, $35 million would be spent by EPA over the next five years to establish a public education program, issue regulations concerning asbestos use, and conduct tests on certain products to determine whether they contain asbestos. CBO estimates that $77 million would be spent by HHS agencies over the same period to prepare several studies related to asbestos and to support an asbestos-related diseases registry and a national clearinghouse on asbestos and health information.

S. 742 contains both intergovernmental and private-sector mandates, as defined in the Unfunded Mandates Reform Act (UMRA), because it would prohibit importing, manufacturing, processing, or

commercially distributing materials containing asbestos. Based on information from EPA and industry sources, CBO expects that the direct cost to comply with those mandates would not exceed the annual thresholds established in UMRA ($66 million for intergovernmental mandates and $131 million for private-sector mandates in 2007, adjusted annually for inflation).

Estimated costs to the Federal Government: The estimated budgetary impact of S. 742 is shown in the following table. The costs of this legislation fall within budget functions 300 (natural resources and environment) and 550 (health).

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Toxic Substances Control Act Amendments:					
National Institute for Occupational Safety and Health Studies:					
Estimated Authorization Level	2	3	0	0	0
Estimated Outlays	1	2	2	0	0
EPA Public Education Program:					
Estimated Authorization Level	2	2	2	2	2
Estimated Outlays	2	2	2	2	2
EPA Prohibition on Asbestos-Containing Materials:					
Estimated Authorization Level	5	5	5	5	5
Estimated Outlays	5	5	5	5	5
Public Health Service Act Amendments:					
HHS Research on Asbestos-Related Diseases:					
Estimated Authorization Level	6	8	7	7	7
Estimated Outlays	2	6	7	7	7
Asbestos-Related Research and Treatment Network:					
Estimated Authorization Level	0	10	10	10	10
Estimated Outlays	0	3	8	10	10
Department of Defense Research on Asbestos-Related Diseases:					
Estimated Authorization Level	0	4	4	4	4
Estimated Outlays	0	1	3	4	4
Total Changes:					
Estimated Authorization Level	15	32	28	28	28
Estimated Outlays	10	19	27	28	28

Basis of estimate: For this estimate, CBO assumes that S. 742 will be enacted near the start of fiscal year 2008, that the necessary amounts will be appropriated each year, and that outlays will follow historical spending patterns for similar programs.

Toxic Substances Control Act amendments

National Institute for Occupational Safety and Health (NIOSH) Studies. Section 222 would authorize the appropriation of such sums as necessary for NIOSH to conduct several studies, including studies addressing the current state of science concerning the health effects and toxicological properties of nonabsetiform minerals and elongated mineral particles. Based on information from agency staff and the cost of similar activities, CBO estimates that NIOSH would need appropriations of $2 million in 2008 and $5 million over the 2008–2012 period to perform those studies. Assuming appropriation of those amounts, CBO estimates that implementing section 222 would cost $1 million in 2008 and $5 million over the 2008–2012 period.

EPA Public Education Program. Section 223 would require EPA to establish a program aimed at increasing public awareness of the dangers posed by asbestos-containing products in homes and workplaces. The program also would encourage those affected by asbes-

tos and their families to participate in related research and treatment endeavors. The program would begin no later than one year following the bill's enactment.

Currently, EPA oversees a lead poisoning program, which involves coordinating with other agencies to run a hotline and provide various informational documents to the public. According to EPA, the public education program required under this legislation would be similar to the lead poisoning program, which costs about $2 million annually to operate. Thus, CBO estimates that EPA would need $2 million annually to oversee and administer this new program.

Prohibition on Asbestos-Containing Materials. Under section 232, EPA would establish regulations prohibiting the importation, manufacture, processing, or distribution of products that contain asbestos. Requests for exemptions, including those sought by the Department of Defense and the National Aeronautics and Space Administration, would be considered by EPA. In addition, following the promulgation of regulations concerning asbestos use, EPA would conduct tests on certain products to determine whether those products contain asbestos. Based on information from EPA, CBO estimates that the agency would need $5 million a year for additional personnel, contractor support, and information technology support to perform those activities.

Public Health Service Act amendments

The bill would amend the Public Health Service (PHS) Act to require several HHS agencies to expand research and treatment activities related to conditions caused by exposure to asbestos. In particular, the bill would direct the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Agency for Toxic Substances and Disease Registry (ATSDR) to establish a registry to coordinate the collection from multiple sources of data and specimens related to asbestos.

The bill also would modify title IV of the PHS Act to direct NIH to expand or initiate several programs to support research on and treatment of asbestos-related conditions. Current law authorizes the appropriation of a specific amount—$32.8 billion—for 2008 for activities under title IV of the PHS Act. Thus, legislation authorizing the appropriation for 2008 of funding for specific activities under title IV of the PHS Act would not change the overall authorization of appropriations for activities in that year, and would have no cost. Legislation authorizing the appropriation of specific amounts for activities under title IV for 2009 and subsequent years would affect estimated spending. (Current law authorizes the appropriation of such sums as are necessary for 2009, but there is no authorization of appropriations for activities under title IV after 2009.)

HHS Research on Asbestos-Related Diseases. S. 742 would require NIH, CDC, and ATSDR to establish a registry to support research related to asbestos. CBO compared the activities that would be required under the bill to those performed by the National Cancer Institute's (NCI's) Surveillance, Epidemiology, and End Results (SEER) program, which the NCI projects will cost $32 million in 2007. CBO expects that the registry required by S. 742 would be smaller in scale than the SEER registry (primarily because asbes-

tos-related diseases are less common than cancer), and would require the appropriation of $6 million for 2008 and $35 million over the 2008–2012 period. Assuming the appropriation of those amounts, CBO estimates that establishing the registry would cost $2 million in 2008 and $29 million over the 2008–2012 period.

Asbestos-Related Disease Research and Treatment Network. The NIH currently supports several investigator-initiated research activities focused on asbestos and mesothelioma. In fiscal year 2006, the institutes that supported the most activities in these research areas—the National Cancer Institute and the National Institute for Environmental Health Sciences—spent $12 million on projects related to asbestos or mesothelioma.

S. 742 would authorize the appropriation of $10 million a year for fiscal years 2008 through 2012 for the NIH to establish and maintain asbestos-related disease research and treatment centers. Based on historical spending patterns for similar activities, and assuming appropriation of the authorized amounts, CBO estimates those activities would cost $31 million over the 2009–2012 period.

Department of Defense Research on Asbestos-Related Diseases. S. 742 would modify title IV of the PHS Act to authorize the appropriation of such sums as necessary for 2008 and subsequent fiscal years for the Secretary of HHS to support research on mesothelioma and other asbestos-related diseases that may affect the health of members and veterans of the armed forces. CBO estimates that implementing that provision would have no cost in 2008 (because the bill would not affect total funding for activities under title IV of the PHS Act) and would cost $12 million over the 2009–2012 period.

Intergovernmental and private-sector impact: S. 742 contains both intergovernmental and private-sector mandates, as defined in UMRA, because it would prohibit importing, manufacturing, processing, or commercially distributing materials that contain asbestos. In addition, within two years of enactment, the bill would require the disposal of prohibited products left unsold or not otherwise in the possession of an end user. Many products used in the United States contain asbestos, including brake pads and linings, roofing materials, ceiling tiles, and cement. While there is limited information about the amount of such products imported or used commercially in the United States, according to EPA and industry sources, substitutes with comparable cost are generally available to replace those products that contain asbestos. Therefore, CBO expects that the costs to comply with the mandates would not exceed the annual thresholds established in UMRA ($66 million for intergovernmental mandates and $131 million for private-sector mandates in 2007, adjusted annually for inflation).

In addition, S. 742 would create a $10 million grant program to assist nonprofit hospitals, universities, and research institutions in conducting research and providing treatment for asbestos-related diseases. Any costs those entities might incur, including matching funds, would be incurred voluntarily.

Estimate prepared by: Federal Costs: Susanne S. Mehlman for EPA; Sarah Evans and Tim Gronniger for HHS; Impact on State, Local, and Tribal Governments: Neil Hood; Impact on the Private Sector: Paige Piper/Bach.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

CHANGES IN EXISTING LAW

In compliance with section 12 of rule XXVI of the Standing Rules of the Senate, changes in existing law made by the bill as reported are shown as follows: Existing law proposed to be omitted is enclosed in [black brackets], new matter is printed in *italic*, existing law in which no change is proposed is shown in roman:

* * * * * * *

TOXIC SUBSTANCES CONTROL ACT

* * * * * * *

SEC. 1

TABLE OF CONTENTS

SEC. 2. FINDINGS, POLICY, AND INTENT.

(a) FINDINGS.—The Congress finds that—* * *

* * * * * * *

Subtitle A—General Provisions

SEC. 201. CONGRESSIONAL FINDINGS AND PURPOSE.

(a) FINDINGS.—* * *

* * * * * * *

SEC. 202. DEFINITIONS.

For purposes of this title—

(1) ACCREDITED ASBESTOS CONTRACTOR.—The term "accredited asbestos contractor" means a person accredited pursuant to the provisions of section 206.

(2) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Environmental Protection Agency.

(3) ASBESTOS.—The term "asbestos" means asbestiform varieties of—

(A) chrysotile (serpentine)**[**,**]***;*

(B) crocidolite (riebeckite)**[**,**]***;*

(C) amosite (cummingtonite-grunerite)**[**,**]***;*

(D) anthophyllite**[**,**]***;*

(E) tremolite**[**, or**]***;*

(F) actinolite**[**.**]***;*

(G) any material formerly classified as tremolite, including—

(i) winchite asbestos; and

(ii) richterite asbestos; and

(H) any asbestiform amphibole mineral

Subtitle B—Asbestos-Containing Products

SEC. 221. DEFINITIONS.

In this subtitle:

(1) APPROPRIATE FEDERAL ENTITY.*—The term "appropriate Federal entity" means any appropriate Federal entity, as determined by the Director, including—*

(A) the Agency for Toxic Substances and Disease Registry;

(B) the Department of Health and Human Services;

(C) the Environmental Protection Agency;

(D) the Mine Safety and Health Administration;

(E) the National Institute of Standards and Technology;

(F) the United States Geological Survey;

(G) the National Institute of Environmental Health Sciences;

(H) the National Institute for Occupational Safety and Health; and

(I) the Occupational Health and Safety Administration.

(2) ASBESTOS-CONTAINING PRODUCT.*—The term "asbestos-containing product" means any product (including any part) to which asbestos is deliberately or knowingly added or in which asbestos is deliberately used or knowingly present in any concentration.*

(3) ELONGATED MINERAL PARTICLE.*—The term "elongated mineral particle" means a single crystal or similarly elongated polycrystalline aggregate particle with a length to width ratio of 3 to 1 or greater.*

(4) BIOPERSISTENT ELONGATED MINERAL PARTICLE.*—The term "biopersistent elongated mineral particle" means an elongated mineral particle that—*

(A) occurs naturally in the environment; and

(B) is similar to asbestos in—

(i) resistance to dissolution;

(ii) leaching; and

(iii) other physical, chemical, or biological processes expected from contact with lung cells and other cells and fluids in the human body.

(5) DIRECTOR.—*The term "Director" means the Director of the National Institute for Occupational Safety and Health.*

(6) PERSON.—*The term "person" means—*

(A) any individual;

(B) any corporation, company, association, firm, partnership, joint venture, sole proprietorship, or other for-profit or nonprofit business entity (including any manufacturer, importer, distributor, or processor);

(C) any Federal, State, or local department, agency, or instrumentality; and

(D) any interstate body.

SEC. 222. NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH STUDIES.

(a) STUDIES.—

(1) CURRENT STATE OF SCIENCE STUDY.—

(A) IN GENERAL.—*The Director, in consultation with the United States Geological Survey, the Environmental Protection Agency, the National Academy of Sciences, and appropriate Federal entities, shall conduct a study and, not later than 1 year after the date of enactment of this subtitle, submit to the Administrator, the Committees on Environment and Public Works and Health, Education, Labor, and Pensions of the Senate, the Committees on Energy and Commerce and Education and Labor of the House of Representatives, and other Federal agencies a report containing—*

(i) a description of the current state of the science relating to—

(I) the disease mechanisms and health effects of exposure to non-asbestiform minerals and elongated mineral particles; and

(II) methods for measuring and analyzing non-asbestiform minerals and elongated mineral particles; and

(ii) recommendations for—

(I) future research relating to diseases caused by exposure to—

(aa) non-asbestiform minerals; and

(bb) elongated mineral particles;

(II) exposure assessment practice needs;

(III) any new classification of naturally occurring elongated mineral particles; and

(IV) 1 or more definitions and dimensions to be used for the quantification and risk assessment of—

(aa) non-asbestiform minerals; and

(bb) elongated mineral particles.

(B) COMPONENTS.—*The report described in subparagraph (A) shall include—*

(i) peer-reviewed published literature;

(ii) regulatory decisions; and

(iii) information obtained from the National Institute for Occupational Safety Asbestos Research Roadmap.

(2) MODE OF ACTION AND HEALTH EFFECTS STUDY.—

(A) IN GENERAL.—*The Director, in consultation with the Environmental Protection Agency, the National Academy of Sciences, and appropriate Federal entities, shall conduct a study—*

(i) to evaluate the known or potential mode of action and health effects of—

(I) non-asbestiform minerals; and

(II) elongated mineral particles; and

(ii) to develop recommendations for a means by which to identify, distinguish, and measure any non-asbestiform mineral or elongated mineral particle that—

(I) may cause any disease or health effect; or

(II) does not cause any disease or health effect.

(B) REPORT.—*Not later than 18 months after the date of enactment of this subtitle, the Director shall submit to the Committees on Environment and Public Works and Health, Education, Labor, and Pensions of the Senate, and the Committees on Energy and Commerce and Education and Labor of the House of Representatives, a report containing—*

(i) a description of the manner by which non-asbestiform minerals and elongated mineral particles possess the ability to remain biopersistent in the human body, with regard to the ability of non-asbestiform minerals and elongated mineral particles—

(I) to exhibit resistence to dissolution and leaching; and

(II) to induce other physical, chemical, and biological processes as a result of contact with—

(aa) lung cells; and

(bb) other cells and fluids in the human body connected to a disease;

(ii) a description of the means by which to identify, distinguish, and measure any non-asbestiform mineral or elongated mineral particle that—

(I) may cause any disease or health effect, as determined by the Director, including—

(aa) mesothelioma;

(bb) any other form of cancer; and

(cc) any other non-cancer form of disease; and

(II) does not cause any disease or health effect; and

(iii) recommendations for such controls as the Director determines to be appropriate to protect human health.

(3) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated such sums as are necessary to carry out this subsection.*

(b) METHODOLOGY STUDY.—

(1) IN GENERAL.—*On the date on which the Director submits the report described in subsection (a)(2)(B), the Director shall initiate a study—*

(A) to develop improved sampling and analytical methods for non-asbestiform minerals and elongated mineral particles; and

(B) to clarify the mechanism of action.

(2) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated such sums as are necessary to carry out this subsection.*

SEC. 223. PUBLIC EDUCATION PROGRAM.

(a) IN GENERAL.—*Not later than 1 year after the date of enactment of this subtitle, the Administrator, in consultation with the Chairman of the Consumer Product Safety Commission, the Director of the Centers for Disease Control and Prevention, and the Secretary of Labor, shall establish a plan—*

(1) to increase awareness of the dangers posed by—

(A) products having asbestos-containing materials in homes and workplaces; and

(B) asbestos-related diseases;

(2) to provide current and comprehensive information to asbestos-related disease patients, family members of patients, and front-line health care providers on—

(A) the dangers of asbestos exposure;

(B) asbestos-related labeling information;

(C) health effects of exposure to asbestos;

(D) symptoms of asbestos exposure; and

(E) available and developing treatments for asbestos-related diseases, including clinical trials;

(3) to encourage asbestos-related disease patients, family members of patients, and front-line health care providers to participate in research and treatment endeavors relating to asbestos; and

(4) to encourage health care providers and researchers to provide to asbestos-related disease patients and family members of patients information relating to research, diagnostic, and clinical treatments relating to asbestos.

(b) GREATEST RISKS.—*In establishing the program, the Administrator shall give priority to products that have asbestos-containing materials and are used by consumers and workers that pose the greatest risk of injury to human health.*

(c) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated such sums as are necessary to carry out this section.*

Subtitle C—Prohibition on Asbestos-Containing Materials

SEC. 231. DEFINITION OF DISTRIBUTE IN COMMERCE.

In this subtitle:

(1) IN GENERAL.—*The term "distribute in commerce" has the meaning given the term in section 3.*

(2) EXCLUSIONS.—The term "distribute in commerce" does not include—

(A) the possession of an asbestos-containing material by a person that is an end user; or

(B) the possession of an asbestos-containing material by a person solely for the purpose of disposal of the asbestos-containing material in compliance with applicable Federal, State, and local requirements.

SEC. 232. PROHIBITION ON ASBESTOS-CONTAINING MATERIALS.

(a) IN GENERAL.—*Subject to subsection (b), the Administrator shall promulgate—*

(1) not later than 1 year after the date of enactment of this subtitle, proposed regulations that—

(A) prohibit persons from importing, manufacturing, processing, or distributing in commerce asbestos-containing materials; and

(B) provide for implementation of subsections (b) and (c); and

(2) not later than 2 years after the date of enactment of this subtitle, final regulations that, effective beginning 60 days after the date of promulgation, prohibit persons from importing, manufacturing, processing, or distributing in commerce asbestos-containing materials.

(b) EXEMPTIONS.—

(1) IN GENERAL.—*Any person may petition the Administrator for, and the Administrator may grant, an exemption from the requirements of subsection (a) if the Administrator determines that—*

(A) the exemption would not result in an unreasonable risk of injury to health or the environment; and

(B) the person has made good faith efforts to develop, but has been unable to develop, a substance, or identify a mineral, that—

(i) does not present an unreasonable risk of injury to health or the environment; and

(ii) may be substituted for an asbestos-containing material.

(2) TERMS AND CONDITIONS.—*An exemption granted under this subsection shall be in effect for such period (not to exceed a total of 3 years) and subject to such terms and conditions as the Administrator may prescribe.*

(3) GOVERNMENTAL USE.—

(A) IN GENERAL.—*The Administrator shall provide an exemption from the requirements of subsection (a), without review or limit on duration, if the exemption for asbestos-containing material is—*

(i) sought by the Secretary of Defense and the Secretary certifies, and provides a copy of that certification to the Administrator and Congress, that—

(I) use of the asbestos containing material is necessary to the critical functions of the Department;

(II) no reasonable alternatives to the asbestos containing material exist for the intended purpose; and

(III) use of the asbestos containing material will not result in an unreasonable risk to health or the environment; or

(ii) sought by the Administrator of the National Aeronautics and Space Administration and the Administrator of the National Aeronautics and Space Administration certifies, and provides a copy of that certification to Congress, that—

(I) the asbestos-containing material is necessary to the critical functions of the National Aeronautics and Space Administration;

(II) no reasonable alternatives to the asbestos-containing material exist for the intended purpose; and

(III) the use of the asbestos-containing material will not result in an unreasonable risk to health or the environment.

(B) ADMINISTRATIVE PROCEDURE ACT.—*Any exemption provided by the Administrator under subparagraph (A), and any certification made by the Secretary of Defense under subparagraph (A)(i) shall not be subject to the provisions of subchapter II of chapter 5, and chapter 7, of title 5, United States Code (commonly known as the "Administrative Procedure Act").*

(4) DIAPHRAGMS FOR EXISTING ELECTROLYSIS INSTALLATIONS.—

(A) IN GENERAL.—*The requirements of subsection (a) shall not apply to any diaphragm electrolysis installation in existence as of the date of enactment of this subtitle.*

(B) REVIEW.—

(i) IN GENERAL.—*Not later than 3 years after the date of enactment of this subtitle, and every 6 years thereafter, the Administrator shall review the exemption provided under subparagraph (A) to determine the appropriateness of the exemption.*

(ii) SCOPE.—*In conducting the review of the exemption provided under subparagraph (A), the Administrator shall examine the risk of injury to an individual relating to the operation by the individual of each diaphragm electrolysis installation described in subparagraph (A).*

(iii) PUBLIC PARTICIPATION.—*In conducting the review of the exemption provided under subparagraph (A), the Administrator shall provide public notice and a 30-day period of public comment.*

(C) DECISION RELATING TO EXTENSION OF EXEMPTION.—*Upon completion of a review of a diaphragm electrolysis installation under subparagraph (B)(i), if the Administrator determines that the diaphragm electrolysis installation poses an unreasonable risk of injury to health or the environment, the Administrator may terminate the exemption provided to the diaphragm electrolysis installation under subparagraph (A).*

(c) DISPOSAL.—

(1) IN GENERAL.—*Except as provided in paragraph (2), not later than 2 years after the date of enactment of this subtitle, each person that possesses asbestos-containing material that is subject to the prohibition established under this section shall*

dispose of the asbestos-containing material, by a means that is in compliance with applicable Federal, State, and local requirements.

(2) EXEMPTION.—*Nothing in paragraph (1)—*

(A) applies to asbestos-containing material that—

(i) is no longer in the stream of commerce; or

(ii) is in the possession of an end user; or

(B) requires that asbestos-containing material described in subparagraph (A) be removed or replaced.

(d) COMPLIANCE TESTING.—

(1) IN GENERAL.—*Subject to paragraph (2), and in accordance with paragraph (3), not later than 1 year after the date on which the Administrator promulgates the regulations under subsection (a), and annually thereafter, to ensure compliance with those regulations, the Administrator shall carry out tests on an appropriate quantity of products, as determined by the Administrator, to determine if the products have asbestos-containing material.*

(2) EXEMPTED PRODUCTS.—*In carrying out the compliance testing under paragraph (1), the Administrator shall not carry out any test on any product that contains any material that is the subject of an exemption described in subsection (b).*

(3) APPROPRIATE TEST METHODOLOGIES.—*In carrying out the compliance testing under paragraph (1), the Administrator shall use the appropriate test methodology for each product that is the subject of the compliance testing.*

(4) ANNUAL REPORT.—

(A) IN GENERAL.—*Upon completion of each annual testing period described in paragraph (1), the Administrator shall prepare a report for the annual testing period covered by the report, describing those products that have asbestos-containing material.*

(B) PUBLIC AVAILABILITY.—*Not later than 90 days after the date of completion of each annual testing period described in paragraph (1), the Administrator shall make the report for the annual testing period covered by the report available to the public.*

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PUBLIC HEALTH SERVICE ACT

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TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

SEC. 401. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(a) RELATION TO PUBLIC HEALTH SERVICE.—* * *

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PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

APPOINTMENT AND AUTHORITY OF THE DIRECTORS OF THE NATIONAL RESEARCH INSTITUTES

SEC. 405.(a)* * *

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SEC. 410

PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

Subpart 1—National Cancer Institute

PURPOSE OF INSTITUTE

SEC. 410. The general purpose of the National Cancer Institute (hereafter in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

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SEC. 417D. RESEARCH, INFORMATION, AND EDUCATION WITH RESPECT TO BLOOD CANCER

(a) JOE MOAKLEY RESEARCH EXCELLENCE PROGRAM.—

(1) IN GENERAL.—* * *

* * * * * * *

SEC. 417E. RESEARCH ON ASBESTOS-RELATED DISEASES.

(a) IN GENERAL.—*The Secretary, acting through the Director of NIH and the Director of the Centers for Disease Control and Prevention, shall expand, intensify, and coordinate programs for the conduct and support of research on diseases caused by exposure to asbestos, particularly mesothelioma, asbestosis, and pleural injuries.*

(b) ADMINISTRATION.—*The Secretary shall carry out this section in collaboration with—*

(1) the Administrator of the Agency for Toxic Substances and Disease Registry;

(2) the Director of the National Institute for Occupational Safety and Health; and

(3) the head of any other agency, as the Secretary determines to be appropriate.

(c) ASBESTOS-RELATED DISEASE REGISTRY.—

(1) IN GENERAL.—*Not later than 1 year after the date of enactment of this section, the Director of the Centers for Disease Control and Prevention, in cooperation with the Director of the National Institute for Occupational Safety and Health and the Administrator of the Agency for Toxic Substances and Disease Registry, shall establish a mechanism by which to obtain, coordinate, and provide data and specimens from—*

(A) State cancer registries and other cancer registries;

(B) the National Mesothelioma Virtual Registry and Tissue Bank; and

(C) each entity participating in the asbestos-related disease research and treatment network established under section 417F(a).

(2) TREATMENT.—*The data and specimens described in paragraph (1) shall form the basis for establishing a national clearinghouse for data and specimens relating to asbestos-related diseases, with a particular emphasis on mesothelioma.*

(d) AUTHORIZATION OF APPROPRIATIONS.—*In addition to amounts made available for the purposes described in subsection (a) under other law, there are authorized to be appropriated to carry out this section such sums as are necessary for fiscal year 2008 and each fiscal year thereafter.*

SEC. 417F. ASBESTOS-RELATED DISEASE RESEARCH AND TREATMENT NETWORK.

(a) ESTABLISHMENT.—*For each of fiscal years 2008 through 2012, the Director of NIH, in collaboration with other applicable Federal, State, and local agencies and departments, shall establish and maintain an asbestos-related disease research and treatment network (referred to in this section as the "Network") to support the detection, prevention, treatment, and cure of asbestos-related diseases, with particular emphasis on malignant mesothelioma.*

(b) INCLUSIONS.—*The Network shall include—*

(1) intramural research initiatives of the National Institutes of Health; and

(2) at least 10 extramural asbestos-related disease research and treatment centers, as selected by the Director of NIH in accordance with subsection (c).

(c) EXTRAMURAL ASBESTOS-RELATED DISEASE RESEARCH AND TREATMENT CENTERS.—

(1) IN GENERAL.—*For each fiscal year during which the Network is operated and maintained under subsection (a), the Director of NIH shall select for inclusion in the Network not less than 10 nonprofit hospitals, universities, or medical or research institutions incorporated or organized in the United States that, as determined by the Director of NIH—*

(A) have exemplary experience and qualifications in research and treatment of asbestos-related diseases;

(B) have access to an appropriate population of patients with asbestos-related diseases; and

(C) are geographically distributed throughout the United States, with special consideration given to areas of high incidence of asbestos-related diseases.

(2) REQUIREMENTS.—Each center selected under paragraph (1) shall—

(A) be chosen by the Director of NIH after competitive peer review;

(B) conduct laboratory and clinical research, including clinical trials, relating to—

(i) mechanisms for effective therapeutic treatment of asbestos-related diseases;

(ii) early detection and prevention of asbestos-related diseases;

(iii) palliation of asbestos-related disease symptoms; and

(iv) pain management with respect to asbestos-related diseases;

(C) offer to asbestos-related disease patients travel and lodging assistance as necessary—

(i) to accommodate the maximum number of patients practicable; and

(ii) to serve a number of patients at the center sufficient to conduct a meaningful clinical trial;

(D) seek to collaborate with at least 1 medical center of the Department of Veterans Affairs to provide research benefits and care to veterans who have suffered excessively from asbestos-related diseases, particularly mesothelioma; and

(E) coordinate the research and treatment efforts of the center (including specimen sharing and use of common infomatics) with other entities included in—

(i) the Network; and

(ii) the National Virtual Mesothelioma Registry and Tissue Bank.

(3) PERIOD OF INCLUSION.—A center selected by the Director of NIH under this subsection shall be included in the Network for—

(A) the 1-year period beginning on the date of selection of the center; or

(B) such longer period as the Director of NIH determines to be appropriate.

(d) GRANTS.—*The Director of NIH shall provide to each center selected for inclusion in the Network under subsection (c) for the fiscal year a grant in an amount equal to $1,000,000 to support the detection, prevention, treatment, and cure of asbestos-related diseases, with particular emphasis on malignant mesothelioma.*

(e) AUTHORIZATION OF APPROPRIATIONS.—*There is authorized to be appropriated to carry out this section $10,000,000 for each of fiscal years 2008 through 2012.*

SEC. 417G. DEPARTMENT OF DEFENSE RESEARCH.

(a) IN GENERAL.—*The Secretary, acting through the United States Army Medical Research and Materiel Command, shall support research on mesothelioma and other asbestos-related diseases that has clear scientific value and direct relevance to the health of members and veterans of the Armed Forces, in accordance with the appropriate congressionally directed medical research program, with the goal of advancing the understanding, early detection, and treatment of asbestos-related mesothelioma and other asbestos-related diseases.*

(b) ADMINISTRATION.—*The Secretary shall carry out this section in collaboration with—*

(1) the Director of NIH;

(2) the Director of the National Institute of Occupational Safety and Health; and

(3) the head of any other agency, as the Secretary determines to be appropriate.

(c) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated to carry out this section such sums as are necessary for fiscal year 2008 and each fiscal year thereafter.".*

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