(Ms. LANDRIEU), the Senator from Wisconsin (Mr. FEINGOLD), the Senator from Alaska (Mr. BEGICH), the Senator from Rhode Island (Mr. REED), the Senator from Washington (Mrs. MURRAY), the Senator from North Carolina (Mrs. HAGAN) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of S. Res. 199, a resolution recognizing the contributions of the recreational boating community and the boating industry to the continuing prosperity of the United States.

At the request of Mr. BURR, the names of the Senator from Oklahoma (Mr. INHOFE), the Senator from Maine (Ms. SNOWE), the Senator from Mississippi (Mr. WICKER), the Senator from Louisiana (Mr. VITTER) and the Senator from Tennessee (Mr. CORKER) were added as cosponsors of S. Res. 199, supra.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. GILLIBRAND (for herself, Mr. SCHUMER, Mr. MENENDEZ, and Mr. LAUTENBERG):

S.. 1334. A bill to amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mrs. GILLIBRAND. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1334

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''James Zadroga 9/11 Health and Compensation Act of 2009''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. FINDINGS.

Congress finds the following:

(1) Thousands of rescue workers who responded to the areas devastated by the terrorist attacks of September 11, 2001, local residents, office and area workers, and school children continue to suffer significant medical problems as a result of compromised air quality and the release of other toxins from the attack sites.

(2) In a September 2006 peer-reviewed study conducted by the World Trade Center Medical Monitoring Program, of 9,500 World Trade Center responders, almost 70 percent of World Trade Center responders had a new or worsened respiratory symptom that developed during or after their time working at the World Trade Center; among the responders who were asymptomatic before September 11, 2001, 61 percent developed respiratory symptoms while working at the World Trade Center; close to 60 percent still had a new or worsened respiratory symptom at the time of their examination; one-third had abnormal pulmonary function tests; and severe respiratory conditions including pneumonia were significantly more common in the 6 months after September 11, 2001 than in the prior 6 months.

(3) An April 2006 study documented that, on average, a New York City firefighter who responded to the World Trade Center has experienced a loss of 12 years of lung capacity.

(4) A peer-reviewed study of residents who lived near the World Trade Center titled ''The World Trade Center Residents' Respiratory Health Study: New Onset Respiratory Symptoms and Pulmonary Function'', found that data demonstrated a three fold increase in new-onset, persistent lower respiratory symptoms in residents near the former World Trade Center as compared to a control population.

(5) Previous research on the health impacts of the devastation caused by the September 11, 2001, terrorist attacks has shown relationships between the air quality from Ground Zero and a host of health impacts, including lower pregnancy rates, higher rates of respiratory and lung disorders, and a variety of post-disaster mental health conditions (including posttraumatic stress disorder) in workers and residents near Ground Zero.

(6) A variety of tests conducted by independent scientists have concluded that significant World Trade Center (WTC) contamination settled in indoor environments surrounding the disaster site. The Environmental Protection Agency's (EPA) cleanup programs for indoor residential spaces, in 2003 and 2005, though limited, are an acknowledgment that indoor contamination continued after the WTC attacks.

(7) At the request of the Department of Energy, the Davis DELTA Group at the University of California conducted outdoor dust sampling in October 2001 at Varick and Houston Streets (approximately 1.2 miles north of Ground Zero) and found that the contamination from the World Trade Center ''outdid even the worst pollution from the Kuwait oil fields fires''. Further, the United States Geological Survey (USGS) reported on November 27, 2001, that dust samples collected from indoor surfaces in this area registered at levels that were ''as caustic as liquid drain cleaners''.

(8) According to both the EPA's own Inspector General's (EPA IG) report of August 21, 2003 and the Governmental Accountability Offices's (GAO) report of September 2007, no comprehensive program has ever been conducted in order to characterize the full extent of WTC contamination, and therefore the full impact of that contamination—geographic or otherwise—remains unknown.

(9) Such reports found that there has never been a comprehensive program to remediate WTC toxins from indoor spaces. Thus, area residents, workers and students may continued to be exposed to WTC contamination in their homes, workplaces and schools.

(10) Because of the failure to release federally appropriated funds for community care, a lack of sufficient outreach, the fact that many community members are receiving care from physicians outside the current City-funded World Trade Center Environmental Health Center program and thus fall outside data collection efforts, and other factors, the number of community members being treated at the World Trade Center Environmental Health Center underrepresents the total number in the community that have been affected by exposure to Ground Zero toxins.

(11) Research by Columbia University's Center for Children's Environmental Health has shown negative health effects on babies born to women living within 2 miles of the World Trade Center in the month following September 11, 2001.

(12) Federal funding allocated for the monitoring of rescue workers' health is not sufficient to ensure the long-term study of health impacts of September 11, 2001.

(13) A significant portion of those who have developed health problems as result of exposures to airborne toxins or other hazards resulting from the September 11, 2001, attacks on the World Trade Center have no health insurance, have lost their health insurance as a result of the attacks, or have inadequate health insurance.

(14) The Federal program to provide medical treatments to those who responded to

the September 11, 2001, aftermath, and who continue to experience health problems as a result, was finally established more than five years after the attacks, but has no certain long-term funding.

(15) Rescue workers and volunteers seeking workers' compensation have reported that their applications have been denied, delayed for months, or redirected, instead of receiving assistance in a timely and supportive manner.

(16) A February 2007 report released by the City of New York estimated that approximately 410,000 people were the most heavily exposed to the environmental hazards and trauma of the September 11, 2001, terrorist attacks. More than 30 percent of the Fire Department of the City of New York first responders were still experiencing some respiratory symptoms more than five years after the attacks and, according to the report, 59 percent of those seen by the WTC Environmental Health Center at Bellevue Hospital (which serves community members) are without insurance and 65 percent have incomes of less than $15,000 per year. The report also found a need to continue and expand mental health services.

(17) Since the 5th anniversary of the attack (September 11, 2006), hundreds of workers a month have been signing up with the monitoring and treatment programs.

(18) In April 2008, the Department of Health and Human Services reported to Congress that in fiscal year 2007 11,359 patients received medical treatment in the existing WTC Responder Medical and Treatment program for WTC-related health problems, and that number of responders who need treatment and the severity of health problems is expected to increase.

(19) The September 11 Victim Compensation Fund of 2001 was established to provide compensation to individuals who were physically injured or killed as a result of the terrorist-related aircraft crashes of September 11, 2001.

(20) The deadline for filing claims for compensation under the Victim Compensation Fund was December 22, 2003.

(21) Some individuals did not know they were eligible to file claims for compensation for injuries or did not know they had suffered physical harm as a result of the terrorist-related aircraft crashes until after the December 22, 2003, deadline.

(22) Further research is needed to evaluate more comprehensively the extent of the health impacts of September 11, 2001, including research for emerging health problems such as cancer, which have been predicted.

(23) Research is needed regarding possible treatment for the illnesses and injuries of September 11, 2001.

(24) The Federal response to medical and financial issues arising from the September 11, 2001, response efforts needs a comprehensive, coordinated long-term response in order to meet the needs of all the individuals who were exposed to the toxins of Ground Zero and are suffering health problems from the disaster.

(25) The failure to extend the appointment of Dr. John Howard as Director of the National Institute for Occupational Safety and Health in July 2008 is not in the interests of the administration of such Institute nor the continued operation of the World Trade Center Medical Monitoring and Treatment Program which he has headed, and the Secretary of Health and Human Services should reconsider extending such appointment.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

SEC. 101. WORLD TRADE CENTER HEALTH PROGRAM.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following new title:

"TITLE XXXI—WORLD TRADE CENTER HEALTH PROGRAM

"Subtitle A—Establishment of Program; Advisory and Steering Committees

"SEC. 3101. ESTABLISHMENT OF WORLD TRADE CENTER HEALTH PROGRAM WITHIN NIOSH.

''(a) IN GENERAL.—There is hereby established within the National Institute for Occupational Safety and Health a program to be known as the 'World Trade Center Health Program' (in this title referred to as the 'WTC program') to provide—

''(1) medical monitoring and treatment benefits to eligible emergency responders and recovery and clean-up workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks on the World Trade Center; and

''(2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks.

''(b) COMPONENTS OF PROGRAM.—The WTC program includes the following components:

''(1) MEDICAL MONITORING FOR RESPONDERS.—Medical monitoring under section 3111, including clinical examinations and long-term health monitoring and analysis for individuals 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 on the World Trade Center.

''(2) INITIAL HEALTH EVALUATION FOR COMMUNITY MEMBERS.—An initial health evaluation under section 3121, including an evaluation to determine eligibility for followup monitoring and treatment.

''(3) FOLLOW-UP MONITORING AND TREATMENT FOR WTC-RELATED CONDITIONS FOR RESPONDERS AND COMMUNITY MEMBERS.—Provision under sections 3112, 3122, and 3123 of follow-up monitoring and treatment and payment, subject to the provisions of subsection (d), for all medically necessary health and mental health care expenses (including necessary prescription drugs) of individuals with a WTC-related health condition.

''(4) OUTREACH.—Establishment under section 3104 of an outreach program to potentially eligible individuals concerning the benefits under this title.

''(5) UNIFORM DATA COLLECTION.—Collection under section 3105 of health and mental health data on individuals receiving monitoring or treatment benefits, using a uniform system of data collection.

''(6) RESEARCH ON WTC CONDITIONS.—Establishment under subtitle C of a research program on health conditions resulting from the September 11, 2001, terrorist attacks on the World Trade Center.

''(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 eligible WTC responder or any eligible WTC community member.

''(d) PAYOR.—

''(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), the cost of monitoring and treatment benefits and initial health evaluation benefits provided under subtitle B shall be paid for by the WTC program.

''(2) WORKERS' COMPENSATION PAYMENT.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), payment for treatment under subtitle B of a WTC-related health condition in an individual that is work-related shall be reduced or recouped to the extent that the Secretary 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 or a State, or other work-related injury or illness benefit plan of the employer of such individual, for such treatment. The provisions of clauses (iii), (iv), (v), and (vi) of paragraph (2)(B) of section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)(2)) and paragraph (3) of such section shall apply to the recoupment under this paragraph 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.

''(B) EXCEPTION.—If the WTC Program Administrator certifies that the City of New York has contributed the matching contribution required under section 3106(a)(3) for a 12-month period (specified by the WTC Program Administrator), subparagraph (A) shall not apply for that 12-month period with respect to a workers' compensation law or plan, including line of duty compensation, to which the City is obligated to make payments.

''(3) HEALTH INSURANCE COVERAGE.—

''(A) IN GENERAL.—In the case of an individual who has a WTC-related health condition that is not work-related and has health coverage for such condition through any public or private health plan, the provisions of section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) shall apply to such a health plan and such individual in the same manner as they apply to a group health plan and an individual entitled to benefits under title XVIII of such Act pursuant to section 226(a). Any costs for items and services covered under such plan that are not reimbursed by such health plan, due to the application of deductibles, copayments, coinsurance, other cost-sharing, or otherwise, are reimbursable under this title to the extent that they are covered under the WTC program.

''(B) RECOVERY BY INDIVIDUAL PROVIDERS.—Nothing in subparagraph (A) 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

''(4) WORK-RELATED DESCRIBED.—For the purposes of this subsection, a WTC-related health condition shall be treated as a condition that is work-related if—

''(A) the condition is diagnosed in an eligible WTC responder, or in an individual who qualifies as an eligible WTC community member on the basis of being a rescue, recovery, or clean-up worker; or

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

''(e) QUALITY ASSURANCE AND MONITORING OF CLINICAL EXPENDITURES.—

''(1) QUALITY ASSURANCE.—The WTC Program Administrator, working with the Clinical Centers of Excellence, shall develop and implement a quality assurance program for the medical monitoring and treatment delivered by such Centers of Excellence and any other participating health care providers. Such program shall include—

''(A) adherence to medical monitoring and treatment protocols;

''(B) appropriate diagnostic and treatment referrals for participants;

''(C) prompt communication of test results to participants; and

''(D) such other elements as the Administrator specifies in consultation with the Clinical Centers of Excellence.

''(2) FRAUD PREVENTION.—The WTC Program Administrator shall develop and implement a program to review the program's health care expenditures to detect fraudulent or duplicate billing and payment for inappropriate services. Such program shall be similar to current methods used in connection with the Medicare program under title XVIII of the Social Security Act. This title is a Federal health care program (as defined in section 1128B(f) of such Act) and is a health plan (as defined in section 1128C(c) of such Act) for purposes of applying sections 1128 through 1128E of such Act.

''(f) WTC PROGRAM ADMINISTRATION.—The WTC program shall be administered by the Director of the National Institute for Occupational Safety and Health, or a designee of such Director.

''(g) 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 OF REPORT.—Each annual report under paragraph (1) shall include the following:

''(A) ELIGIBLE INDIVIDUALS.—Information for each clinical program described in paragraph (3)—

''(i) on the number of individuals who applied for certification under subtitle B and the number of such individuals who were so certified;

''(ii) of the individuals who were certified, on the number who received medical monitoring under the program and the number of such individuals who received medical treatment under the program;

''(iii) with respect to individuals so certified who received such treatment, on the WTC-related health conditions for which the individuals were treated; and

''(iv) on the projected number of individuals who will be certified under subtitle B in the succeeding fiscal year.

''(B) MONITORING, INITIAL HEALTH EVALUATION, AND TREATMENT COSTS.—For each clinical program so described—

''(i) information on the costs of monitoring and initial health evaluation and the costs of treatment and on the estimated costs of such monitoring, evaluation, and treatment in the succeeding fiscal year; and

''(ii) an estimate of the cost of medical treatment for WTC-related health conditions that have been paid for or reimbursed by workers' compensation, by public or private health plans, or by the City of New York under section 3106(a)(3).

''(C) ADMINISTRATIVE COSTS.—Information on the cost of administering the program, including costs of program support, data collection and analysis, and research conducted under the program.

''(D) ADMINISTRATIVE EXPERIENCE.—Information on the administrative performance of the program, including—

''(i) the performance of the program in providing timely evaluation of and treatment to eligible individuals; and

''(ii) a list of the Clinical Centers of Excellence and other providers that are participating in the program.

''(E) SCIENTIFIC REPORTS.—A summary of the findings of any new scientific reports or studies on the health effects associated with WTC exposures, including the findings of research conducted under section 3141(a).

''(F) ADVISORY COMMITTEE RECOMMENDATIONS.—A list of recommendations by the WTC Scientific/Technical Advisory Committee on additional WTC program eligibility criteria and on additional WTC-related health conditions and the action of the WTC Program Administrator concerning each such recommendation.

''(3) SEPARATE CLINICAL PROGRAMS DESCRIBED.—In paragraph (2), each of the following shall be treated as a separate clinical program of the WTC program:

''(A) FDNY RESPONDERS.—The benefits provided for eligible WTC responders described in section 3106(b)(1)(A).

''(B) OTHER ELIGIBLE WTC RESPONDERS.—The benefits provided for eligible WTC responders not described in subparagraph (A).

''(C) ELIGIBLE WTC COMMUNITY MEMBERS.—The benefits provided for eligible WTC community members in section 3106(b)(1)(C).

''(h) NOTIFICATION TO CONGRESS WHEN REACH 80 PERCENT OF ELIGIBILITY NUMERICAL LIMITS.—The WTC Program Administrator shall promptly notify the Congress—

''(1) when the number of certifications for eligible WTC responders subject to the limit established under section 3111(a)(5) has reached 80 percent of such limit; and

''(2) when the number of certifications for eligible WTC community members subject to the limit established under section 3121(a)(5) has reached 80 percent of such limit.

''(i) GAO REPORT.—Not later than 3 years after the date of the enactment of the James Zadroga 9/11 Health and Compensation Act of 2009, the Comptroller General of the United States shall submit to the Congress a report on the costs of the monitoring and treatment programs provided under this title.

''(j) NYC RECOMMENDATIONS.—The City of New York may make recommendations to the WTC Program Administrator on ways to improve the monitoring and treatment programs under this title for both eligible WTC responders and eligible WTC community members.

''SEC. 3102. WTC HEALTH PROGRAM SCIENTIFIC/TECHNICAL ADVISORY COMMITTEE.

''(a) ESTABLISHMENT.—The WTC Program Administrator shall establish an advisory committee to be known as the WTC Health Program Scientific/Technical Advisory Committee (in this section 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.

''(b) COMPOSITION.—The WTC Program Administrator shall appoint the members of the Advisory Committee and shall include at least—

''(1) 4 occupational physicians, at least two of whom have experience treating WTC rescue and recovery workers;

''(2) 1 physician with expertise in pulmonary medicine;

''(3) 2 environmental medicine or environmental health specialists;

''(4) 2 representatives of eligible WTC responders;

''(5) 2 representatives of WTC community members;

''(6) an industrial hygienist;

''(7) a toxicologist;

''(8) an epidemiologist; and

''(9) a mental health professional.

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

''(d) REPORTS.—The WTC Program Administrator shall provide for publication of recommendations of the Advisory Committee on the public website established for the WTC program.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary, not to exceed $100,000, for each fiscal year beginning with fiscal year 2009.

''(f) 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.

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

''SEC. 3103. WTC HEALTH PROGRAM STEERING COMMITTEES.

''(a) ESTABLISHMENT.—The WTC Program Administrator shall establish two steering committees (each in this section referred to as a 'Steering Committee') as follows:

''(1) WTC RESPONDERS STEERING COMMITTEE.—One steering committee, to be known as the WTC Responders Steering Committee, for the purpose of facilitating the coordination of medical monitoring and treatment programs for the eligible WTC responders under part 1 of subtitle B.

''(2) WTC COMMUNITY PROGRAM STEERING COMMITTEE.—One steering committee, to be known as the WTC Community Program Steering Committee, for the purpose of facilitating the coordination of initial health evaluations, monitoring, and treatment programs for eligible WTC community members under part 2 of subtitle B.

''(b) MEMBERSHIP.—

''(1) INITIAL MEMBERSHIP OF WTC RESPONDERS STEERING COMMITTEE.—The WTC Responders Steering Committee shall initially be composed of members of the WTC Monitoring and Treatment Program Steering Committee (as in existence on the day before the date of the enactment of this title). In addition, the committee membership shall include—

''(A) a representative of the Police Commissioner of the City of New York;

''(B) a representative of the Department of Health of the City of New York;

''(C) a representative of another agency of the City of New York, selected by the Mayor of New York City, which had a large number of non-uniformed City workers who responded to the September 11, 2001, terrorist attacks on the World Trade Center; and

''(D) three representatives of eligible WTC responders;

in order that eligible WTC responders constitute half the members of the Steering Committee.

''(2) INITIAL MEMBERSHIP OF WTC COMMUNITY PROGRAM STEERING COMMITTEE.—

''(A) IN GENERAL.—The WTC Community Program Steering Committee shall initially be composed of members of the WTC Environmental Health Center Community Advisory Committee (as in existence on the day before the date of the enactment of this title) and shall initially have, as voting members, the following:

''(i) 11 representatives of the affected populations of residents, students, area workers, and other community members.

''(ii) The Medical Director of the WTC Environmental Health Center.

''(iii) The Executive Director of the WTC Environmental Health Center.

''(iv) Three physicians, one each representing the three WTC Environmental Health Center treatment sites of Bellevue Hospital Center, Gouverneur Healthcare Services, and Elmhurst Hospital Center.

''(v) Five specialists with WTC related expertise or experience in treating non-responder WTC diseases, such as a pediatrician, an epidemiologist, a psychiatrist or psychologist, an environmental/occupational specialist, or a social worker from a WTC

Environmental Health Center treatment site, or other relevant specialists.

''(vi) A representative of the Department of Health and Mental Hygiene of the City of New York.

''(B) APPOINTMENTS.—

''(i) WTC EHC COMMUNITY ADVISORY COMMITTEE.—The WTC Environmental Health Center Community Advisory Committee as in existence on the date of the enactment of this title shall nominate members for positions described in subparagraph (A)(i).

''(ii) NYC HEALTH AND HOSPITALS CORPORATION.—The New York City Health and Hospitals Corporation shall nominate members for positions described in clauses (iv) and (v) of subparagraph (A).

''(iii) TIMING.—Nominations under clauses (i) and (ii) shall be recommended to the WTC Program Administrator not later than 60 days after the date of the enactment of this title.

''(iv) APPOINTMENT.—The WTC Program Administrator shall appoint members of the WTC Community Program Steering Committee not later than 90 days after the date of the enactment of this title.

''(v) GENERAL REPRESENTATIVES.—Of the members appointed under subparagraph (A)(i)—

''(I) the representation shall reflect the broad and diverse WTC-affected populations and constituencies and the diversity of impacted neighborhoods, including residents, hard-to-reach populations, students, area workers, parents of school-aged students, community-based organizations, Community Boards, WTC Environmental Health Center patients, labor unions, and labor advocacy organizations; and

''(II) no one individual organization shall have more than one representative.

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

''(4) VACANCIES.—A vacancy in a Steering Committee shall be filled by the Steering Committee, subject to the approval of the WTC Program Administrator, so long as—

''(A) in the case of the WTC Responders Steering Committee—

''(i) the composition of the Steering Committee includes representatives of eligible WTC responders and representatives of each Clinical Center of Excellence and each Coordinating Center of Excellence that serves eligible WTC responders; and

''(ii) such composition has eligible WTC responders constituting half of the membership of the Steering Committee; or

''(B) in the case of the WTC Community Program Steering Committee—

''(i) the composition of the Committee includes representatives of eligible WTC community members and representatives of each Clinical Center of Excellence and each Coordinating Center of Excellence that serves eligible WTC community members; and

''(ii) the nominating process is consistent with paragraph (2)(B).

''(5) CO-CHAIRS OF WTC COMMUNITY PROGRAM STEERING COMMITTEE.—The WTC Community Program Steering Committee shall have two Co-Chairs as follows:

''(A) COMMUNITY/LABOR CO-CHAIR.—A Community/Labor Co-Chair who shall be chosen by the community and labor-based members of the Steering Committee.

''(B) ENVIRONMENTAL HEALTH CLINIC CO-CHAIR.—A WTC Environmental Health Clinic Co-Chair who shall be chosen by the WTC Environmental Health Center members on the Steering Committee.

''(c) RELATION TO FACA.—Each Steering Committee shall not be subject to the Federal Advisory Committee Act.

''(d) MEETINGS.—Each Steering Committee shall meet at such frequency necessary to carry out its duties, but not less than 4 times each calendar year and at least two such meetings each year shall be a joint meeting with the voting membership of the other Steering Committee for the purpose of exchanging information regarding the WTC program.

''(e) DURATION.—Notwithstanding any other provision of law, each Steering Committee shall continue in operation during the period in which the WTC program is in operation.

''SEC. 3104. COMMUNITY EDUCATION AND OUTREACH.

''(a) IN GENERAL.—The WTC Program Administrator shall institute a program that provides education and outreach on the existence and availability of services under the WTC program. The outreach and education program—

''(1) shall include—

''(A) the establishment of a public website with information about the WTC program;

''(B) meetings with potentially eligible populations;

''(C) development and dissemination of outreach materials informing people about the WTC program; and

''(D) the establishment of phone information services; and

''(2) shall be conducted in a manner intended—

''(A) to reach all affected populations; and

''(B) to include materials for culturally and linguistically diverse populations.

''(b) PARTNERSHIPS.—To the greatest extent possible, in carrying out this section, the WTC Program Administrator shall enter into partnerships with local governments and organizations with experience performing outreach to the affected populations, including community and labor-based organizations.

''SEC. 3105. UNIFORM DATA COLLECTION.

''(a) IN GENERAL.—The WTC Program Administrator shall provide for the uniform collection of data (and analysis of data and regular reports to the Administrator) on the utilization of monitoring and treatment benefits provided to eligible WTC responders and eligible WTC community members, 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.

''(b) COORDINATING THROUGH CENTERS OF EXCELLENCE.—Each Clinical Center of Excellence shall collect data described in subsection (a) and report such data to the corresponding Coordinating Center of Excellence for analysis by such Coordinating Center of Excellence.

''(c) PRIVACY.—The data collection and analysis under this section shall be conducted in a manner that protects the confidentiality of individually identifiable health information consistent with applicable legal requirements.

''SEC. 3106. CENTERS OF EXCELLENCE.

''(a) IN GENERAL.—

''(1) CONTRACTS WITH CLINICAL CENTERS OF EXCELLENCE.—The WTC Program Administrator shall enter into contracts with Clinical Centers of Excellence specified in subsection (b)(1)—

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

''(B) for the provision of outreach activities to individuals eligible for such monitoring and treatment benefits, for initial health evaluation benefits, and for follow-up to individuals who are enrolled in the monitoring program;

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

''(D) for the provision of counseling for benefits for WTC-related health conditions that may be available under workers' compensation or other benefit programs for work-related injuries or illnesses, health insurance, disability insurance, or other insurance plans or through public or private social service agencies and assisting eligible individuals in applying for such benefits;

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

''(F) for the collection and reporting of data in accordance with section 3105.

''(2) CONTRACTS WITH COORDINATING CENTERS OF EXCELLENCE.—The WTC Program Administrator shall enter into contracts with Coordinating Centers of Excellence specified in subsection (b)(2)—

''(A) for receiving, analyzing, and reporting to the WTC Program Administrator on data, in accordance with section 3105, that has been collected and reported to such Coordinating Centers by the corresponding Clinical Centers of Excellence under subsection (d)(3);

''(B) for the development of medical monitoring, initial health evaluation, and treatment protocols, with respect to WTC-related health conditions;

''(C) for coordinating the outreach activities conducted under paragraph (1)(B) by each corresponding Clinical Center of Excellence;

''(D) for establishing criteria for the credentialing of medical providers participating in the nationwide network under section 3131;

''(E) for coordinating and administrating the activities of the WTC Health Program Steering Committees established under section 3103(a); and

''(F) for meeting periodically with the corresponding Clinical Centers of Excellence to obtain input on the analysis and reporting of data collected under subparagraph (A) and on the development of medical monitoring, initial health evaluation, and treatment protocols under subparagraph (B).

The medical providers under subparagraph (D) shall be selected by the WTC Program Administrator on the basis of their experience treating or diagnosing the medical conditions included in the list of identified WTC-related health conditions for responders and of identified WTC-related health conditions for community members.

''(3) REQUIRED PARTICIPATION BY NEW YORK CITY IN MONITORING AND TREATMENT PROGRAM AND COSTS.—

''(A) IN GENERAL.—In order for New York City, any agency or Department thereof, or the New York City Health and Hospitals Corporation to qualify for a contract for the provision of monitoring and treatment benefits and other services under this section, New York City is required to contribute a matching amount of 20 percent of the amount of the covered monitoring and treatment payment (as defined in subparagraph (B)).

''(B) COVERED MONITORING AND TREATMENT PAYMENT DEFINED.—For the purposes of this paragraph, the term 'covered monitoring and treatment payment' means payment under paragraphs (1) and (2) including under each such paragraph as applied under sections 3121(b) and 3122(a) for WTC community members, and section 3123 for other individuals with WTC-related health conditions, and reimbursement under section 3106(c)(1)(C) for

items and services furnished by a Clinical Center of Excellence or Coordinating Center of Excellence, after the application of paragraphs (2) and (3) of section 3101(d).

''(C) PAYMENT OF NEW YORK CITY SHARE OF MONITORING AND TREATMENT COSTS.—The WTC Program Administrator shall—

''(i) bill the amount specified in subparagraph (A) directly to New York City; and

''(ii) certify periodically, for purposes of section 3101(d)(2), whether or not New York City has paid the amount so billed.

''(D) LIMITATION ON REQUIRED AMOUNT.—In no case is New York City required under this paragraph to contribute more than a total of $250,000,000 over any 10-year period.

''(b) CENTERS OF EXCELLENCE DEFINED.—

''(1) CLINICAL CENTER OF EXCELLENCE.—In this title, the term 'Clinical Center of Excellence' means the following:

''(A) FOR FDNY RESPONDERS.—With respect to an eligible WTC responder who responded to the 9/11 attacks as an employee of the Fire Department of the City of New York and who—

''(i) is an active employee of such Department—

''(I) with respect to monitoring, such Fire Department; and

''(II) with respect to treatment, such Fire Department (or such entity as has entered into a contract with the Fire Department for treatment of such responders) or any other Clinical Center of Excellence described in subparagraph (B), (C), or (D); or

''(ii) is not an active employee of such Department, such Fire Department (or such entity as has entered into a contract with the Fire Department for monitoring or treatment of such responders) or any other Clinical Center of Excellence described in subparagraph (B), (C), or (D).

''(B) OTHER ELIGIBLE WTC RESPONDERS.—With respect to other eligible WTC responders, whether or not the responders reside in the New York Metropolitan area, the Mt. Sinai-coordinated consortium, Queens College, State University of New York at Stony Brook, University of Medicine and Dentistry of New Jersey, and Bellevue Hospital.

''(C) WTC COMMUNITY MEMBERS.—With respect to eligible WTC community members, whether or not the members reside in the New York Metropolitan area, the World Trade Center Environmental Health Center at Bellevue Hospital and such hospitals or other facilities, including but not limited to those within the New York City Health and Hospitals Corporation, as are identified by the WTC Program Administrator.

''(D) ALL ELIGIBLE WTC RESPONDERS AND ELIGIBLE WTC COMMUNITY MEMBERS.—With respect to all eligible WTC responders and eligible WTC community members, such other hospitals or other facilities as are identified by the WTC Program Administrator.

The WTC Program Administrator shall limit the number of additional Centers of Excellence identified under subparagraph (D) to ensure that the participating centers have adequate experience in the treatment and diagnosis of identified WTC-related health conditions.

''(2) COORDINATING CENTER OF EXCELLENCE.—In this title, the term 'Coordinating Center of Excellence' means the following:

''(A) FOR FDNY RESPONDERS.—With respect to an eligible WTC responder who responded to the 9/11 attacks as an employee of the Fire Department of the City of New York, such Fire Department.

''(B) OTHER WTC RESPONDERS.—With respect to other eligible WTC responders, the Mt. Sinai-coordinated consortium.

''(C) WTC COMMUNITY MEMBERS.—With respect to eligible WTC community members, the World Trade Center Environmental Health Center at Bellevue Hospital.

''(3) CORRESPONDING CENTERS.—In this title, a Clinical Center of Excellence and a Coordinating Center of Excellence shall be treated as 'corresponding' to the extent that such Clinical Center and Coordinating Center serve the same population group.

''(c) REIMBURSEMENT FOR NON-TREATMENT, NON-MONITORING PROGRAM COSTS.—A Clinical or Coordinating Center of Excellence with a contract under this section shall be reimbursed for the costs of such Center in carrying out the activities described in subsection (a), other than those described in subsection (a)(1)(A), subject to the provisions of section 3101(d), as follows:

''(1) CLINICAL CENTERS OF EXCELLENCE.—For carrying out subparagraphs (B) through (F) of subsection (a)(1)—

''(A) CLINICAL CENTER FOR FDNY RESPONDERS IN NEW YORK.—The Clinical Center of Excellence for FDNY responders in New York specified in subsection (b)(1)(A) shall be reimbursed—

''(i) in the first year of the contract under this section, $600 per certified eligible WTC responder in the medical treatment program, and $300 per certified eligible WTC responder in the monitoring program; and

''(ii) in each subsequent contract year, subject to paragraph (3), at the rates specified in this subparagraph for the previous contract year adjusted by the WTC Program Administrator to reflect the rate of medical care inflation during the previous contract year.

''(B) CLINICAL CENTERS SERVING OTHER ELIGIBLE WTC RESPONDERS IN NEW YORK.—A Clinical Center of Excellence for other WTC responders in New York specified in subsection (b)(1)(B) shall be reimbursed the amounts specified in subparagraph (A).

''(C) CLINICAL CENTERS SERVING WTC COMMUNITY MEMBERS.—A Clinical Center of Excellence for eligible WTC community members in New York specified in subsection (b)(1)(C) shall be reimbursed—

''(i) in the first year of the contract under this section, for each certified eligible WTC community member in a medical treatment program enrolled at a non-hospital-based facility, $600, and for each certified eligible WTC community member in a medical treatment program enrolled at a hospital-based facility, $300; and

''(ii) in each subsequent contract year, subject to paragraph (3), at the rates specified in this subparagraph for the previous contract year adjusted by the WTC Program Administrator to reflect the rate of medical care inflation during the previous contract year.

''(D) OTHER CLINICAL CENTERS.—A Clinical Center of Excellence for other providers not described in a previous subparagraph shall be reimbursed at a rate set by the WTC Program Administrator.

''(E) REIMBURSEMENT RULES.—The reimbursement provided under subparagraphs (A), (B), and (C) shall be made for each certified eligible WTC responder and for each WTC community member in the WTC program per year that the member receives such services, regardless of the volume or cost of services required.

''(2) COORDINATING CENTERS OF EXCELLENCE.—A Coordinating Center of Excellence specified in section (a)(2) shall be reimbursed for the provision of services set forth in this section at such levels as are established by the WTC Program Administrator.

''(3) REVIEW OF RATES.—

''(A) INITIAL REVIEW.—Before the end of the third contract year of the WTC program, the WTC Program Administrator shall conduct a review to determine whether the reimbursement rates set forth in this subsection provide fair and appropriate reimbursement for such program services. Based on such review, the Administrator may, by rule beginning with the fourth contract year, modify such rates, taking into account a reasonable and fair rate for the services being provided.

''(B) SUBSEQUENT REVIEWS.—After the fourth contract year, the WTC Program Administrator shall conduct periodic reviews to determine whether the reimbursement rates in effect under this subsection provide fair and appropriate reimbursement for such program services. Based upon such a review, the Administrator may by rule modify such rates, taking into account a reasonable and fair rate for the services being provided.

''(C) GAO REVIEW.—The Comptroller General of the United States shall review the WTC Program Administrator's determinations regarding fair and appropriate reimbursement for program services under this paragraph.

''(d) REQUIREMENTS.—The WTC Program Administrator shall not enter into a contract with a Clinical Center of Excellence under subsection (a)(1) unless—

''(1) the Center establishes a formal mechanism for consulting with and receiving input from representatives of eligible populations receiving monitoring and treatment benefits under subtitle B from such Center;

''(2) the Center provides for the coordination of monitoring and treatment benefits under subtitle B with routine medical care provided for the treatment of conditions other than WTC-related health conditions;

''(3) the Center collects and reports to the corresponding Coordinating Center of Excellence data in accordance with section 3105;

''(4) the Center has in place safeguards against fraud that are satisfactory to the Administrator;

''(5) the Center agrees to treat or refer for treatment all individuals who are eligible WTC responders or eligible WTC community members with respect to such Center who present themselves for treatment of a WTC-related health condition;

''(6) the Center has in place safeguards to ensure the confidentiality of an individual's individually identifiable health information, including requiring that such information not be disclosed to the individual's employer without the authorization of the individual;

''(7) the Center provides assurances that the amounts paid under subsection (c)(1) are used only for costs incurred in carrying out the activities described in subsection (a), other than those described in subsection (a)(1)(A); and

''(8) the Center agrees to meet all the other applicable requirements of this title, including regulations implementing such requirements.

''(e) NYC RIGHT OF INSPECTION AND AUDIT.—

''(1) IN GENERAL.—The City of New York, for any program under this title for which the City contributes a matching amount pursuant to subsection (a)(3)(C), shall have the right to, independently but in coordination with the WTC Program Administrator—

''(A) inspect or otherwise evaluate the quality, appropriateness, and timeliness of services provided to recipients of assistance under a contract under such program; and

''(B) audit and inspect any books and records of any Clinical Center of Excellence or Coordinating Center of Excellence that pertain to—

''(i) the ability of the Center of Excellence to provide services to program recipients under the contract; or

''(ii) expenditures made utilizing City funds.

''(2) MEMORANDUM OF UNDERSTANDING.—The WTC Program Administrator shall enter into a memorandum of understanding with the City of New York setting forth the terms and conditions of how the inspections and audits conducted by the City under paragraph (1)

shall be carried out. The memorandum of understanding shall include provisions requiring that any audits conducted by the City of New York under paragraph (1) will be done in a manner to protect the confidentiality of program participants and in accordance with the Health Insurance Portability and Accountability Act of 1996 and other applicable Federal and State medical confidentiality requirements.

"SEC. 3107. ENTITLEMENT AUTHORITIES.

''Subject to subsections (b)(4)(C) and (c)(4) of section 3112—

''(1) subtitle B constitutes budget authority in advance of appropriations Acts and represents the obligation of the Federal Government to provide for the payment for monitoring, initial health evaluations, and treatment in accordance with such subtitle; and

''(2) section 3106(c) constitutes such budget authority and represents the obligation of the Federal Government to provide for the payment described in such section.

"SEC. 3108. 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 on the World Trade Center, requires medical treatment that is (or will be) in addition to, more frequent than, or of longer duration than the medical treatment that would have been required for such condition in the absence of such exposure.

''(2) The terms 'certified eligible WTC responder' and 'certified eligible WTC community member' mean an individual who has been certified as an eligible WTC responder under section 3111(a)(4) or an eligible WTC community member under section 3121(a)(4), respectively.

''(3) The terms 'Clinical Center of Excellence' and 'Coordinating Center of Excellence' have the meanings given such terms in section 3106(b).

''(4) The term 'current consortium arrangements' means the arrangements as in effect on the date of the enactment of this title between the National Institute for Occupational Safety and Health and the Mt. Sinai-coordinated consortium and the Fire Department of the City of New York.

''(5) The terms 'eligible WTC responder' and 'eligible WTC community member' are defined in sections 3111(a) and 3121(a), respectively.

''(6) The term 'initial health evaluation' includes, with respect to an individual, a medical and exposure history, a physical examination, and additional medical testing as needed to evaluate whether the individual has a WTC-related health condition and is eligible for treatment under the WTC program.

''(7) The term 'list of identified WTC-related health conditions' means—

''(A) for eligible WTC responders, the identified WTC-related health conditions for eligible WTC responders under paragraph (3) or (4) of section 3112(a); or

''(B) for eligible WTC community members, the identified WTC-related health conditions for WTC community members under paragraph (1) or (2) of section 3122(b).

''(8) The term 'Mt.-Sinai-coordinated consortium' means the consortium coordinated by Mt. Sinai hospital in New York City that coordinates the monitoring and treatment under the current consortium arrangements for eligible WTC responders other than with respect to those covered under the arrangement with the Fire Department of the City of New York.

''(9) The term 'New York City disaster area' means the area within New York City that is—

''(A) the area of Manhattan that is south of Houston Street; and

''(B) any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

''(10) The term 'New York metropolitan area' means an area, specified by the WTC Program Administrator, within which eligible WTC responders and eligible WTC community members 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 subparagraph (A), (B), or (C) of section 3106(b)(1).

''(11) Any reference to 'September 11, 2001' shall be deemed a reference to the period on such date subsequent to the terrorist attacks on the World Trade Center on such date.

''(12) The term 'September 11, 2001, terrorist attacks on the World Trade Center' means the terrorist attacks that occurred on September 11, 2001, in New York City and includes the aftermath of such attacks.

''(13) The term 'WTC Health Program Steering Committee' means such a Steering Committee established under section 3103.

''(14) The term 'WTC Program Administrator' means the individual responsible under section 3101(f) for the administration of the WTC program.

''(15) The term 'WTC-related health condition' is defined in section 3112(a).

''(16) The term 'WTC Scientific/Technical Advisory Committee' means the WTC Health Program Scientific/Technical Advisory Committee established under section 3102.

"Subtitle B—Program of Monitoring, Initial Health Evaluations, and Treatment

"PART 1—FOR WTC RESPONDERS

"SEC. 3111. IDENTIFICATION OF ELIGIBLE WTC RESPONDERS AND PROVISION OF WTC-RELATED MONITORING SERVICES.

''(a) ELIGIBLE WTC RESPONDER DEFINED.—

''(1) IN GENERAL.—For purposes of this title, the term 'eligible WTC responder' means any of the following individuals, subject to paragraph (5):

''(A) CURRENTLY IDENTIFIED RESPONDER.—An individual who has been identified as eligible for medical monitoring under the current consortium arrangements (as defined in section 3108(4)).

''(B) RESPONDER WHO MEETS CURRENT ELIGIBILITY CRITERIA.—An individual who meets the current eligibility criteria described in paragraph (2).

''(C) RESPONDER WHO MEETS MODIFIED ELIGIBILITY CRITERIA.—An individual who—

''(i) performed rescue, recovery, demolition, debris cleanup, or other related services in the New York City disaster area in response to the September 11, 2001, terrorist attacks on the World Trade Center, regardless of whether such services were performed by a State or Federal employee or member of the National Guard or otherwise; and

''(ii) meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks on the World Trade Center as the WTC Program Administrator, after consultation with the WTC Responders Steering Committee and the WTC Scientific/Technical Advisory Committee, determines appropriate.

The WTC Program Administrator shall not modify such eligibility criteria on or after the date that the number of certifications for eligible responders has reached 80 percent of the limit described in paragraph (5) or on or after the date that the number of certifications for eligible community members has reached 80 percent of the limit described in section 3121(a)(5).

''(2) CURRENT ELIGIBILITY CRITERIA.—The eligibility criteria described in this paragraph for an individual is that the individual is described in either of the following categories:

''(A) FIRE FIGHTERS AND RELATED PERSONNEL.—The individual—

''(i) was a member of the Fire Department of the City of New York (whether fire or emergency personnel, active or retired) who participated at least one day in the rescue and recovery effort at any of the former World Trade Center sites (including Ground Zero, Staten Island land fill, and the NYC Chief Medical Examiner's office) for any time during the period beginning on September 11, 2001, and ending on July 31, 2002; or

''(ii)(I) is a surviving immediate family member of an individual who was a member of the Fire Department of the City of New York (whether fire or emergency personnel, active or retired) and was killed at the World Trade site on September 11, 2001; and

''(II) received any treatment for a WTC-related mental health condition described in section 3112(a)(1)(B) on or before September 1, 2008.

''(B) LAW ENFORCEMENT OFFICERS AND WTC RESCUE, RECOVERY, AND CLEAN-UP WORKERS.—The individual—

''(i) worked or volunteered on-site in rescue, recovery, debris-cleanup, or related support services in lower Manhattan (south of Canal Street), the Staten Island Landfill, or the barge loading piers, for—

''(I) at least 4 hours during the period beginning on September 11, 2001, and ending on September 14, 2001;

''(II) at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001; or

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

''(ii)(I) was a member of the Police Department of the City of New York (whether active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (whether active or retired) who participated on-site in rescue, recovery, debris clean-up, or related support services in lower Manhattan (south of Canal Street), including Ground Zero, the Staten Island Landfill, or the barge loading piers, for at least 4 hours during the period beginning September 11, 2001, and ending on September 14, 2001;

''(II) participated on-site in rescue, recovery, debris clean-up, or related services at Ground Zero, the Staten Island Landfill or the barge loading piers, for at least one day during the period beginning on September 11, 2001, and ending on July 31, 2002;

''(III) participated on-site in rescue, recovery, debris clean-up, or related services in lower Manhattan (south of Canal St.) for at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001; or

''(IV) participated on-site in rescue, recovery, debris clean-up, or related services in lower Manhattan (south of Canal St.) for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002;

''(iii) was an employee of the Office of the Chief Medical Examiner of the City of New York involved in the examination and handling of human remains from the September 11, 2001, terrorist attacks on the World Trade Center, or other morgue worker who performed similar post-September 11 functions for such Office staff, during the period beginning on September 11, 2001 and ending on July 31, 2002;

''(iv) was a worker in the Port Authority Trans-Hudson Corporation tunnel for at least 24 hours during the period beginning on February 1, 2002, and ending on July 1, 2002; or

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

''(3) APPLICATION PROCESS.—The WTC Program Administrator in consultation with the Coordinating Centers of Excellence shall establish a process for individuals, other than eligible WTC responders described in paragraph (1)(A), to apply to be determined to be eligible WTC responders. Under such process—

''(A) there shall be no fee charged to the applicant for making an application for such determination;

''(B) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application; and

''(C) an individual who is determined not to be an eligible WTC responder shall have an opportunity to appeal such determination before an administrative law judge in a manner established under such process.

''(4) CERTIFICATION.—

''(A) IN GENERAL.—In the case of an individual who is described in paragraph (1)(A) or who is determined under paragraph (3) (consistent with paragraph (5)) to be an eligible WTC responder, the WTC Program Administrator shall provide an appropriate certification of such fact and of eligibility for monitoring and treatment benefits under this part. The Administrator shall make determinations of eligibility relating to an applicant's compliance with this title, including the verification of information submitted in support of the application, and shall not deny such a certification to an individual unless the Administrator determines that—

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

''(ii) the numerical limitation on eligible WTC responders set forth in paragraph (5) has been met.

''(B) TIMING.—

''(i) CURRENTLY IDENTIFIED RESPONDERS.—In the case of an individual who is described in paragraph (1)(A), the WTC Program Administrator shall provide the certification under subparagraph (A) not later than 60 days after the date of the enactment of this title.

''(ii) OTHER RESPONDERS.—In the case of another individual who is determined under paragraph (3) and consistent with paragraph (5) to be an eligible WTC responder, the WTC Program Administrator shall provide the certification under subparagraph (A) at the time of the determination.

''(5) NUMERICAL LIMITATION ON ELIGIBLE WTC RESPONDERS.—

''(A) IN GENERAL.—The total number of individuals not described in subparagraph (C) who may qualify as eligible WTC responders for purposes of this title, and be certified as eligible WTC responders under paragraph (4), shall not exceed 15,000, subject to adjustment under paragraph (6), of which no more than 2,500 may be individuals certified based on modified eligibility criteria established under paragraph (1)(C). In applying the previous sentence, any individual who at any time so qualifies as an eligible WTC responder shall be counted against such numerical limitation.

''(B) PROCESS.—In implementing subparagraph (A), the WTC Program Administrator shall—

''(i) limit the number of certifications provided under paragraph (4) in accordance with such subparagraph; and

''(ii) provide priority in such certifications in the order in which individuals apply for a determination under paragraph (3).

''(C) CURRENTLY IDENTIFIED RESPONDERS NOT COUNTED.—Individuals described in this subparagraph are individuals who are described in paragraph (1)(A).

''(6) POTENTIAL ADJUSTMENT IN NUMERICAL LIMITATIONS DEPENDENT UPON ACTUAL SPENDING RELATIVE TO ESTIMATED SPENDING.—

''(A) INITIAL CALCULATION FOR FISCAL YEARS 2009 THROUGH 2011.—If the WTC Program Administrator determines as of December 1, 2011, that the WTC expenditure-to-CBO-estimate percentage (as defined in subparagraph (D)(iii)) for fiscal years 2009 through 2011 does not exceed 90 percent, then, effective January 1, 2012, the WTC Program Administrator may increase the numerical limitation under paragraph (5)(A), the numerical limitation under section 3121(a)(5), or both, by a number of percentage points not to exceed the number of percentage points specified in subparagraph (C) for such period of fiscal years.

''(B) SUBSEQUENT CALCULATION FOR FISCAL YEARS 2009 THROUGH 2015.—If the Secretary determines as of December 1, 2015, that the WTC expenditure-to-CBO-estimate percentages for fiscal years 2009 through 2015 and for fiscal years 2012 through 2015 do not exceed 90 percent, then, effective January 1, 2015, the WTC Program Administrator may increase the numerical limitation under paragraph (5)(A), the numerical limitation under section 3121(a)(5), or both, as in effect after the application of subparagraph (A), by a number of percentage points not to exceed twice the lesser of—

''(i) the number of percentage points specified in subparagraph (C) for fiscal years 2009 through 2012, or

''(ii) the number of percentage points specified in subparagraph (C) for fiscal years 2012 through 2015.

''(C) MAXIMUM PERCENTAGE INCREASE IN NUMERICAL LIMITATIONS FOR PERIOD OF FISCAL YEARS.—The number of percentage points specified in this clause for a period of fiscal years is—

''(i) 100 percentage points, multiplied by

''(ii) one minus a fraction the numerator of which is the net Federal WTC spending for such period, and the denominator of which is the CBO WTC spending estimate under this title for such period.

''(D) DEFINITIONS.—For purposes of this paragraph:

''(i) NET FEDERAL WTC SPENDING.—The term 'net Federal WTC spending' means, with respect to a period of fiscal years, the net Federal spending under this title for such fiscal years.

''(ii) CBO WTC MEDICAL SPENDING ESTIMATE UNDER THIS TITLE.—The term 'CBO WTC medical spending estimate under this title' means, with respect to—

''(I) fiscal years 2009 through 2011, $900,000,000;

''(II) fiscal years 2012 through 2015, $1,890,000,000; and

''(III) fiscal years 2009 through 2015, the sum of the amounts specified in subclauses (I) and (II).

''(iii) WTC EXPENDITURE-TO-CBO-ESTIMATE PERCENTAGE.—The term 'WTC expenditure-to-estimate percentage' means, with respect to a period of fiscal years, the ratio (expressed as a percentage) of—

''(I) the net Federal WTC spending for such period, to

''(II) the CBO WTC medical spending estimate under this title for such period.

''(b) MONITORING BENEFITS.—

''(1) IN GENERAL.—In the case of an eligible WTC responder under section 3111(a)(4) (other than one described in subsection (a)(2)(A)(ii)), the WTC program shall provide for monitoring benefits that include medical monitoring consistent with protocols approved by the WTC Program Administrator and including clinical examinations and long-term health monitoring and analysis. In the case of an eligible WTC responder who is an active member of the Fire Department of the City of New York, the responder shall receive such benefits as part of the individual's periodic company medical exams.

''(2) PROVISION OF MONITORING BENEFITS.—The monitoring benefits under paragraph (1) shall be provided through the Clinical Center of Excellence for the type of individual involved or, in the case of an individual residing outside the New York metropolitan area, under an arrangement under section 3131.

''SEC. 3112. TREATMENT OF CERTIFIED ELIGIBLE WTC RESPONDERS FOR WTC-RELATED HEALTH CONDITIONS.

''(a) WTC–RELATED HEALTH CONDITION DEFINED.—

''(1) IN GENERAL.—For purposes of this title, the term 'WTC-related health condition' means—

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

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

In the case of an eligible WTC responder described in section 3111(a)(2)(A)(ii), such term only includes the mental health condition described in subparagraph (B).

''(2) DETERMINATION.—The determination of whether the September 11, 2001, terrorist attacks on the World Trade Center were substantially likely to be a significant factor in aggravating, contributing to, or causing an individual's illness or health condition shall be made based on an assessment of the following:

''(A) The individual's exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the terrorist attacks. Such exposure shall be—

''(i) evaluated and characterized through the use of a standardized, population appropriate questionnaire approved by the Director of the National Institute for Occupational Safety and Health; and

''(ii) assessed and documented by a medical professional with experience in treating or diagnosing medical conditions included on the list of identified WTC-related health conditions.

''(B) The type of symptoms and temporal sequence of symptoms. Such symptoms shall be—

''(i) assessed through the use of a standardized, population appropriate medical questionnaire approved by Director of the National Institute for Occupational Safety and Health and a medical examination; and

''(ii) diagnosed and documented by a medical professional described in subparagraph (A)(ii).

''(3) LIST OF IDENTIFIED WTC-RELATED HEALTH CONDITIONS FOR ELIGIBLE WTC RESPONDERS.—For purposes of this title, the term 'identified WTC-related health condition for eligible WTC responders' means any of the following health conditions:

''(A) AERODIGESTIVE DISORDERS.—

''(i) Interstitial lung diseases.

''(ii) Chronic respiratory disorder-fumes/vapors.

''(iii) Asthma.

''(iv) Reactive airways dysfunction syndrome (RADS).

''(v) WTC-exacerbated chronic obstructive pulmonary disease (COPD).

''(vi) Chronic cough syndrome.

''(vii) Upper airway hyperreactivity.

''(viii) Chronic rhinosinusitis.

''(ix) Chronic nasopharyngitis.

''(x) Chronic laryngitis.

''(xi) Gastro-esophageal reflux disorder (GERD).

''(xii) Sleep apnea exacerbated by or related to a condition described in a previous clause.

''(B) MENTAL HEALTH CONDITIONS.—

''(i) Post traumatic stress disorder (PTSD).

''(ii) Major depressive disorder.

''(iii) Panic disorder.

''(iv) Generalized anxiety disorder.

''(v) Anxiety disorder (not otherwise specified).

''(vi) Depression (not otherwise specified).

''(vii) Acute stress disorder.

''(viii) Dysthymic disorder.

''(ix) Adjustment disorder.

''(x) Substance abuse.

''(xi) V codes (treatments not specifically related to psychiatric disorders, such as marital problems, parenting problems, etc.), secondary to another identified WTC-related health condition for WTC eligible responders.

''(C) MUSCULOSKELETAL DISORDERS.—

''(i) Low back pain.

''(ii) Carpal tunnel syndrome (CTS).

''(iii) Other musculoskeletal disorders.

''(4) ADDITION OF IDENTIFIED WTC-RELATED HEALTH CONDITIONS FOR ELIGIBLE WTC RESPONDERS.—

''(A) IN GENERAL.—The WTC Program Administrator may promulgate regulations to add an illness or health condition not described in paragraph (3) to the list of identified WTC-related conditions for eligible WTC responders. In promulgating such regulations, the Secretary shall provide for notice and opportunity for a public hearing and at least 90 days of public comment. In promulgating such regulations, the WTC Program Administrator shall take into account the findings and recommendations of Clinical Centers of Excellence published in peer reviewed journals in the determination of whether an additional illness or health condition, such as cancer, should be added to the list of identified WTC-related health conditions for eligible WTC responders.

''(B) PETITIONS.—Any person (including the WTC Health Program Scientific/Technical Advisory Committee) may petition the WTC Program Administrator to propose regulations described in subparagraph (A). Unless clearly frivolous, or initiated by such Committee, any such petition shall be referred to such Committee for its recommendations. Following—

''(i) receipt of any recommendation of the Committee; or

''(ii) 180 days after the date of the referral to the Committee,

whichever occurs first, the WTC Program Administrator shall conduct a rulemaking proceeding on the matters proposed in the petition or publish in the Federal Register a statement of reasons for not conducting such proceeding.

''(C) EFFECTIVENESS.—Any addition under subparagraph (A) of an illness or health condition shall apply only with respect to applications for benefits under this title which are filed after the effective date of such regulation.

''(D) ROLE OF ADVISORY COMMITTEE.—Except with respect to a regulation recommended by the WTC Scientific/Technical Advisory Committee, the WTC Program Administrator may not propose a regulation under this paragraph, unless the Administrator has first provided to the Committee a copy of the proposed regulation, requested recommendations and comments by the Committee, and afforded the Committee at least 90 days to make such recommendations.

''(b) COVERAGE OF TREATMENT FOR WTC–RELATED HEALTH CONDITIONS.—

''(1) DETERMINATION BASED ON AN IDENTIFIED WTC-RELATED HEALTH CONDITION FOR CERTIFIED ELIGIBLE WTC RESPONDERS.—

''(A) IN GENERAL.—If a physician at a Clinical Center of Excellence that is providing monitoring benefits under section 3111 for a certified eligible WTC responder determines that the responder has an identified WTC-related health condition, and the physician makes a clinical determination that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September, 11, 2001, terrorist attacks on the World Trade Center is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition—

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

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

''(B) REVIEW; CERTIFICATION; APPEALS.—

''(i) REVIEW.—A Federal employee designated by the WTC Program Administrator shall review determinations made under subparagraph (A) of a WTC-related health condition.

''(ii) CERTIFICATION.—The Administrator shall provide a certification of such condition based upon reviews conducted under clause (i). Such a certification shall be provided unless the Administrator determines that the responder's condition is not an identified WTC-related health condition or that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks on the World Trade Center is not substantially likely to be a significant factor in significantly aggravating, contributing to, or causing the condition.

''(iii) APPEAL PROCESS.—The Administrator shall provide a process for the appeal of determinations under clause (ii) before an administrative law judge.

''(2) DETERMINATION BASED ON OTHER WTC-RELATED HEALTH CONDITION.—

''(A) IN GENERAL.—If a physician at a Clinical Center of Excellence determines pursuant to subsection (a) that a certified eligible WTC responder has a WTC-related health condition that is not an identified WTC-related health condition for eligible WTC responders—

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

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

''(B) REVIEW; CERTIFICATION.—

''(i) USE OF PHYSICIAN PANEL.—With respect to each determination relating to a WTC-related health condition transmitted under subparagraph (A)(i), the WTC Program Administrator shall provide for the review of the condition to be made by a physician panel with appropriate expertise appointed by the WTC Program Administrator. Such a panel shall make recommendations to the Administrator on the evidence supporting such determination.

''(ii) REVIEW OF RECOMMENDATIONS OF PANEL; CERTIFICATION.—The Administrator, based on such recommendations shall determine, within 60 days after the date of the transmittal under subparagraph (A)(i), whether or not the condition is a WTC-related health condition and, if it is, provide for a certification under paragraph (1)(B)(ii) of coverage of such condition. The Administrator shall provide a process for the appeal of determinations that the responder's condition is not a WTC-related health condition before an administrative law judge.

''(3) REQUIREMENT OF MEDICAL NECESSITY.—

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

''(B) MEDICALLY NECESSARY STANDARD.—For the purpose of this title, health care services shall be treated as medically necessary for an individual if a physician, exercising prudent clinical judgment, would consider the services to be medically necessary for the individual for the purpose of evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that are—

''(i) in accordance with the generally accepted standards of medical practice;

''(ii) clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the individual's illness, injury, or disease; and

''(iii) not primarily for the convenience of the patient or physician, or another physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury, or disease.

''(C) DETERMINATION OF MEDICAL NECESSITY.—

''(i) REVIEW OF MEDICAL NECESSITY.—As part of the reimbursement payment process under subsection (c), the WTC Program Administrator shall review claims for reimbursement for the provision of medical treatment to determine if such treatment is medically necessary.

''(ii) WITHHOLDING OF PAYMENT FOR MEDICALLY UNNECESSARY TREATMENT.—The Administrator may withhold such payment for treatment that the Administrator determines is not medically necessary.

''(iii) REVIEW OF DETERMINATIONS OF MEDICAL NECESSITY.—The Administrator shall provide a process for providers to appeal a determination under clause (ii) that medical treatment is not medically necessary. Such appeals shall be reviewed through the use of a physician panel with appropriate expertise.

''(4) SCOPE OF TREATMENT COVERED.—

''(A) IN GENERAL.—The scope of treatment covered under paragraphs (1) through (3) includes services of physicians and other

health care providers, diagnostic and laboratory tests, prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment.

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

''(C) TRANSPORTATION EXPENSES.—To the extent provided in advance in appropriations Acts, the WTC Program Administrator may provide for necessary and reasonable transportation and expenses incident to the securing of medically necessary treatment involving travel of more than 250 miles and for which payment is made under this section in the same manner in which individuals may be furnished necessary and reasonable transportation and expenses incident to services involving travel of more than 250 miles under regulations implementing section 3629(c) of the Energy Employees Occupational Illness Compensation Program Act of 2000 (title XXXVI of Public Law 106–398; 42 U.S.C. 7384t(c)).

''(5) PROVISION OF TREATMENT PENDING CERTIFICATION.—In the case of a certified eligible WTC responder who has been determined by an examining physician under subsection (b)(1) to have an identified WTC-related health condition, but for whom a certification of the determination has not yet been made by the WTC Program Administrator, medical treatment may be provided under this subsection, subject to paragraph (6), until the Administrator makes a decision on such certification. Medical treatment provided under this paragraph shall be considered to be medical treatment for which payment may be made under subsection (c).

''(6) PRIOR APPROVAL PROCESS FOR NON-CERTIFIED NON-EMERGENCY INPATIENT HOSPITAL SERVICES.—Non-emergency inpatient hospital services for a WTC-related health condition identified by an examining physician under paragraph (1) that is not certified under paragraph (1)(B)(ii) is not covered unless the services have been determined to be medically necessary and approved through a process established by the WTC Program Administrator. Such process shall provide for a decision on a request for such services within 15 days of the date of receipt of the request. The WTC Administrator shall provide a process for the appeal of a decision that the services are not medically necessary.

''(c) PAYMENT FOR INITIAL HEALTH EVALUATION, MEDICAL MONITORING, AND TREATMENT OF WTC–RELATED HEALTH CONDITIONS.—

''(1) MEDICAL TREATMENT.—

''(A) USE OF FECA PAYMENT RATES.—Subject to subparagraph (B), the WTC Program Administrator shall reimburse costs for medically necessary treatment under this title for WTC-related health conditions according to the payment rates that would apply to the provision of such treatment and services by the facility under the Federal Employees Compensation Act.

''(B) PHARMACEUTICALS.—

''(i) IN GENERAL.—The WTC Program Administrator shall establish a program for paying for the medically necessary outpatient prescription pharmaceuticals prescribed under this title for WTC-related health conditions through one or more contracts with outside vendors.

''(ii) COMPETITIVE BIDDING.—Under such program the Administrator shall—

''(I) select one or more appropriate vendors through a Federal competitive bid process; and

''(II) select the lowest bidder (or bidders) meeting the requirements for providing pharmaceutical benefits for participants in the WTC program.

''(iii) TREATMENT OF FDNY PARTICIPANTS.—Under such program the Administrator may select a separate vendor to provide pharmaceutical benefits to certified eligible WTC responders for whom the Clinical Center of Excellence is described in section 3106(b)(1)(A) if such an arrangement is deemed necessary and beneficial to the program by the WTC Program Administrator.

''(C) OTHER TREATMENT.—For treatment not covered under a preceding subparagraph, the WTC Program Administrator shall designate a reimbursement rate for each such service.

''(2) MEDICAL MONITORING AND INITIAL HEALTH EVALUATION.—The WTC Program Administrator shall reimburse the costs of medical monitoring and the costs of an initial health evaluation provided under this title at a rate set by the Administrator.

''(3) ADMINISTRATIVE ARRANGEMENT AUTHORITY.—The WTC Program Administrator may enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims under this section.

''(4) CLAIMS PROCESSING SUBJECT TO APPROPRIATIONS.—The payment by the WTC Program Administrator for the processing of claims under this title is limited to the amounts provided in advance in appropriations Acts.

''(d) MEDICAL TREATMENT PROTOCOLS.—

''(1) DEVELOPMENT.—The Coordinating Centers of Excellence shall develop medical treatment protocols for the treatment of certified eligible WTC responders and certified eligible WTC community members for identified WTC-related health conditions.

''(2) APPROVAL.—The WTC Program Administrator shall approve the medical treatment protocols, in consultation with the WTC Health Program Steering Committees.

''PART 2—COMMUNITY PROGRAM

''SEC. 3121. IDENTIFICATION AND INITIAL HEALTH EVALUATION OF ELIGIBLE WTC COMMUNITY MEMBERS.

''(a) ELIGIBLE WTC COMMUNITY MEMBER DEFINED.—

''(1) IN GENERAL.—In this title, the term 'eligible WTC community member' means, subject to paragraphs (3) and (5), an individual who claims symptoms of a WTC-related health condition and is described in any of the following subparagraphs:

''(A) CURRENTLY IDENTIFIED COMMUNITY MEMBER.—An individual, including an eligible WTC responder, who has been identified as eligible for medical treatment or monitoring by the WTC Environmental Health Center as of the date of enactment of this title.

''(B) COMMUNITY MEMBER WHO MEETS CURRENT ELIGIBILITY CRITERIA.—An individual who is not an eligible WTC responder and meets any of the current eligibility criteria described in a subparagraph of paragraph (2).

''(C) COMMUNITY MEMBER WHO MEETS MODIFIED ELIGIBILITY CRITERIA.—An individual who is not an eligible WTC responder and meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks on the World Trade Center as the WTC Administrator determines after consultation with the WTC Community Program Steering Committee, the Coordinating Centers of Excellence described in section 3106(b)(1)(C), and the WTC Scientific/Technical Advisory Committee.

The Administrator shall not modify such criteria under subparagraph (C) on or after the date that the number of certifications for eligible WTC community members has reached 80 percent of the limit described in paragraph (5) or on or after the date that the number of certifications for eligible WTC responders has reached 80 percent of the limit described in section 3111(a)(5).

''(2) CURRENT ELIGIBILITY CRITERIA.—The eligibility criteria described in this paragraph for an individual are that the individual is described in any of the following subparagraphs:

''(A) A person who was present in the New York City disaster area in the dust or dust cloud on September 11, 2001.

''(B) A person who worked, resided, or attended school, child care or adult day care in the New York City disaster area for—

''(i) at least four days during the 4-month period beginning on September 11, 2001, and ending on January 10, 2002; or

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

''(C) A person who worked as a clean-up worker or performed maintenance work in the New York City disaster area during the 4-month period described in subparagraph (B)(i) and had extensive exposure to WTC dust as a result of such work.

''(D) A person who was deemed eligible to receive a grant from the Lower Manhattan Development Corporation Residential Grant Program, who possessed a lease for a residence or purchased a residence in the New York City disaster area, and who resided in such residence during the period beginning on September 11, 2001, and ending on May 31, 2003.

''(E) A person whose place of employment—

''(i) at any time during the period beginning on September 11, 2001, and ending on May 31, 2003, was in the New York City disaster area; and

''(ii) was deemed eligible to receive a grant from the Lower Manhattan Development Corporation WTC Small Firms Attraction and Retention Act program or other government incentive program designed to revitalize the Lower Manhattan economy after the September 11, 2001, terrorist attacks on the World Trade Center.

''(3) APPLICATION PROCESS.—The WTC Program Administrator in consultation with the Coordinating Centers of Excellence shall establish a process for individuals, other than individuals described in paragraph (1)(A), to be determined eligible WTC community members. Under such process—

''(A) there shall be no fee charged to the applicant for making an application for such determination;

''(B) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application; and

''(C) an individual who is determined not to be an eligible WTC community member shall have an opportunity to appeal such determination before an administrative law judge in a manner established under such process.

''(4) CERTIFICATION.—

''(A) IN GENERAL.—In the case of an individual who is described in paragraph (1)(A) or who is determined under paragraph (3) (consistent with paragraph (5)) to be an eligible WTC community member, the WTC Program Administrator shall provide an appropriate certification of such fact and of eligibility for followup monitoring and treatment benefits under this part. The Administrator shall make determinations of eligibility relating to an applicant's compliance with this title, including the verification of information submitted in support of the application and

shall not deny such a certification to an individual unless the Administrator determines that—

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

''(ii) the numerical limitation on certification of eligible WTC community members set forth in paragraph (5) has been met.

''(B) TIMING.—

''(i) CURRENTLY IDENTIFIED COMMUNITY MEMBERS.—In the case of an individual who is described in paragraph (1)(A), the WTC Program Administrator shall provide the certification under subparagraph (A) not later than 60 days after the date of the enactment of this title.

''(ii) OTHER MEMBERS.—In the case of another individual who is determined under paragraph (3) and consistent with paragraph (5) to be an eligible WTC community member, the WTC Program Administrator shall provide the certification under subparagraph (A) at the time of such determination.

''(5) NUMERICAL LIMITATION ON CERTIFICATION OF ELIGIBLE WTC COMMUNITY MEMBERS.—

''(A) IN GENERAL.—The total number of individuals not described in subparagraph (C) who may be certified as eligible WTC community members under paragraph (4) shall not exceed 15,000. In applying the previous sentence, any individual who at any time so qualifies as an eligible WTC community member shall be counted against such numerical limitation.

''(B) PROCESS.—In implementing subparagraph (A), the WTC Program Administrator shall—

''(i) limit the number of certifications provided under paragraph (4) in accordance with such subparagraph; and

''(ii) provide priority in such certifications in the order in which individuals apply for a determination under paragraph (4).

''(C) INDIVIDUALS CURRENTLY RECEIVING TREATMENT NOT COUNTED.—Individuals described in this subparagraph are individuals who—

''(i) are described in paragraph (1)(A); or

''(ii) before the date of the enactment of this title, have received monitoring or treatment at the World Trade Center Environmental Health Center at Bellevue Hospital Center, Gouverneur Health Care Services, or Elmhurst Hospital Center.

The New York City Health and Hospitals Corporation shall, not later than 6 months after the date of enactment of this title, enter into arrangements with the Mt. Sinai Data and Clinical Coordination Center for the reporting of medical data concerning eligible WTC responders described in paragraph (1)(A), as determined by the WTC Program Administrator and consistent with applicable Federal and State laws and regulations relating to confidentiality of individually identifiable health information.

''(D) REPORT TO CONGRESS IF NUMERICAL LIMITATION TO BE REACHED.—If the WTC Program Administrator determines that the number of individuals subject to the numerical limitation of subparagraph (A) is likely to exceed such numerical limitation, the Administrator shall submit to Congress a report on such determination. Such report shall include an estimate of the number of such individuals in excess of such numerical limitation and of the additional expenditures that would result under this title if such numerical limitation were removed.

''(b) INITIAL HEALTH EVALUATION TO DETERMINE ELIGIBILITY FOR FOLLOWUP MONITORING OR TREATMENT.—

''(1) IN GENERAL.—In the case of a certified eligible WTC community member, the WTC program shall provide for an initial health evaluation to determine if the member has a WTC-related health condition and is eligible for followup monitoring and treatment benefits under the WTC program. Initial health evaluation protocols shall be approved by the WTC Program Administrator, in consultation with the World Trade Center Environmental Health Center at Bellevue Hospital and the WTC Community Program Steering Committee.

''(2) INITIAL HEALTH EVALUATION PROVIDERS.—The initial health evaluation described in paragraph (1) shall be provided through a Clinical Center of Excellence with respect to the individual involved.

''(3) LIMITATION ON INITIAL HEALTH EVALUATION BENEFITS.—Benefits for initial health evaluation under this part for an eligible WTC community member shall consist only of a single medical initial health evaluation consistent with initial health evaluation protocols described in paragraph (1). Nothing in this paragraph shall be construed as preventing such an individual from seeking additional medical initial health evaluations at the expense of the individual.

''SEC. 3122. FOLLOWUP MONITORING AND TREATMENT OF CERTIFIED ELIGIBLE WTC COMMUNITY MEMBERS FOR WTC-RELATED HEALTH CONDITIONS.

''(a) IN GENERAL.—Subject to subsection (b), the provisions of sections 3111 and 3112 shall apply to followup monitoring and treatment of WTC-related health conditions for certified eligible WTC community members in the same manner as such provisions apply to the monitoring and treatment of identified WTC-related health conditions for certified eligible WTC responders, except that such monitoring shall only be available to those certified as eligible for treatment under this title. Under section 3106(a)(3), the City of New York is required to contribute a share of the costs of such treatment.

''(b) LIST OF IDENTIFIED WTC-RELATED HEALTH CONDITIONS FOR WTC COMMUNITY MEMBERS.—

''(1) IDENTIFIED WTC-RELATED HEALTH CONDITIONS FOR WTC COMMUNITY MEMBERS.—For purposes of this title, the term 'identified WTC-related health conditions for WTC community members' means any of the following health conditions:

''(A) AERODIGESTIVE DISORDERS.—

''(i) Interstitial lung diseases.

''(ii) Chronic respiratory disorder—fumes/vapors.

''(iii) Asthma.

''(iv) Reactive airways dysfunction syndrome (RADS).

''(v) WTC-exacerbated chronic obstructive pulmonary disease (COPD).

''(vi) Chronic cough syndrome.

''(vii) Upper airway hyperreactivity.

''(viii) Chronic rhinosinusitis.

''(ix) Chronic nasopharyngitis.

''(x) Chronic laryngitis.

''(xi) Gastro-esophageal reflux disorder (GERD).

''(xii) Sleep apnea exacerbated by or related to a condition described in a previous clause.

''(B) MENTAL HEALTH CONDITIONS.—

''(i) Post traumatic stress disorder (PTSD).

''(ii) Major depressive disorder.

''(iii) Panic disorder.

''(iv) Generalized anxiety disorder.

''(v) Anxiety disorder (not otherwise specified).

''(vi) Depression (not otherwise specified).

''(vii) Acute stress disorder.

''(viii) Dysthymic disorder.

''(ix) Adjustment disorder.

''(x) Substance abuse.

''(xi) V codes (treatments not specifically related to psychiatric disorders, such as marital problems, parenting problems, etc.), secondary to another identified WTC-related health condition for WTC community members.

''(2) ADDITIONS TO IDENTIFIED WTC-RELATED HEALTH CONDITIONS FOR WTC COMMUNITY MEMBERS.—The provisions of paragraph (4) of section 3112(a) shall apply with respect to an addition to the list of identified WTC-related health conditions for eligible WTC community members under paragraph (1) in the same manner as such provisions apply to an addition to the list of identified WTC-related health conditions for eligible WTC responders under section 3112(a)(3).

''SEC. 3123. FOLLOWUP MONITORING AND TREATMENT OF OTHER INDIVIDUALS WITH WTC-RELATED HEALTH CONDITIONS.

''(a) IN GENERAL.—Subject to subsection (c), the provisions of section 3122 shall apply to the followup monitoring and treatment of WTC-related health conditions for eligible WTC community members in the case of individuals described in subsection (b) in the same manner as such provisions apply to the followup monitoring and treatment of WTC-related health conditions for WTC community members. Under section 3106(a)(3), the City of New York is required to contribute a share of the costs of such monitoring and treatment.

''(b) INDIVIDUALS DESCRIBED.—An individual described in this subsection is an individual who, regardless of location of residence—

''(1) is not an eligible WTC responder or an eligible WTC community member; and

''(2) is diagnosed at a Clinical Center of Excellence (with respect to an eligible WTC community member) with an identified WTC-related health condition for WTC community members.

''(c) LIMITATION.—

''(1) IN GENERAL.—The WTC Program Administrator shall limit benefits for any fiscal year under subsection (a) in a manner so that payments under this section for such fiscal year do not exceed the amount specified in paragraph (2) for such fiscal year.

''(2) LIMITATION.—The amount specified in this paragraph for—

''(A) fiscal year 2009 is $20,000,000; or

''(B) a succeeding fiscal year is the amount specified in this paragraph for the previous fiscal year increased by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers.

''PART 3—NATIONAL ARRANGEMENT FOR BENEFITS FOR ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK

''SEC. 3131. NATIONAL ARRANGEMENT FOR BENEFITS FOR ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.

''(a) IN GENERAL.—In order to ensure reasonable access to benefits under this subtitle for individuals who are eligible WTC responders or eligible WTC community members and who reside in any State, as defined in section 2(f), outside the New York metropolitan area, the WTC Program Administrator shall establish a nationwide network of health care providers to provide monitoring and treatment benefits and initial health evaluations near such individuals' areas of residence in such States. Nothing in this subsection shall be construed as preventing such individuals from being provided such monitoring and treatment benefits or initial health evaluation through any Clinical Center of Excellence.

''(b) NETWORK REQUIREMENTS.—Any health care provider participating in the network under subsection (a) shall—

''(1) meet criteria for credentialing established by the Coordinating Centers of Excellence;

''(2) follow the monitoring, initial health evaluation, and treatment protocols developed under section 3106(a)(2)(B);

''(3) collect and report data in accordance with section 3105; and

''(4) meet such fraud, quality assurance, and other requirements as the WTC Program Administrator establishes.

''Subtitle C—Research Into Conditions

''SEC. 3141. RESEARCH REGARDING CERTAIN HEALTH CONDITIONS RELATED TO SEPTEMBER 11 TERRORIST ATTACKS IN NEW YORK CITY.

''(a) IN GENERAL.—With respect to individuals, including eligible WTC responders and eligible WTC community members, receiving monitoring or treatment under subtitle B, the WTC Program Administrator shall conduct or support—

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

''(2) research on diagnosing WTC-related health conditions of such individuals, in the case of conditions for which there has been diagnostic uncertainty; and

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

The Administrator may provide such support through continuation and expansion of research that was initiated before the date of the enactment of this title and through the World Trade Center Health Registry (referred to in section 3151), through a Clinical Center of Excellence, or through a Coordinating Center of Excellence.

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

''(1) among WTC responders and community members under treatment; and

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

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

''(d) APPLICATION OF PRIVACY AND HUMAN SUBJECT PROTECTIONS.—The privacy and human subject protections applicable to research conducted under this section shall not be less than such protections applicable to research otherwise conducted by the National Institutes of Health.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $15,000,000 for each fiscal year, in addition to any other authorizations of appropriations that are available for such purpose.

''Subtitle D—Programs of the New York City Department of Health and Mental Hygiene

''SEC. 3151. WORLD TRADE CENTER HEALTH REGISTRY.

''(a) PROGRAM EXTENSION.—For the purpose of ensuring on-going data collection for victims of the September 11, 2001, terrorist attacks on the World Trade Center, the WTC Program Administrator, shall extend and expand the arrangements in effect as of January 1, 2008, with the New York City Department of Health and Mental Hygiene that provide for the World Trade Center Health Registry.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $7,000,000 for each fiscal year to carry out this section.

''SEC. 3152. MENTAL HEALTH SERVICES.

''(a) IN GENERAL.—The WTC Program Administrator may make grants to the New York City Department of Health and Mental Hygiene to provide mental health services to address mental health needs relating to the September 11, 2001, terrorist attacks on the World Trade Center.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $8,500,000 for each fiscal year to carry out this section.''.

TITLE II—SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

SEC. 201. DEFINITIONS.

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

(1) in paragraph (6) by inserting '', or debris removal, including under the World Trade Center Health Program established under section 3101 of the Public Health Service Act,'' after ''September 11, 2001'';

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

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

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

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

''(11) IMMEDIATE AFTERMATH.—The term 'immediate aftermath' means any period beginning with the terrorist-related aircraft crashes of September 11, 2001, and ending on August 30, 2002.''; and

(4) by adding at the end the following new paragraph:

''(14) 9/11 CRASH SITE.—The term '9/11 crash site' means—

''(A) the World Trade Center site, Pentagon site, and Shanksville, Pennsylvania site;

''(B) the buildings or portions of buildings that were destroyed as a result of the terrorist-related aircraft crashes of September 11, 2001;

''(C) any area contiguous to a site of such crashes that the Special Master determines was sufficiently close to the site that there was a demonstrable risk of physical harm resulting from the impact of the aircraft or any subsequent fire, explosions, or building collapses (including the immediate area in which the impact occurred, fire occurred, portions of buildings fell, or debris fell upon and injured individuals); and

''(D) any area related to, or along, routes of debris removal, such as barges and Fresh Kills.''.

SEC. 202. EXTENDED AND EXPANDED ELIGIBILITY FOR COMPENSATION.

(a) INFORMATION ON LOSSES RESULTING FROM DEBRIS REMOVAL INCLUDED IN CONTENTS OF CLAIM FORM.—Section 405(a)(2)(B) of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) in clause (i), by inserting '', or debris removal during the immediate aftermath'' after ''September 11, 2001''; and

(2) in clause (ii), by inserting ''or debris removal during the immediate aftermath'' after ''crashes''.

(3) in clause (iii), by inserting ''or debris removal during the immediate aftermath'' after ''crashes''.

(b) EXTENSION OF DEADLINE FOR CLAIMS UNDER SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001.—Section 405(a)(3) of such Act is amended to read as follows:

''(3) LIMITATION.—

''(A) IN GENERAL.—Except as provided by subparagraph (B), no claim may be filed under paragraph (1) after the date that is 2 years after the date on which regulations are promulgated under section 407(a).

''(B) EXCEPTION.—A claim may be filed under paragraph (1), in accordance with subsection (c)(3)(A)(i), by an individual (or by a personal representative on behalf of a deceased individual) during the period beginning on the date on which the regulations are updated under section 407(b) and ending on December 22, 2031.''.

(c) REQUIREMENTS FOR FILING CLAIMS DURING EXTENDED FILING PERIOD.—Section 405(c)(3) of such Act is amended—

(1) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively; and

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

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

''(i) TIMING REQUIREMENTS FOR FILING CLAIMS.—An individual (or a personal representative on behalf of a deceased individual) may file a claim during the period described in subsection (a)(3)(B) as follows:

''(I) In the case that the Special Master determines the individual knew (or reasonably should have known) before the date specified in clause (iii) that the individual suffered a physical harm at a 9/11 crash site as a result of the terrorist-related aircraft crashes of September 11, 2001, or as a result of debris removal, and that the individual knew (or should have known) before such specified date that the individual was eligible to file a claim under this title, the individual may file a claim not later than the date that is 2 years after such specified date.

''(II) In the case that the Special Master determines the individual first knew (or reasonably should have known) on or after the date specified in clause (iii) that the individual suffered such a physical harm or that the individual first knew (or should have known) on or after such specified date that the individual was eligible to file a claim under this title, the individual may file a claim not later than the last day of the 2-year period beginning on the date the Special Master determines the individual first knew (or should have known) that the individual both suffered from such harm and was eligible to file a claim under this title.

''(ii) OTHER ELIGIBILITY REQUIREMENTS FOR FILING CLAIMS.—An individual may file a claim during the period described in subsection (a)(3)(B) only if—

''(I) the individual was treated by a medical professional for suffering from a physical harm described in clause (i)(I) within a reasonable time from the date of discovering such harm; and

''(II) the individual's physical harm is verified by contemporaneous medical records created by or at the direction of the medical professional who provided the medical care.

''(iii) DATE SPECIFIED.—The date specified in this clause is the date on which the regulations are updated under section 407(a).''.

(d) CLARIFYING APPLICABILITY TO ALL 9/11 CRASH SITES.—Section 405(c)(2)(A)(i) of such Act is amended by striking ''or the site of the aircraft crash at Shanksville, Pennsylvania'' and inserting ''the site of the aircraft crash at Shanksville, Pennsylvania, or any other 9/11 crash site''.

(e) INCLUSION OF PHYSICAL HARM RESULTING FROM DEBRIS REMOVAL.—Section 405(c) of such Act is amended in paragraph (2)(A)(ii), by inserting ''or debris removal'' after ''air crash''.

(f) LIMITATIONS ON CIVIL ACTIONS.—

(1) APPLICATION TO DAMAGES RELATED TO DEBRIS REMOVAL.—Clause (i) of section 405(c)(3)(C) of such Act, as redesignated by subsection (c), is amended by inserting '', or for damages arising from or related to debris removal'' after ''September 11, 2001''.

(2) PENDING ACTIONS.—Clause (ii) of such section, as so redesignated, is amended to read as follows:

''(ii) PENDING ACTIONS.—In the case of an individual who is a party to a civil action described in clause (i), such individual may not submit a claim under this title—

''(I) during the period described in subsection (a)(3)(A) unless such individual withdraws from such action by the date that is 90 days after the date on which regulations are promulgated under section 407(a); and

''(II) during the period described in subsection (a)(3)(B) unless such individual withdraws from such action by the date that is 90 days after the date on which the regulations are updated under section 407(b).''.

(3) AUTHORITY TO REINSTITUTE CERTAIN LAWSUITS.—Such section, as so redesignated, is further amended by adding at the end the following new clause:

''(iii) AUTHORITY TO REINSTITUTE CERTAIN LAWSUITS.—In the case of a claimant who was a party to a civil action described in clause (i), who withdrew from such action pursuant to clause (ii), and who is subsequently determined to not be an eligible individual for purposes of this subsection, such claimant may reinstitute such action without prejudice during the 90-day period beginning after the date of such ineligibility determination.''.

SEC. 203. REQUIREMENT TO UPDATE REGULATIONS.

Section 407 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended—

(1) by striking ''Not later than'' and inserting ''(a) IN GENERAL.—Not later than''; and

(2) by adding at the end the following new subsection:

''(b) UPDATED REGULATIONS.—Not later than 90 days after the date of the enactment of the James Zadroga 9/11 Health and Compensation Act of 2009, the Special Master shall update the regulations promulgated under subsection (a) to the extent necessary to comply with the provisions of title II of such Act.''.

SEC. 204. LIMITED LIABILITY FOR CERTAIN CLAIMS.

Section 408(a) of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended by adding at the end the following new paragraphs:

''(4) LIABILITY FOR CERTAIN CLAIMS.—

''(A) IN GENERAL.—Notwithstanding any other provision of law, subject to subparagraph (B), liability for all claims and actions (including claims or actions that have been previously resolved, that are currently pending, and that may be filed through December 22, 2031) for compensatory damages, contribution or indemnity, or any other form or type of relief, arising from or related to debris removal, against the City of New York, any entity (including the Port Authority of New York and New Jersey) with a property interest in the World Trade Center on September 11, 2001 (whether fee simple, leasehold or easement, or direct or indirect) and any contractors and subcontractors thereof, shall not be in an amount that exceeds the sum of the following:

''(i) The amount of funds of the WTC Captive Insurance Company, including the cumulative interest.

''(ii) The amount of all available insurance identified in schedule 2 of the WTC Captive Insurance Company insurance policy.

''(iii) The amount that is the greater of the City of New York's insurance coverage or $350,000,000. In determining the amount of the City's insurance coverage for purposes of the previous sentence, any amount described in clauses (i) and (ii) shall not be included.

''(iv) The amount of all available liability insurance coverage maintained by any entity, including the Port Authority of New York and New Jersey, with a property interest in the World Trade Center, on September 11, 2001, whether fee simple, leasehold or easement, or direct or indirect.

''(v) The amount of all available liability insurance coverage maintained by contractors and subcontractors.

''(B) EXCEPTION.—Subparagraph (A) shall not apply to claims or actions based upon conduct held to be intentionally tortious in nature or to acts of gross negligence or other such acts to the extent to which punitive damages are awarded as a result of such conduct or acts.

''(5) PRIORITY OF CLAIMS PAYMENTS.—Payments to plaintiffs who obtain a settlement or judgment with respect to a claim or action to which paragraph (4)(A) applies, shall be paid solely from the following funds in the following order:

''(A) The funds described in clause (i) or (ii) of paragraph (4)(A).

''(B) If there are no funds available as described in clause (i) or (ii) of paragraph (4)(A), the funds described in clause (iii) of such paragraph.

''(C) If there are no funds available as described in clause (i), (ii), or (iii) of paragraph (4)(A), the funds described in clause (iv) of such paragraph.

''(D) If there are no funds available as described in clause (i),(ii), (iii), or (iv) of paragraph (4)(A), the funds described in clause (v) of such paragraph.

''(6) DECLARATORY JUDGMENT ACTIONS AND DIRECT ACTION.—Any party to a claim or action to which paragraph (4)(A) applies may, with respect to such claim or action, either file an action for a declaratory judgment for insurance coverage or bring a direct action against the insurance company involved.''.

By Mr. AKAKA (for himself, Mr. INOUYE, Mr. KENNEDY, and Ms. CANTWELL):

S. 1337. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas; to the Committee on the Judiciary.

Mr. AKAKA. Mr. President, I am introducing the Filipino Veterans Family Reunification Act of 2009. I am pleased that my colleagues, Senators INOUYE, KENNEDY and CANTWELL, have joined me in introducing this bill. Our bill will reunite Filipino World War II veterans who are U.S. citizens and U.S. residents with their children in the Philippines, who have languished for years on the visa waiting list. In seeking an exemption from the numerical limitation on immigrant visas for the children of the Filipino veterans, our bill will address and resolve an issue rooted in a set of historical circumstances that are now nearly 7 decades old.

In 1934, the Philippines, an American possession since 1898, was placed on the path to independence. The enactment of the Philippine Independence Act established the Philippines as a commonwealth with certain powers over its internal affairs but with the United States retaining sovereign power. It also set a 10-year timetable for the commonwealth's independence from the U.S.

In 1941, President Franklin D. Roosevelt responded to Japan's increasingly aggressive military posture in Asia and the Pacific by issuing a presidential order that called and ordered into the service of the Armed Forces of the United States all of the organized military forces of the Commonwealth of the Philippines. The authority for this presidential order was the Philippine Independence Act, which retained for the United States sovereign power over the commonwealth. Accordingly, over 200,000 Filipinos were drafted into the United States armed forces, and served honorably during World War II.

In 1942, Congress passed the Second War Powers Act, including Sections 701 and 702, Nationality Act of 1940, which authorized the naturalization of all aliens serving in the U.S. armed forces. Pursuant to this act, about 7,000 Filipinos serving in the U.S. armed forces outside the Philippines became U.S. citizens. Naturalization of the Filipinos who had served in the U.S. armed forces in the Philippines began in Manila in August 1945, but was halted two months later when the American vice consul's naturalization authority was revoked.

At the time, U.S. officials indicated that the government of the Commonwealth of the Philippines had expressed concerns that the naturalization, and likely emigration to the U.S., of the Filipino veterans would drain the soon-to-be-independent Philippines of essential manpower and undermine the new nation's postwar reconstruction efforts. Others, however, believed this was a pretext for what came to be known as the Rescissions Act of 1946.

In February and May 1946, the 79th Congress passed the First Supplemental Surplus Appropriations Rescission Act, PL 79–301, and the Second Supplemental Surplus Appropriations Rescission Act, PL 79–391, respectively. Now collectively known as the Rescissions Act of 1946, PL 79–301 authorized a $200 million appropriation to the Commonwealth Army of the Philippines conditioned on a provision that service in the Commonwealth Army of the Phillippines should not be deemed to have been service in the active military or air service of the U.S.

It would take Congress more than four decades to acknowledge that the Filipino World War II veterans had, indeed, served in the U.S. armed forces.

The Immigration Act of 1990 included a provision that offered the opportunity to obtain U.S. citizenship to those Filipino veterans who had not been naturalized pursuant to the Nationality Act of 1940. And nineteen years later, the American Recovery and Reinvestment Act, ARRA, of 2009 included a provision that authorized the payment of benefits to the 30,000 surviving Filipino veterans in the amount of $15,000 for those who are citizens and $9,000 for those who are non-citizens.

Of the 30,000 surviving Filipino World War II veterans, 7,000 are U.S. citizens and reside in this country. Many of these U.S. citizens filed visa petitions for their children, who remained in the Philippines. Now in their eighties and nineties, these men continue to wait for their children, who languish on the visa waiting lists, to join them. The Filipino Veterans Family Reunification Act exempts the veterans' children, about 20,000 individuals in all, from the numerical limitation on immigrant visas. It does not require any appropriation and will serve to not only reunite these veterans with their children, but also honor their too-long-forgotten World War II service to this Nation.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1337

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Filipino Veterans Family Reunification Act of 2009''.

SEC. 2. EXEMPTION FROM IMMIGRANT VISA LIMIT.

Section 201(b)(1) of the Immigration and Nationality Act (8 U.S.C. 1151(b)(1)) is amended by adding at the end the following:

''(F) Aliens who are eligible for a visa under paragraph (1) or (3) of section 203(a) and who have a parent who was naturalized pursuant to section 405 of the Immigration Act of 1990 (Public Law 101–649; 8 U.S.C. 1440 note).''.

By Mr. LEAHY (for himself and Mr. CRAPO):

S. 1340. A bill to establish a minimum funding level for programs under the Victims of Crime Act of 1984 for fiscal years 2010 to 2014 that ensures a reasonable growth in victim programs without jeopardizing the long-term sustainability of the Crime Victims Fund; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, I am pleased to join with Senator CRAPO to introduce the Crime Victims Fund Preservation Act of 2009, which would restore and increase critical funding for direct services and compensation to victims of crime under the Victims of Crime Act.

I was honored to support the passage of the Victims of Crime Act of 1984, VOCA, which has been the principal means by which the Federal Government has supported essential services for crime victims and their families. The Victims of Crime Act provides grants for direct services to victims, such as state crime victim compensation programs, emergency shelters, crisis intervention, counseling, and assistance in participating in the criminal justice system. These services are all financed by a reserve fund created from fines and penalties paid by Federal criminal offenders, at no cost to taxpayers.

A number of us have worked hard over the years to protect the Crime Victims Fund. State victim compensation and assistance programs serve nearly four million crime victims each year, including victims of violent crime, domestic violence, sexual assault, child abuse, elder abuse, and drunk driving. The Crime Victims Fund makes these programs possible and has helped hundreds of thousands of victims of violent crime bravely move forward with their lives.

Several years ago, I worked to make sure that the Crime Victims Fund would be there in good times, and in bad. We made sure it had a ''rainy day'' capacity so that in lean years, victims and their advocates would not have to worry that the fund would run out of money and that they would be left stranded. More recently, an annual cap has been set on the level of funding to be spent from the Fund in a given year, in part to help preserve adequate funds from year to year. When this cap was established, and when President Bush then sought to empty the Crime Victims Fund of unexpended funds, I joined with Senator CRAPO, Senator MIKULSKI and others from both political parties to make sure that the Crime Victims Fund was preserved. Fortunately Congress has consistently rejected efforts to rob crime victims of resources that are appropriately set aside to assist them and their families.

Unfortunately, the cap on the fund has not kept pace with the demand for compensation and services. From 2006 to 2008, VOCA victim assistance formula grants were cut by $87 billion or 22 percent. This reduction in funding, coupled with the current economic climate, was devastating to victim service providers who were forced to curtail services, lay off staff, and close their doors, jeopardizing the well-being and recovery of many crime victims.

In addition, victim service professionals have seen a clear increase in victimization and victim need in the past year as job losses and economic stress translate into increased violence in the home and in our communities. The National Crime Victims Helpline reported a 25 percent increase in calls in recent months and the National Domestic Violence Hotline reported a similar increase. Local shelters and crisis lines are also reporting a rise in demand as the shortage of affordable housing and rising unemployment are increasing the time that victims stay in emergency shelters. The rising unemployment rate also means victims are less likely to have insurance to cover their crime-related expenses.

At a Judiciary Committee hearing I chaired in April on the Victim of Crime Act, witnesses testified that there has also been an increase in the variety of crimes being committed. The National Crime Victims Helpline has seen an increase in calls from fraud victims people falling prey to ''work at home'' scams, secret shopper scams, investment scams, mortgage fraud, and construction fraud. Such victims are in desperate need of financial counseling and mental health counseling to overcome the stress and emotional impact of falling victim to these scams. Under Federal regulations, States may use compensation and victim assistance programs to aid financial crime victims, but services are not available. Victim service providers are reluctant to expand their outreach and services without assured increased funding and there is already too much competition for the limited funds available. The National Census of Domestic Violence Services conducted last fall showed that in one day, nearly 9,000 victims were turned away from shelter, counseling, and other crucial services because local programs were unable to serve them.

The need for victim assistance and compensation has grown. The Crime Victims Fund can provide more help. Recent years have seen an increase in collections from criminal fines and penalties. Accordingly, Congress has the ability to provide stable and predictable growth without jeopardizing the sustainability of the fund, and should do so through this legislation. The Crime Victims Fund Preservation Act would establish a minimum funding level for programs under VOCA to ensure reasonable and predictable growth in victim services through fiscal year 2014. Providing a stable and predictable funding stream will enable states to expand their programs and outreach to the thousands of victims who have nowhere to turn. Again, I emphasize that it does not cost a dime of taxpayer funds but will come exclusively from Federal criminal fines and penalties.

I want to commend Senator MIKULSKI, the Chairwoman of the Commerce, Justice, and Science Appropriations Subcommittee, and Senator SHELBY, the Ranking Member, for working with the President to provide $100 million in the economic recovery package for crime victims. That additional funding is sorely needed right now and I know it was sincerely appreciated by victim service providers. Funding in the Omnibus Appropriations Act of 2009 together with the Recovery Act funds, restored funding to the 2006 level, adjusted for inflation. A 2010 cap on total VOCA obligations of $705 million is expected to maintain the funding level for assistance grants provided in 2009 through the Recovery Act funding and annual appropriations. I believe that

the certainty this legislation will provide will be helpful to the states, victim service providers, and the citizens they serve, and will help improve this vital program.

I look forward to working with Senator CRAPO, Senator MIKULSKI and many other interested Senators on this initiative to provide increased, stable, and predicable funding for to meet the ongoing need for essential services for crime victims and their families in the years ahead.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1340

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Crime Victims Fund Preservation Act of 2009''.

SEC. 2. CRIME VICTIMS FUND.

Section 1402(c) of the Victims of Crime Act of 1984 (42 U.S.C. 10601(c)) is amended—

(1) by inserting ''(1)'' after ''(c)''; and

(2) by adding at the end the following:

''(2) The amount made available from the Fund for the purposes of paragraphs (2), (3), and (4) of subsection (d) shall be not less than—

''(A) $705,000,000 for fiscal year 2010;

''(B) $867,150,000 for fiscal year 2011;

''(C) $1,066,594,500 for fiscal year 2012;

''(D) $1,311,911,235 for fiscal year 2013; and

''(E) $1,613,650,819 for fiscal year 2014.''.

By Mr. MENENDEZ:

S. 1341. A bill to amend the Internal Revenue Code of 1986 to impose an excise tax on certain proceeds received on SILO and LILO transactions; to the Committee on Finance.

Mr. MENENDEZ. Mr. President, today I am introducing the Close the SILO/LILO Loophole Act. This legislation will close a loophole in which banks and other entities are taking advantage of the financial crisis to exploit transit agencies and other local public entities to collect windfall payments. This bill seeks to permanently end this abusive practice, saving the public scarce resources.

Sale-In/Lease Out and Lease-In/Lease Out, SILO/LILO, contracts are a type of financial transaction in which a public entity transfers assets, equipment or infrastructure, to a bank or other entity while simultaneously entering into a long-term lease with the same bank or other entity. From the 1990's to 2003, public agencies, including transit agencies and rural electric coops, entered into these LILO and SILO transactions. As part of the agreement, the bank required the public agency to pay a AAA-rated entity a fee to make lease payments throughout the term of the lease. This arrangement provided security for the banks and insured that lease payments would be made.

When the financial crisis hit last year, many AAA-rated entities involved in these transactions were downgraded. Banks took advantage of these downgrades and some sued these public agencies, citing a clause in the agreements that required only AAA-rated entities to make lease payments. They did this even though the public agencies in question did not miss any of their regular lease payments to the banks.

Not only is this predatory, but allowing this practice to continue is also contrary to public policy. While the SILO/LILO contracts provided much needed resources for capital intensive projects that benefitted the public, they also provided tax benefits to the banks—tax benefits that Congress found to be tax avoidance schemes and effectively eliminated in 2003. In 2008, the Internal Revenue Service proposed a settlement of the leases, effectively eliminating all future tax benefits while allowing the underlying commercial transactions to remain in place. If we let these suits against public agencies continue, we are basically allowing banks to get these tax benefits through another means—taking taxpayer money from public transit agencies and other public agencies around the Nation.

At this moment in time, we have myriad infrastructure needs. Public agencies are working hard to fill the demand for infrastructure projects. President Obama and Congress acknowledged the need and delivered the American Recovery and Reinvestment Act. Now is not the time to financially burden the agencies that we rely on for building, repairing, maintaining and preserving our infrastructure. The Close the SILO/LILO Loophole Act will help lift the uncertainty under which these public agencies are operating, enabling them to serve the public better. I hope to work closely with Chairman BAUCUS to end this crisis so public agencies can continue to serve the public and not banks seeking a windfall.

By Mr. BROWN (for himself, Mr. BENNET, and Mr. CASEY):

S. 1343. A bill to amend the Richard B. Russell National School Lunch Act to improve and expand direct certification procedures for the national school lunch and school breakfast programs, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. BROWN. Mr. President, every day during the school year, some 700,000 Ohio children are eligible to receive a free or reduced-price lunch at their school. Every day during the school year, these meals could ensure that children get enough to eat, particularly those children who are from homes where they don't get enough to eat, and it would ensure that children receive the good-quality, nutritious food they need. Yet today only about 86 percent of eligible children in Ohio receive a free school breakfast, a free school lunch, or a reduced-price breakfast or lunch. Only 86 percent of those eligible do. That means 1 in 10 Ohio children goes without a meal every day at school unnecessarily. Thus, tens of thousands of children from large urban districts in Cleveland and Cincinnati and Toledo to rural districts in Appalachia, children in small towns and medium towns all over the State and all over the country don't receive a healthy meal at school. Mr. President, about 150,000 children eligible at school for free or reduced-price lunch or breakfast don't get the meals at school that they are eligible for, and it is unacceptable. We can do something about it.

The application process for free lunch and breakfast is antiquated—stuck in a low-tech, old-fashioned, file-cabinet kind of system. The current paper application process doesn't reflect today's school districts. It doesn't adjust to changing demographics. It doesn't take advantage of the tremendous advancements in technology our society enjoys generally. That is why I will be introducing today the Hunger Free Schools Act, along with Senators CASEY and BENNET, that would dramatically reduce the number of paper applications for the free school lunch program. This legislation will directly enroll an estimated 100,000 Ohio children and thousands of children around the Nation in the National School Lunch Program. The Hunger Free Schools Act would modernize the application system for free school meals. The Hunger Free Schools Act would ensure that the system functions the way it was actually designed to work.

By increasing the number of children who receive nutritional school meals, we can help them receive a better education. Just think of children who sit in schools—small children, children of middle-school age, children in high school, but particularly small children—with their stomachs growling. They haven't really had breakfast or they haven't had a nutritious breakfast. Children who think so much about their hunger rather than their school work, children who by afternoon feel weak because they haven't had the calories and nutrition they need, this bill could do something about this. By increasing the number of healthy children, we will be more effective in lowering rates of child obesity and diabetes. It is not just about not getting enough to eat, it is also the quality of food they eat if they don't eat in the school cafeteria the school breakfast that is provided for them.

Nationwide, this bill would reduce paperwork and administrative costs to make access to meals easier for nearly 7 million children—hundreds of thousands of children in the Presiding Officer's home State of Illinois and over 100,000 children in my State of Ohio. Reducing paperwork and administrative costs saves time for administrators, reduces the burden on schools, and makes it a whole lot easier for teachers who don't have to think so much about helping their children figure out how to get a free school lunch or a free school breakfast.

President Obama cited administrative costs as a barrier to ending childhood hunger. His goal of eliminating this moral problem by 2015 is within reach, in part because of this legislation. More must be done.

Another way to combat childhood hunger is to make sure more families are aware of summer feeding programs.

Let me give another number. Some 700,000 children in my State are eligible for the reduced or free school breakfast and lunch. Of that number, about 500,000 actually get free lunch and breakfast. Those same students are eligible for the summer feeding program in June, July, and August—a program that is in rec centers, churches, parks, and in other kinds of buildings sprinkled across our State. Yet only about 60,000, or 1 in 10 children who are eligible, partake in the summer feeding program. So those children who, every day, get a free breakfast and lunch during the school year are also eligible in the summer to get free breakfast, lunch, and a free snack. But very few of them actually get those breakfasts and lunches or snacks in the summer.

You can imagine what that does to the chance for those children to become obese or to have a lack of nutrition and what all that means. The summer feeding program is every bit as important as the school breakfast and lunch program. That is why I remind parents and educators and guardians that the summer food service program is available to provide children a free breakfast, lunch, or snack during summer months. I encourage parents, educators, and guardians in Ohio, and around the Nation, to find a local summer feeding location.

I suggest people watching, if they are from my State, to go on my Web site, brown.senate.gov. We have roughly 1,000 summer feeding program locations on the Web site. People from Ohio can look on there and find out where there might be half a dozen sites in Richland County or perhaps 5 or 6 locations in Allen County or 25 or so locations in Lorain County, where young people can sign up to go to the summer feeding program or they can just show up and be fed. Ohioans can also find information through the Ohio Department of Education. Other Americans should contact the U.S. Department of Agriculture, which has a State-by-State breakdown of resources. Students in summer reading programs at the public libraries might be eligible for the summer feeding program. They should find out from the library or from a music program they are part of or anyplace they might go, if they are eligible.

Again, I remind people that if your son or daughter is eligible for the school lunch program, they are also eligible for the summer feeding program. The end of the school year doesn't mean that we have an end to hunger. It means we need to make some people aware of the summer feeding program. Coupled with the summer feeding program, this Hunger Free Schools Act can ensure that our children reach their full potential.

By Mr. REED (for himself, Mr. GRASSLEY, Mr. AKAKA, Mr. BAYH, Ms. COLLINS, Mr. KERRY, Mr. LAUTENBERG, Mr. LEAHY, Mrs. LINCOLN, Mr. LUGAR, Mrs. MURRAY, Ms. STABENOW, and Mr. WHITEHOUSE):

S. 1345. A bill to aid and support pediatric involvement in reading and education; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today I introduce with my colleague, Senator GRASSLEY, the Prescribe A Book Act. I thank Senators AKAKA, BAYH, COLLINS, KERRY, LAUTENBERG, LEAHY, LINCOLN, LUGAR, MURRAY, STABENOW, and WHITEHOUSE for joining us as original cosponsors of this bill.

Our legislation would create a Federal pediatric early literacy grant initiative based on the long-standing, successful Reach Out and Read program. The program would award grants to high-quality non-profit entities to train doctors and nurses in advising parents about the importance of reading aloud and to give books to children at pediatric check-ups from six months to 5 years of age, with a priority for children from low-income families. It builds on the relationship between parents and medical providers and helps families and communities encourage early literacy skills so children enter school prepared for success in reading.

The Reach Out and Read model has consistently demonstrated effectiveness in increasing parent involvement and boosting children's reading proficiency. Research published in peer-reviewed, scientific journals has found that parents who have participated in the program are significantly more likely to read to their children and include more children's books in their home, and that children served by the program show an increase of 4–8 points on vocabulary tests. I have seen upclose the positive impact of this program on children and their families when visiting a number of the 40 Rhode Island Reach Out and Read sites.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1345

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Prescribe A Book Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means a nonprofit organization that has, as determined by the Secretary, demonstrated effectiveness in the following areas:

(A) Providing peer–to–peer training to healthcare providers in research–based methods of literacy promotion as part of routine pediatric health supervision visits.

(B) Delivering a training curriculum through a variety of medical education settings, including residency training, continuing medical education, and national pediatric conferences.

(C) Providing technical assistance to local healthcare facilities to effectively implement a high-quality Pediatric Early Literacy Program.

(D) Offering opportunities for local healthcare facilities to obtain books at significant discounts, as described in section 7.

(E) Integrating the latest developmental and educational research into the training curriculum for healthcare providers described in subparagraph (B).

(2) PEDIATRIC EARLY LITERACY PROGRAM.—The term ''Pediatric Early Literacy Program'' means a program that—

(A) creates and implements a 3-part model through which—

(i) healthcare providers, doctors, and nurses, trained in research–based methods of early language and literacy promotion, encourage parents to read aloud to their young children, and offer developmentally appropriate recommendations and strategies to parents for the purpose of reading aloud to their children;

(ii) healthcare providers, at health supervision visits, provide each child between the ages of 6 months and 5 years a new, developmentally appropriate children's book to take home and keep; and

(iii) volunteers in waiting areas of healthcare facilities read aloud to children, modeling for parents the techniques and pleasures of sharing books together;

(B) demonstrates, through research published in peer-reviewed journals, effectiveness in positively altering parent behavior regarding reading aloud to children, and improving expressive and receptive language in young children; and

(C) receives the endorsement of nationally–recognized medical associations and academies.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

SEC. 3. PROGRAM AUTHORIZED.

The Secretary is authorized to award grants to eligible entities to enable the eligible entities to implement Pediatric Early Literacy Programs.

SEC. 4. APPLICATIONS.

An eligible entity that desires to receive a grant under section 3 shall submit an application to the Secretary at such time, in such manner, and including such information as the Secretary may reasonably require.

SEC. 5. MATCHING REQUIREMENT.

An eligible entity receiving a grant under section 3 shall provide, either directly or through private contributions, non-Federal matching funds equal to not less than 50 percent of the grant received by the eligible entity under section 3. Such matching funds may be in cash or in-kind.

SEC. 6. USE OF GRANT FUNDS.

(a) IN GENERAL.—An eligible entity receiving a grant under section 3 shall—

(1) enter into contracts with private nonprofit organizations, or with public agencies, selected based on the criteria described in subsection (b), under which each contractor will agree to establish and operate a Pediatric Early Literacy Program;

(2) provide such training and technical assistance to each contractor of the eligible entity as may be necessary to carry out this Act; and

(3) include such other terms and conditions in an agreement with a contractor as the Secretary determines to be appropriate to ensure the effectiveness of such programs.

(b) CONTRACTOR CRITERIA.—Each contractor shall be selected under subsection

(a)(1) on the basis of the extent to which the contractor gives priority to serving a substantial number or percentage of at–risk children, including—

(1) children from families with an income below 200 percent of the poverty line (as defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2))) applicable to a family of the size involved, particularly such children in high–poverty areas;

(2) children without adequate medical insurance;

(3) children enrolled in a State Medicaid program, established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or in the State Children's Health Insurance Program established under title XXI of such Act (42 U.S.C. 1397aa et seq.);

(4) children living in rural areas;

(5) migrant children; and

(6) children with limited access to libraries.

SEC. 7. RESTRICTION ON PAYMENTS.

The Secretary shall make no payment to an eligible entity under this Act unless the Secretary determines that the eligible entity or a contractor of the eligible entity, as the case may be, has made arrangements with book publishers or distributors to obtain books at discounts that are at least as favorable as discounts that are customarily given by such publisher or distributor for book purchases made under similar circumstances in the absence of Federal assistance.

SEC. 8. REPORTING REQUIREMENT.

An eligible entity receiving a grant under section 3 shall report annually to the Secretary on the effectiveness of the program implemented by the eligible entity and the programs instituted by each contractor of the eligible entity, and shall include in the report a description of each program.

SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this Act—

(1) $15,000,000 for fiscal year 2010;

(2) $16,000,000 for fiscal year 2011;

(3) $17,000,000 for fiscal year 2012;

(4) $18,000,000 for fiscal year 2013; and

(5) $19,000,000 for fiscal year 2014.

By Mr. DURBIN (for himself, Mr. LEAHY, and Mr. FEINGOLD):

S. 1346. A bill to penalize crimes against humanity and for other purposes; to the Committee on the Judiciary.

Mr. DURBIN. Mr. President, I rise today to introduce the Crimes Against Humanity Act of 2009. This narrowly-tailored legislation would make it a violation of U.S. law to commit a crime against humanity. Congress must ensure that criminals who commit mass atrocities do not find safe haven in our country.

I would like to thank the other original cosponsors of the Crimes Against Humanity Act, Senator PATRICK LEAHY of Vermont, the Chairman of the Senate Judiciary Committee, and Senator RUSSELL FEINGOLD of Wisconsin, the Chairman of the Senate Judiciary Subcommittee on the Constitution and the Chairman of the Senate Foreign Relations Subcommittee on African Affairs.

For generations, the U.S. has led the struggle for human rights around the world and has supported holding perpetrators of crimes against humanity accountable. Over 50 years before the Nuremberg trials, George Washington Williams, an African-American minister, lawyer and historian, called for an international commission to investigate ''crimes against humanity'' in the Congo, which was then ruled by Belgium's King Leopold II. Under King Leopold's iron fist, Congo's population was reduced by half, with up to 10 million people losing their lives. In a letter to the U.S. Secretary of State, Mr. Williams decried the ''crimes against humanity'' perpetrated by King Leopold's regime.

Over 50 years later, following the Holocaust, the U.S. led the efforts to prosecute Nazi perpetrators for crimes against humanity at the Nuremberg trials. Crimes against humanity were first defined in the Nuremberg Charter in 1945. Sixteen men were found guilty of crimes against humanity in the Nuremberg trials, including Hermann Goring, commander of the Luftwaffe and the highest-ranking official to order the ''Final Solution.''

Since then, the U.S. has supported efforts to prosecute perpetrators of crimes against humanity, including Nazi war criminals who had escaped accountability. In 1961, Adolf Eichman, the ''architect of the Holocaust,'' was convicted in Israel for committing crimes against humanity. Michael Musmanno, a U.S. Naval officer and judge at the Nuremberg trials, was a key prosecution witness. In 1987, Klaus Barbie, the ''Butcher of Lyon'', was convicted in France for crimes against humanity he committed while heading the Gestapo in Lyon.

The U.S. has also supported the prosecution of crimes against humanity before the International Criminal Tribunal for the former Yugoslavia, the International Criminal Tribunal for Rwanda, and the Special Court for Sierra Leone.

More recently, we have seen crimes against humanity being committed on a massive scale in Darfur in western Sudan. In this region of six million people, hundreds of thousands were killed and as many as 2.5 million were driven from their homes in recent years. Part of the solution to the carnage in Darfur is arresting and prosecuting the perpetrators. Otherwise, these perpetrators will continue to act with impunity and victims will feel they have no recourse but to resort to violence themselves.

We have also seen crimes against humanity being committed in the eastern Democratic Republic of Congo, most disturbingly through the use of rape as a weapon of war. The systematic and deliberate use of mass rape to humiliate, expel and destroy communities in the eastern Democratic Republic of Congo offends our common humanity.

However, it is not only Darfur and the eastern Democratic Republic of Congo that are safe havens for the perpetrators of crimes against humanity. Perpetrators of mass atrocities have sought to escape accountability for their actions by coming to our own country. According to the Department of Homeland Security, over 1000 war criminals have found safe haven in the United States.

I am the Chairman of the Judiciary Committee's Human Rights and the Law Subcommittee. Last year I held a Human Rights and the Law Subcommittee hearing entitled ''From Nuremberg to Darfur: Accountability for Crimes Against Humanity.'' This hearing identified a glaring loophole in U.S. law—currently, there is no U.S. law prohibiting crimes against humanity. As a result, the U.S. government is unable to prosecute perpetrators of crimes against humanity found in our country. In contrast, other grave human rights violations, including genocide, using or recruiting child soldiers, and torture, are crimes under U.S. law.

We heard testimony in the Human Rights and the Law Subcommittee that many U.S. allies have incorporated crimes against humanity into their criminal codes, including Australia, Canada, Germany, the Netherlands, New Zealand, South Africa, Spain, Argentina and the United Kingdom.

Expert witnesses testified before the Subcommittee about the urgent need for the United States to enact similar legislation. Gayle Smith, the Co-Founder of the Enough Project, testified that it is in our national interest to enact crimes against humanity legislation:

> If unchallenged, the violence that defines crimes against humanity feeds on itself: conflicts spread, institutions crumble, economies decline and young people are taught the dangerous lesson that violence is more potent tool for change than hope. . . . Ensuring that those who commit crimes against humanity are in violation of U.S. law is in our national interests, and clearly in the interests of the victims who have few if any protectors or defenders.

Diane Orentlicher, a law professor at American University's Washington College of Law and one of our country's leading experts on human rights crimes, testified:

> The United States has, since Nuremberg, provided indispensable leadership in ensuring prosecution of crimes against humanity by various international tribunals, as well as by other countries we have supported. So it's quite remarkable that we of all countries don't have a law on our books making it possible to prosecute this crime when perpetrators show up in our own territory.

The crimes against humanity loophole has real consequences. When the U.S. government learned that Marko Boskic, who allegedly participated in the Srebrenica massacre in the Bosnian conflict, was living in Massachusetts, he was charged with visa fraud, rather than crimes against humanity. ''They should condemn him for the crime,'' said Emma Hidic, whose two brothers were among the estimated 7,000 men and boys killed in the Srebrenica massacre, upon learning that Boskic had been charged only with visa fraud.

The Crimes Against Humanity Act would close this loophole in U.S. law

and give our government the authority to prosecute those found in the U.S. who commit crimes against humanity. In keeping with the principles the U.S. and our allies established after World War II, this legislation would help ensure that the perpetrators of crimes against humanity do not find safe haven in our country.

This bill would make it a violation of U.S. law to commit a crime against humanity, i.e. any widespread and systematic attack directed against a civilian population that involves murder, enslavement, torture, rape, arbitrary detention, extermination, hostage taking or ethnic cleansing.

I am the author of the Genocide Accountability Act, the Child Soldiers Accountability Act, and the Trafficking in Persons Act, legislation passed unanimously by Congress and signed into law by President George W. Bush that denies safe haven in the United States to the perpetrators of genocide, child soldier recruitment and use, and human trafficking. The Crimes Against Humanity Act is the next logical step. It would subject perpetrators of crimes against humanity to criminal sanctions, in the same way that perpetrators of genocide, child soldier recruitment and human trafficking are subject to criminal sanctions under U.S. law.

Ensuring U.S. law prohibits crimes against humanity is consistent with the longstanding U.S. support for the prosecution of crimes against humanity perpetrated in World War II, Rwanda, the former Yugoslavia and Sierra Leone, among other places.

This legislation will send a clear message to perpetrators of crimes against humanity that there are real consequences to their actions. By holding such individuals criminally responsible, our country will help to deter crimes against humanity.

The Crimes Against Humanity Act is supported by a broad coalition of human rights and religious groups, including Armenian Assembly of America, Center for Justice and Accountability, Center for Victims of Torture, Enough Project, the Episcopal Church, Genocide Intervention Network, Human Rights First, Human Rights Watch, International Justice Mission, Jubilee Campaign USA, Inc., Physicians for Human Rights, Robert F. Kennedy Center for Justice & Human Rights, Save Darfur Coalition, the United Methodist Church, and U.S. Campaign for Burma. Today I received a letter of support for the Crimes Against Humanity Act from 29 organizations, including all of those I have named. As the letter explains:

This legislation would fill an existing gap in U.S. law by allowing U.S. prosecutors to hold the perpetrators of mass atrocities accountable for their acts. While often less publicized than genocides, crimes against humanity are as devastating to their victims and as worthy of vigorous and unbending attention from the United States government. We must ensure that perpetrators of mass atrocities cannot evade justice by coming to the United States.

Daoud Hari is a refugee from Darfur now living in our country and author of The Translator: A Tribesman's Memoir of Darfur. I urge my colleagues to contemplate the challenge that Mr. Hari posed at the Human Rights Subcommittee hearing on crimes against humanity: while none of us individually can stop the crimes against humanity committed in Darfur and other countries around the globe, failing to take action only ensures that these horrific atrocities will continue.

With far too few exceptions, we have failed to prevent and stop crimes against humanity. The promise of Nuremberg remains unfulfilled. We have a moral obligation to take action to help the survivors of crimes against humanity around the world and to help prevent this horrific crime by holding perpetrators accountable.

I urge my colleagues to support this legislation.

Mr. President, I ask unanimous consent that the text of the bill and a letter of support be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. 1346

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Crimes Against Humanity Act of 2009''.

SEC. 2. ACCOUNTABILITY FOR CRIMES AGAINST HUMANITY.

(a) IN GENERAL.—Part 1 of title 18, United States Code, is amended by inserting after chapter 25 the following:

''CHAPTER 25A—CRIMES AGAINST HUMANITY

''Sec.
''519. Crimes against humanity.

''§ 519. Crimes against humanity

''(a) OFFENSE.—It shall be unlawful for any person to commit or engage in, as part of a widespread and systematic attack directed against any civilian population, and with knowledge of the attack—

''(1) conduct that, if it occurred in the United States, would violate—

''(A) section 1111 of this title (relating to murder);

''(B) section 1581(a) of this title (relating to peonage);

''(C) section 1583(a)(1) of this title (relating to kidnapping or carrying away individuals for involuntary servitude or slavery);

''(D) section 1584(a) of this title (relating to sale into involuntary servitude);

''(E) section 1589(a) of this title (relating to forced labor); or

''(F) section 1590(a) of this title (relating to trafficking with respect to peonage, slavery, involuntary servitude, or forced labor);

''(2) conduct that, if it occurred in the special maritime and territorial jurisdiction of the United States, would violate—

''(A) section 1591(a) of this title (relating to sex trafficking of children or by force, fraud, or coercion);

''(B) section 2241(a) of this title (relating to aggravated sexual abuse by force or threat); or

''(C) section 2242 of this title (relating to sexual abuse);

''(3) conduct that, if it occurred in the special maritime and territorial jurisdiction of the United States, and without regard to whether the offender is the parent of the victim, would violate section 1201(a) of this title (relating to kidnapping);

''(4) conduct that, if it occurred in the United States, would violate section 1203(a) of this title (relating to hostage taking), notwithstanding any exception under subsection (b) of section 1203;

''(5) conduct that would violate section 2340A of this title (relating to torture);

''(6) extermination;

''(7) national, ethnic, racial, or religious cleansing;

''(8) arbitrary detention; or

''(9) imposed measures intended to prevent births.

''(b) PENALTY.—Any person who violates subsection (a), or attempts or conspires to violate subsection (a)—

''(1) shall be fined under this title, imprisoned not more than 20 years, or both; and

''(2) if the death of any person results from the violation of subsection (a), shall be fined under this title and imprisoned for any term of years or for life.

''(c) JURISDICTION.—There is jurisdiction over a violation of subsection (a), and any attempt or conspiracy to commit a violation of subsection (a), if—

''(1) the alleged offender is a national of the United States or an alien lawfully admitted for permanent residence;

''(2) the alleged offender is a stateless person whose habitual residence is in the United States;

''(3) the alleged offender is present in the United States, regardless of the nationality of the alleged offender; or

''(4) the offense is committed in whole or in part within the United States.

''(d) NONAPPLICABILITY OF CERTAIN LIMITATIONS.—Notwithstanding section 3282 of this title, in the case of an offense under this section, an indictment may be found, or information instituted, at any time without limitation.

''(e) DEFINITIONS.—In this section:

''(1) ARBITRARY DETENTION.—The term 'arbitrary detention' means imprisonment or other severe deprivation of physical liberty except on such grounds and in accordance with such procedure as are established by the law of the jurisdiction where such imprisonment or other severe deprivation of physical liberty took place.

''(2) ARMED GROUP.—The term 'armed group' means any army, militia, or other military organization, whether or not it is state-sponsored, excluding any group assembled solely for nonviolent political association.

''(3) ATTACK DIRECTED AGAINST ANY CIVILIAN POPULATION.—The term 'attack directed against any civilian population' means a course of conduct in which a civilian population is a primary rather than an incidental target.

''(4) ETHNIC GROUP; NATIONAL GROUP; RACIAL GROUP; RELIGIOUS GROUP.—The terms 'ethnic group', 'national group', 'racial group', and 'religious group' have the meanings given those terms in section 1093 of this title.

''(5) EXTERMINATION.—The term 'extermination' means subjecting a civilian population to conditions of life that are intended to cause the physical destruction of the group in whole or in part.

''(6) LAWFULLY ADMITTED FOR PERMANENT RESIDENCE; NATIONAL OF THE UNITED STATES.—The terms 'lawfully admitted for permanent residence' and 'national of the United States' have the meanings give those terms in section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)).

''(7) NATIONAL, ETHNIC, RACIAL, OR RELIGIOUS CLEANSING.—The term 'national, ethnic, racial, or religious cleansing' means the

intentional and forced displacement from 1 country to another or within a country of any national group, ethnic group, racial group, or religious group in whole or in part, by expulsion or other coercive acts from the area in which they are lawfully present, except when the displacement is in accordance with applicable laws of armed conflict that permit involuntary and temporary displacement of a population to ensure its security or when imperative military reasons so demand.

''(8) SYSTEMATIC.—The term 'systematic' means pursuant to or in furtherance of the policy of a state or armed group.

''(9) WIDESPREAD.—The term 'widespread' means involving multiple victims.''.

(b) CLERICAL AMENDMENT.—The table of chapters for part 1 of title 18, United States Code, is amended by inserting after the item relating to chapter 25 the following:

''25A. Crimes against humanity ..... 519''.

JUNE 24, 2009.

Hon. RICHARD J. DURBIN,

Chairman Subcommittee on Human Rights and the Law, Senate Committee on the Judiciary, U.S. Senate, Washington, DC.

DEAR CHAIRMAN DURBIN: We write to express our strong support for the Crimes Against Humanity Act of 2009. This legislation would fill an existing gap in U.S. law by allowing U.S. prosecutors to hold the perpetrators of mass atrocities accountable for their acts. While often less publicized than genocides, crimes against humanity are as devastating to their victims and as worthy of vigorous and unbending attention from the United States government. We must ensure that perpetrators of mass atrocities cannot evade justice by coming to the United States. We applaud your leadership in ensuring that the United States is well equipped to fight these grave crimes and we urge Congress to enact the bill with all due speed.

The United States government has long been at the forefront of global efforts to seek accountability for the perpetrators of the worst crimes known to humankind. In the years after World War II, the United States was an essential player in the formation of the Nuremberg Tribunal and the Genocide Convention, two key pieces of the foundation for all international justice efforts that have followed. Since then, in Bosnia, Rwanda, Cambodia, Sierra Leone, and Darfur, among others, the U.S. government has steadfastly supported justice for victims of crimes against humanity, war crimes, and genocide, whether by supporting national justice systems or by assisting in the creation of special tribunals.

The bill defines crimes against humanity as widespread and systematic attacks directed against a civilian population that involve murder, enslavement, torture, rape, arbitrary detention, extermination, hostage taking, or ethnic cleansing. This category includes some of the most atrocious crimes committed in recent history—the campaigns of mutilation and murder of civilians in Sierra Leone and Uganda, the systematic rape of women in ethnic areas of Burma and in the Democratic Republic of the Congo, the ethnic cleansing in Bosnia and Kosovo. These crimes might look like genocide to a layperson, but they are a distinct category of crime and separate legislation is needed to provide United States courts with jurisdiction to prosecute those who commit them if they are present in the United States.

Such legislation has not existed before today, despite the U.S. government's sustained efforts to ensure accountability for crimes against humanity elsewhere. Alleged perpetrators of those crimes have therefore been able to escape prosecution in the United States. Though U.S. law prohibits grave human rights violations such as genocide and torture, alleged perpetrators of crimes against humanity may escape accountability due not to their innocence of unforgivable acts but to loopholes in the U.S. criminal code.

The Crimes Against Humanity Act of 2009 would close this illogical gap in U.S. law. Just as they may pursue those who have committed related and similarly horrific crimes, U.S. prosecutors would have the authority to ensure that those in the United States who have committed crimes against humanity may not evade accountability merely by fleeing to our country.

The United States has provided a means to prosecute those who commit genocide and torture as well as those who use child soldiers in war. Those who commit the similar crimes that constitute crimes against humanity should face no better future. We therefore urge Congress to enact this bill without delay.

Sincerely,

The Advocates for Human Rights.
Africa Action.
AIDS-Free World.
Armenian Assembly of America.
Center for Justice and Accountability.
Center for Victims of Torture.
EarthRights International.
Enough Project.
The Episcopal Church.
Equality Now.
Citizens for Global Solutions.
Genocide Intervention Network.
Harvard Immigration and Refugee Clinical Program.
Human Rights First.
Human Rights Watch.
International Justice Mission.
Jubilee Campaign USA, Inc.
National Immigrant Justice Center.
National Immigration Forum.
Open Society Policy Center.
Physicians for Human Rights.
Refugees International.
Robert F. Kennedy Center for Justice & Human Rights.
Rocky Mountain Survivors Center.
Save Darfur Coalition.
United Methodist Church, General Board of Church and Society.
United Nations Association of the United States of America.
U.S. Campaign for Burma.
V-Day.

Mr. LEAHY. Mr. President, today, I am pleased to join Senator DURBIN and Senator FEINGOLD in introducing the Crimes Against Humanity Act of 2009. This legislation will make it a violation of United States law to commit a crime against humanity, and will help ensure that the perpetrators of crimes against humanity do not find safe haven in the United States. I commend Senator DURBIN for his work on this legislation and for his leadership as chairman of the Subcommittee on Human Rights and the Law.

Last Congress, I was pleased to work with Senator DURBIN to create the Human Rights and the Law Subcommittee, the first-ever congressional committee established to address human rights issues. The work that we have done through this Subcommittee has helped the Senate focus on important and difficult legal human rights issues, including genocide, human trafficking, child soldiers, war crimes, corporate accountability overseas, systematic rape, and torture.

The work of the Human Rights and the Law Subcommittee has already achieved important results. Last Congress, the President signed into law the Child Soldiers Accountability Act, which outlawed the abhorrent practice of recruiting and using child soldiers, and the Genocide Accountability Act, which closed a loophole that had allowed those who commit or incite genocide to seek refuge in our country without fear of prosecution for their actions. These legislative initiatives were a critical step toward showing the international community that the United States will not tolerate human rights abuses at home or abroad, and that those who commit these atrocities must be held accountable for their actions. I am pleased to join Senator DURBIN to take the next step to protect victims of crimes against humanity in the United States, and to hold those responsible for these terrible crimes to account.

Along with genocide and war crimes, crimes against humanity are among the most serious crimes under international law. We see such crimes against humanity by groups or governments as part of a widespread or systematic attack against a civilian population. These deplorable crimes include murder, enslavement, torture, rape, arbitrary detention, extermination, hostage taking, and ethnic cleansing, and they continue to take place around the world in places like Uganda, Burma, and Sudan.

Although the United States has strongly and consistently for more than 60 years supported the prosecution of perpetrators of crimes against humanity, there is currently no United States law prohibiting crimes against humanity. As a result, the government is unable to prosecute perpetrators of crimes against humanity found in our country. This legislation will fix this loophole by enabling the Attorney General to prosecute crimes against humanity committed by a U.S. national, legal alien or habitual resident in the United States. The law will also enable the prosecution of any crimes against humanity committed in whole or in part within the United States, as well as offenses that occur outside the United States, if the offender is currently located in the United States.

The actions prohibited by the Crimes Against Humanity Act of 2009 are appalling. They happen too often throughout the world. We must promote accountability for human rights violations committed anywhere in the world, and we must do whatever we can to prevent those who commit such crimes from escaping justice by finding a safe haven in the United States. A foreign policy that seeks to defend human rights will never fully achieve its goals if we undermine our own credibility by failing in our commitment to uphold the highest standards of human rights here at home. I urge

Senators on both sides of the aisle to support this important legislation to help this country take another step toward reclaiming our place as a guardian of human rights.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 202—TO PROVIDE FOR ISSUANCE OF A SUMMONS AND FOR RELATED PROCEDURES CONCERNING THE ARTICLES OF IMPEACHMENT AGAINST SAMUEL B. KENT

Mr. REID (for himself and Mr. MCCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 202

Resolved, That a summons shall be issued which commands Samuel B. Kent to file with the Secretary of the Senate an answer to the articles of impeachment no later than July 2, 2009, and thereafter to abide by, obey, and perform such orders, directions, and judgments as the Senate shall make in the premises, according to the Constitution and laws of the United States.

SEC. 2. The Sergeant at Arms is authorized to utilize the services of the Deputy Sergeant at Arms or another employee of the Senate in serving the summons.

SEC. 3. The Secretary shall notify the House of Representatives of the filing of the answer and shall provide a copy of the answer to the House.

SEC. 4. The Managers on the part of the House may file with the Secretary of the Senate a replication no later than July 7, 2009.

SEC. 5. The Secretary shall notify counsel for Samuel B. Kent of the filing of a replication, and shall provide counsel with a copy.

SEC. 6. The Secretary shall provide the answer and the replication, if any, to the Presiding Officer of the Senate on the first day the Senate is in session after the Secretary receives them, and the Presiding Officer shall cause the answer and replication, if any, to be printed in the Senate Journal and in the Congressional Record. If a timely answer has not been filed, the Presiding Officer shall cause a plea of not guilty to be entered.

SEC. 7. The articles of impeachment, the answer, and the replication, if any, together with the provisions of the Constitution on impeachment, and the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, shall be printed under the direction of the Secretary as a Senate document.

SEC. 8. The provisions of this resolution shall govern notwithstanding any provisions to the contrary in the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials.

SEC. 9. The Secretary shall notify the House of Representatives of this resolution.

SENATE RESOLUTION 203—TO PROVIDE FOR THE APPOINTMENT OF A COMMITTEE TO RECEIVE AND TO REPORT EVIDENCE WITH RESPECT TO ARTICLES OF IMPEACHMENT AGAINST JUDGE SAMUEL B. KENT

Mr. REID (for himself and Mr. MCCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 203

Resolved, That pursuant to Rule XI of the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, the Presiding Officer shall appoint a committee of twelve senators to perform the duties and to exercise the powers provided for in the rule.

SEC. 2. The majority and minority leader shall each recommend six members and a chairman and vice chairman respectively to the Presiding Officer for appointment to the committee.

SEC. 3. The committee shall be deemed to be a standing committee of the Senate for the purpose of reporting to the Senate resolutions for the criminal or civil enforcement of the committee's subpoenas or orders, and for the purpose of printing reports, hearings, and other documents for submission to the Senate under Rule XI.

SEC. 4. During proceedings conducted under Rule XI the chairman of the committee is authorized to waive the requirement under the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials that questions by a Senator to a witness, a manager, or counsel shall be reduced to writing and put by the Presiding Officer.

SEC. 5. In addition to a certified copy of the transcript of the proceedings and testimony had and given before it, the committee is authorized to report to the Senate a statement of facts that are uncontested and a summary, with appropriate references to the record, of evidence that the parties have introduced on contested issues of fact.

SEC. 6. The actual and necessary expenses of the committee, including the employment of staff at an annual rate of pay, and the employment of consultants with prior approval of the Committee on Rules and Administration at a rate not to exceed the maximum daily rate for a standing committee of the Senate, shall be paid from the contingent fund of the Senate from the appropriation account ''Miscellaneous Items'' upon vouchers approved by the chairman of the committee, except that no voucher shall be required to pay the salary of any employee who is compensated at an annual rate of pay.

SEC. 7. The Committee appointed pursuant to section one of this resolution shall terminate no later than 45 days after the pronouncement of judgment by the Senate on the articles of impeachment.

SEC. 8. The Secretary shall notify the House of Representatives and counsel for Judge Samuel B. Kent of this resolution.

SENATE RESOLUTION 204—DESIGNATING MARCH 31, 2010, AS ''NATIONAL CONGENITAL DIAPHRAGMATIC HERNIA AWARENESS DAY''

Mr. VITTER submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 204

Whereas the congenital diaphragmatic hernia birth defect is one of the most prevalent, life-threatening birth defects in the United States;

Whereas the congenital diaphragmatic hernia birth defect is a severe, often deadly birth defect that has a devastating impact, in both human and economic terms, affecting equally people of all races, sexes, nationalities, geographic locations, and income levels;

Whereas the congenital diaphragmatic hernia birth defect occurs in 1 in every 2,000 live births in the United States and accounts for 8 percent of all major congenital anomalies;

Whereas, in 2004, there were approximately 4,115,590 live births in the United States, and in approximately 1,800 of those live births, the congenital diaphragmatic hernia birth defect occurred, causing countless additional friends, loved ones, spouses, and caregivers to shoulder the physical, emotional, and financial burdens the congenital diaphragmatic hernia birth defect causes;

Whereas there is no genetic indicator or any other indicator available to predict the occurrence of the congenital diaphragmatic hernia birth defect, other than through the performance of an ultrasound during pregnancy;

Whereas there is no consistent treatment or cure for the congenital diaphragmatic hernia birth defect;

Whereas the congenital diaphragmatic hernia birth defect is a leading cause of neonatal death in the United States;

Whereas 50 percent of the patients who do survive the congenital diaphragmatic hernia birth defect have residual health issues, resulting in a severe strain on pediatric medical resources and on the delivery of health care services in the United States;

Whereas proactive diagnosis and the appropriate management and care of fetuses afflicted with the congenital diaphragmatic hernia birth defect minimize the incidence of emergency situations resulting from the birth defect and dramatically improve survival rates among people with the birth defect;

Whereas neonatal medical care is one of the most expensive types of medical care provided in the United States and patients with the congenital diaphragmatic hernia birth defect stay in intensive care for approximately 60 to 90 days, costing millions of dollars, utilizing blood from local blood banks, and requiring the most technically advanced medical care;

Whereas the congenital diaphragmatic hernia birth defect is a birth defect that causes damage to the lungs and the cardiovascular system;

Whereas patients with the congenital diaphragmatic hernia birth defect may have long-term health issues such as respiratory insufficiency, gastroesophageal reflux, poor growth, neurodevelopmental delay, behavior problems, hearing loss, hernia recurrence, and orthopedic deformities;

Whereas the severity of the symptoms and outcomes of the congenital diaphragmatic hernia birth defect and the limited public awareness of the birth defect cause many patients to receive substandard care, to forego regular visits to physicians, and not to receive good health or therapeutic management that would help avoid serious complications in the future, compromising the quality of life of those patients;

Whereas people suffering from chronic, life-threatening diseases and birth defects, similar to the congenital diaphragmatic hernia birth defect, and family members of those people are predisposed to depression and the resulting consequences of depression because of anxiety over the possible pain, suffering, and premature death that people with such diseases and birth defects may face;

Whereas the Senate and taxpayers of the United States want treatments and cures for disease and hope to see results from investments in research conducted by the National Institutes of Health and from initiatives such as the National Institutes of Health Roadmap to the Future;

Whereas the congenital diaphragmatic hernia birth defect is an example of how collaboration, technological innovation, scientific momentum, and public-private partnerships can generate therapeutic interventions that directly benefit the people and