

This is the same as the fiscal year 2007 funding level and \$918,000 less than the budget request. This funding goes to projects aimed at preventing, detecting, and responding to security events.

*Office of the Secretary*

The Committee recommends \$948,091,000 for public health preparedness activities administered by the Office of the Secretary, which is \$29,800,000 less than the budget request. No funding was provided for the Office of the Secretary within this account in fiscal year 2007.

*Pandemic influenza*

The Committee recommends \$948,091,000 for pandemic influenza preparedness activities of the Secretary of HHS, which is the same as the budget request. No funding has been provided to the Office of the Secretary for pandemic influenza in previous regular appropriation bills, although the Congress included \$5,657,000,000 for Department of Health and Human Services pandemic influenza preparedness and response activities in the fiscal year 2006 emergency supplemental appropriations bills. Of that total, approximately \$2,500,000,000 remains available for obligation. In addition, the Committee provides \$193,081,000 for non-emergency, on-going pandemic influenza activities within the Centers for Disease Control and Prevention and the National Institutes of Health. The Committee includes bill language, as requested, that permits the Secretary to transfer funds to other HHS accounts for the purpose of pandemic influenza preparedness and response.

Within the total, the Committee recommends \$870,000,000, to be available until expended, for activities including the development and purchase of vaccine, antivirals, necessary medical supplies, diagnostics, and other surveillance tools. The Committee also includes bill language, as requested, that permits the Secretary to deposit products purchased with these funds in the strategic national stockpile and that funds may be used, as deemed necessary by the Secretary, for the construction or renovation of privately owned facilities for the production of pandemic vaccine and other biologicals.

Within the total, the Committee recommends \$78,091,000 to support ongoing activities, including: ensuring effective communications, global and domestic pandemic preparedness and planning, international in-country advanced development and industrialization of human pandemic influenza vaccines, advanced development of rapid tests and detection, and management and administration.

*World Trade Center*

The Committee does not include funding within the Office of the Secretary for treatment of World Trade Center responders; instead \$50,000,000 is provided under the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH). Current Federal funding for the treatment and monitoring activities of rescue and recovery personnel who responded to the World Trade Center site of the September 11, 2001 attacks are administered by NIOSH. Further, the Congress provided an additional \$50,000,000 for World Trade Center health monitoring and

treatment to NIOSH in the fiscal year 2007 emergency supplemental appropriation (P.L. 110-28).

The Committee is concerned that, more than five years after the September 11, 2001 terrorist attacks on the U.S. and after multiple requests from Members of Congress, the Department of Health and Human Services still has not developed a long-term, comprehensive plan to medically monitor all individuals who were exposed to the toxins at the World Trade Center (WTC) site following the terrorist attacks of 9/11 and provide comprehensive medical services for those experiencing illnesses or injuries as a result of the WTC exposures.

Accordingly, the Committee directs the Secretary of Health and Human Services, together with the Director of NIOSH, and in consultation with the Secretary of Labor, to submit a report to the House and Senate Committees on Appropriations, and relevant authorizing committees, that includes a long-term, comprehensive Federal plan for monitoring, screening, analysis, and medical treatment for all individuals who were exposed to the toxins at the World Trade Center site, using a centers of excellence model of service delivery, as already established under the current program. This plan shall also address issues of long-term medical care, worker compensation, income security, and disability benefits for affected individuals and liability issues for the city of New York and its contractors. The Committee intends that this plan take into account all affected individuals, including emergency rescue, recovery, and clean up personnel; volunteers who responded to the attacks on the World Trade Center, including police officers, firefighters, emergency medical technicians, and transit workers; and other individuals who lived, worked, or attended school, child care, or adult day care in the New York City disaster area; and any other individuals whom the Secretary determines to be appropriate for inclusion.

The report shall include annual and long-term cost estimates of providing monitoring, screening, analysis, medical treatment, workers' compensation, income security, and disability services. In addition, the report shall include recommendations for new legislation, as appropriate, and be submitted not later than four months after the enactment of this Act.

#### *Healthcare provider credentialing*

The Committee does not include funding to start a new program for healthcare provider credentialing. The budget requested \$3,300,000 for this activity. The Committee believes a better use of resources is the expansion of the ongoing credentialing program operated by ASPR (formerly HRSA) to permit cross-State credentialing.

#### *Covered countermeasure process fund*

The Committee includes \$5,000,000, to remain available until expended, for the compensation fund established by the Public Readiness and Emergency Preparedness (PREP) Act. The Committee intends that funding be used to provide compensation to individuals harmed by the administration or use of the H5N1 influenza vaccine