

113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5751

To ensure that claims for benefits under the Black Lung Benefits Act are processed in a fair and timely manner, to better protect miners from pneumoconiosis (commonly known as “black lung disease”), and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2014

Mr. CARTWRIGHT (for himself, Mr. GEORGE MILLER of California, Mr. COURTNEY, Mr. RAHALL, and Mr. SCOTT of Virginia) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To ensure that claims for benefits under the Black Lung Benefits Act are processed in a fair and timely manner, to better protect miners from pneumoconiosis (commonly known as “black lung disease”), and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Black Lung Benefits  
5 Improvement Act of 2014”.

**1 SEC. 2. TABLE OF CONTENTS.**

**2** The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.

TITLE I—BLACK LUNG BENEFITS

PART A—IMPROVING THE PROCESS FOR FILING AND ADJUDICATING CLAIMS  
FOR BENEFITS

- Sec. 101. Mandatory disclosure of medical information and reports.
- Sec. 102. Legal fees.
- Sec. 103. Clarifying eligibility for black lung benefits.
- Sec. 104. Restoring adequate benefit adjustments for miners suffering from  
black lung disease and for their dependent family members.
- Sec. 105. Treatment of evidence in equipoise.
- Sec. 106. Providing assistance with claims for miners and their dependent fam-  
ily members.
- Sec. 107. False statements or misrepresentations, attorney disqualification, and  
discovery sanctions.
- Sec. 108. Development of medical evidence by the Secretary.
- Sec. 109. Establishment of pilot program to provide impartial classifications of  
chest radiographs.
- Sec. 110. Medical evidence training program.
- Sec. 111. Technical and conforming amendments.
- Sec. 112. Readjudicating cases involving certain chest radiographs.

PART B—REPORTS TO IMPROVE THE ADMINISTRATION OF BENEFITS  
UNDER THE BLACK LUNG BENEFITS ACT

- Sec. 113. Strategy to reduce delays in adjudication.
- Sec. 114. GAO report on black lung program.

TITLE II—STANDARD FOR RESPIRABLE DUST CONCENTRATION

- Sec. 201. Standard for respirable dust concentration.

TITLE III—ESTABLISHING THE OFFICE OF WORKERS'  
COMPENSATION PROGRAMS

- Sec. 301. Office of Workers' Compensation Programs.

TITLE IV—SEVERABILITY

- Sec. 401. Severability.

**3 SEC. 3. FINDINGS.**

**4** Congress finds the following:

- 5** (1) The Black Lung Benefits Act (30 U.S.C.
- 6** 901 et seq.) was enacted to provide health care and

1 modest benefits to coal miners who develop pneumo-  
2 coniosis (referred to in this section as “black lung  
3 disease”) resulting from exposure to coal dust dur-  
4 ing their employment. Yet the determination of a  
5 claimant’s eligibility for these benefits often requires  
6 complex, adversarial litigation. Resource disparities  
7 between coal companies and such claimants are  
8 widespread within the statutory and regulatory  
9 framework of such Act. Comprehensive reforms are  
10 necessary to ensure that coal miners are not at a  
11 disadvantage when filing claims for benefits.

12 (2) The Government Accountability Office has  
13 found that many claimants under the Black Lung  
14 Benefits Act are not equipped with the medical and  
15 legal resources necessary to develop evidence to meet  
16 the requirements for benefits. Miners often lack  
17 complete and reliable medical evidence, consequently  
18 increasing the risk that the individuals who review  
19 claims for benefits will be presented with insufficient  
20 medical evidence. Similarly, without better options  
21 for legal representation, significant numbers of such  
22 claimants proceed with their claims through a com-  
23 plex and potentially long administrative process  
24 without resources that Department of Labor officials  
25 and black lung disease experts note are important

1 for developing evidence and supporting their claims.  
2 Only a quarter of claimants are represented by an  
3 attorney when filing a claim. Absent efforts to rem-  
4 edy administrative problems and address structural  
5 weaknesses in the process for obtaining benefits,  
6 claimants with meritorious claims will not receive  
7 benefits.

8 (3) Full exchange and disclosure between the  
9 parties of relevant medical information is essential  
10 for fair adjudication of claims under the Black Lung  
11 Benefits Act, regardless of whether the parties in-  
12 tend to submit such information into evidence.  
13 Records of adjudications reveal that some mine oper-  
14 ators' legal representatives have withheld relevant  
15 evidence from claimants, administrative law judges,  
16 and, in some cases, even their own medical experts.  
17 In several cases, the disclosure of such evidence  
18 would have substantiated a miner's claim for bene-  
19 fits. Withholding medical information can endanger  
20 miners by depriving them of important information  
21 about their own health and the potential need to  
22 seek medical treatment.

23 (4) Given the remedial nature of the Black  
24 Lung Benefits Act, when an adjudicator determines  
25 that evidence is evenly balanced, it is appropriate for

1 any resulting doubt to be resolved in favor of the  
2 claimant. The Supreme Court vacated this long-  
3 standing legal principle, not on substantive grounds,  
4 but because its application conflicted with the re-  
5 quirements of another statute. Such principle needs  
6 to be reinstated in the Black Lung Benefits Act be-  
7 cause it provides fairness and improves the adminis-  
8 tration of benefits.

9 (5) Physicians who read lung x-rays as part of  
10 pulmonary assessments used in proceedings for  
11 claims under the Black Lung Benefits Act are re-  
12 quired to demonstrate competency in classifying  
13 chest radiographs by becoming certified as B Read-  
14 ers by the National Institute for Occupational Safety  
15 and Health (referred to in this section as  
16 “NIOSH”). However, investigations have uncovered  
17 that there are NIOSH-certified B Readers who have  
18 systematically misclassified chest radiographs while  
19 employed by coal operators or their law firms for the  
20 purpose of opposing claims under such Act. In re-  
21 sponse, the Department of Labor has directed claims  
22 examiners “not to credit negative chest x-ray read-  
23 ings for pneumoconiosis” by one widely used physi-  
24 cian employed at a prominent medical center unless  
25 the conclusions of such physician “have been reha-

1 bilitated”. Where chest radiographs are needed to  
2 establish entitlement to benefits, claimants should  
3 have access to accurate interpretations so as to en-  
4 sure the fair adjudication of such claims.

5 (6) As of the date of enactment of this Act,  
6 more than one year has passed since survivors were  
7 denied benefits on claims under the Black Lung  
8 Benefits Act that involved the consideration of chest  
9 radiograph interpretations rendered by a certain  
10 physician whose interpretations have since been de-  
11 termined by the Department of Labor to be gen-  
12 erally not worthy of credit. Such survivors should be  
13 permitted to file a new claim for benefits under such  
14 Act. However, a survivor is effectively barred from  
15 filing a new claim one year after a decision regard-  
16 ing such benefits is final, constituting an injustice  
17 that merits a remedy.

18 (7) Between the calendar years 2004 and 2014,  
19 a reduction in the number of administrative law  
20 judges in the Department of Labor, coupled with a  
21 large increase in the number of cases filed under the  
22 Black Lung Benefits Act, cuts to nondefense discre-  
23 tionary spending, furloughs resulting from seques-  
24 tration, and the 16-day shutdown of the Federal  
25 Government during the calendar year 2013, has cre-

1 ated extensive delays in adjudicating claims under  
2 such Act and numerous other labor and employment  
3 laws. Due to the imbalance between resources and  
4 caseloads, it takes 429 days to assign a case to an  
5 administrative law judge and a typical claim under  
6 such Act remains unresolved for an average of 42  
7 months prior to a decision by an administrative law  
8 judge. These delays directly and severely impact the  
9 lives of workers throughout the United States, plac-  
10 ing an undue financial and emotional burden on the  
11 affected individuals and their families.

12 (8) Contrary to the intent of Congress, benefits  
13 payments under the Black Lung Benefits Act do not  
14 automatically increase with the rising cost of living.  
15 Benefit payments are tied to the monthly pay rate  
16 for Federal employees in grade GS-2, step 1. In sev-  
17 eral of the fiscal years prior to the enactment of this  
18 Act, there was a pay freeze for Federal employees,  
19 which had the effect of eliminating cost-of-living ad-  
20 justments for miners, surviving spouses, and depend-  
21 ents under the Black Lung Benefits Act during such  
22 years.

23 (9) A competent assessment of medical infor-  
24 mation and testimony, which often involves multiple  
25 physicians disputing a diagnosis, is necessary in de-

1       termining whether to award benefits under the  
2       Black Lung Benefits Act. To ensure that a deter-  
3       mination regarding a claim for benefits under such  
4       Act is fair and accurate, regular training is needed  
5       regarding—

6               (A) developments in pulmonary medicine  
7               relating to black lung disease;

8               (B) medical evidence necessary to sustain  
9               claims for such benefits; and

10              (C) the proper weight to be given to con-  
11              flicting evidence.

12              (10) Black lung disease has been the underlying  
13              or contributing cause of death of more than 76,000  
14              miners since 1968. After decades of decline, the inci-  
15              dence of coal miners with black lung disease is on  
16              the rise. According to NIOSH, miners are devel-  
17              oping advanced cases of the disease at younger ages.  
18              In response, the Department of Labor has taken im-  
19              portant steps to combat the disease, including pro-  
20              mulgating a rule that reduces the allowed concentra-  
21              tion of coal dust and eliminates weaknesses in the  
22              current dust sampling system. Retrospective studies  
23              should be continued to determine whether revisions  
24              to the standards are necessary to eliminate the dis-  
25              ease.

1 **TITLE I—BLACK LUNG BENEFITS**

2 **PART A—IMPROVING THE PROCESS FOR FILING**

3 **AND ADJUDICATING CLAIMS FOR BENEFITS**

4 **SEC. 101. MANDATORY DISCLOSURE OF MEDICAL INFOR-**  
5 **MATION AND REPORTS.**

6 Part A of the Black Lung Benefits Act (30 U.S.C.  
7 901 et seq.) is amended by adding at the end the fol-  
8 lowing:

9 **“SEC. 403. MANDATORY MEDICAL INFORMATION DISCLO-**  
10 **SURE.**

11 “(a) **REPORT.**—In any claim for benefits under this  
12 title, an operator that requires a miner to submit to a  
13 medical examination regarding the miner’s respiratory or  
14 pulmonary condition shall, not later than 21 days after  
15 the miner has been examined, deliver to the claimant a  
16 complete copy of the examining physician’s report. The ex-  
17 amining physician’s report shall—

18 “(1) be in writing; and

19 “(2) set out in detail the findings of such physi-  
20 cian, including any diagnoses and conclusions, the  
21 results of any diagnostic imaging tests, and any  
22 other tests performed on the miner.

23 “(b) **DISCLOSURE.**—In any claim for benefits under  
24 this title, each party shall provide all other parties in the  
25 proceeding with a copy of all medical information devel-

1 oped regarding the miner’s physical condition relating to  
2 such claim, even if the party does not intend to submit  
3 the information as evidence. Such medical information  
4 shall include the opinion of any examining physician, and  
5 any examining or nonexamining physician’s interpreta-  
6 tions of radiographs or pathology.

7 “(c) REGULATIONS.—The Secretary shall promulgate  
8 regulations regarding the disclosure of medical informa-  
9 tion under this section, and such regulations may establish  
10 sanctions for noncompliance with this section.”.

11 **SEC. 102. LEGAL FEES.**

12 Part A of the Black Lung Benefits Act (30 U.S.C.  
13 901 et seq.), as amended by section 101, is further amend-  
14 ed by adding at the end the following:

15 **“SEC. 404. ATTORNEYS’ FEE PAYMENT PROGRAM.**

16 “(a) PROGRAM ESTABLISHED.—

17 “(1) IN GENERAL.—Not later than 180 days  
18 after the date of enactment of the Black Lung Bene-  
19 fits Improvement Act of 2014, the Secretary shall  
20 establish an attorneys’ fee payment program to pay  
21 attorneys’ fees, using amounts from the fund, to the  
22 attorneys of claimants in qualifying claims.

23 “(2) QUALIFYING CLAIM.—A qualifying claim  
24 for purposes of this section is a contested claim for  
25 benefits under this title for which a final order has

1 not been entered within one year of the filing of the  
2 claim.

3 “(3) USE OF PAYMENTS FROM THE FUND.—  
4 Notwithstanding any other provision of law,  
5 amounts in the fund shall be available for payments  
6 authorized by the Secretary under this section.

7 “(b) PAYMENTS AUTHORIZED.—

8 “(1) IN GENERAL.—If a claimant for benefits  
9 under this title obtains an effective award for a  
10 qualifying claim before an administrative law judge,  
11 the Benefits Review Board established under section  
12 21(b) of the Longshore and Harbor Workers’ Com-  
13 pensation Act (33 U.S.C. 921(b)), or a Federal  
14 court, and the judge, Board, or court approves attor-  
15 neys’ fees for work done before it, the Secretary  
16 shall, through the program under this section, pay  
17 an amount of attorneys’ fees not to exceed \$1,500  
18 at each stage of the administrative and legal process.

19 “(2) MAXIMUM.—The program established  
20 under this section shall not pay more than a total  
21 of \$4,500 in attorneys’ fees for any single qualifying  
22 claim.

23 “(c) REIMBURSEMENT OF FUNDS.—In any case in  
24 which a qualifying claim results in a final order awarding  
25 compensation, the liable operator shall reimburse the fund

1 for any fees paid under this section, subject to enforce-  
2 ment by the Secretary under section 424 and in the same  
3 manner as compensation orders are enforced under section  
4 21(d) of the Longshore and Harbor Workers' Compensa-  
5 tion Act (33 U.S.C. 921(d)).

6 “(d) **ADDITIONAL PROGRAM RULES.**—Nothing in  
7 this section shall limit or otherwise affect an operator’s  
8 liability for any attorneys’ fees awarded by an administra-  
9 tive law judge, the Benefits Review Board, or a Federal  
10 court, that were not paid by the program under this sec-  
11 tion. Nothing in this section shall limit or otherwise affect  
12 the Secretary’s authority to use amounts in the fund to  
13 pay approved attorneys’ fees in claims for benefits under  
14 this title for which a final order awarding compensation  
15 has been entered and the operator is unable to pay.

16 “(e) **NO RECOUPMENT OF ATTORNEYS’ FEES.**—Any  
17 payment for attorneys’ fees made by the Secretary under  
18 this section shall not be recouped from the claimant or  
19 the claimant’s attorney.”.

20 **SEC. 103. CLARIFYING ELIGIBILITY FOR BLACK LUNG BEN-**  
21 **EFITS.**

22 Section 411(c) of the Black Lung Benefits Act (30  
23 U.S.C. 921(c)) is amended by striking paragraphs (3) and  
24 (4) and inserting the following:

1           “(3) If x-ray, biopsy, autopsy, or other medi-  
2           cally accepted and relevant test or procedure estab-  
3           lishes that a miner is suffering or has suffered from  
4           a chronic dust disease of the lung, diagnosed as  
5           complicated pneumoconiosis or progressive massive  
6           fibrosis (pneumoconiosis that has formed an opacity,  
7           mass, or lesion greater than one centimeter in di-  
8           ameter), then there shall be an irrebuttable pre-  
9           sumption that such miner is totally disabled due to  
10          pneumoconiosis, that the miner’s death was due to  
11          pneumoconiosis, or that at the time of death the  
12          miner was totally disabled by pneumoconiosis, as the  
13          case may be. A chest radiograph, which yields one  
14          or more large opacities (greater than one centimeter  
15          in diameter), and would be classified in category A,  
16          B, or C in the International Classification of  
17          Radiographs of Pneumoconioses by the International  
18          Labor Organization, shall be sufficient to invoke the  
19          presumption, in the absence of more probative evi-  
20          dence sufficient to establish that the etiology of a  
21          large opacity is not pneumoconiosis.

22           “(4) If a miner was employed for 15 years or  
23           more in one or more coal mines, and if there is a  
24           chest radiograph submitted in connection with the  
25           claim under this title of such miner or such miner’s

1 surviving spouse, child, parent, brother, sister, or de-  
2 pendent and it is interpreted as negative with re-  
3 spect to the requirements of paragraph (3), and if  
4 other evidence demonstrates the existence of a to-  
5 tally disabling respiratory or pulmonary impairment,  
6 then there shall be a rebuttable presumption that  
7 such miner is totally disabled due to pneumoconiosis,  
8 that the miner's death was due to pneumoconiosis,  
9 or that at the time of death the miner was totally  
10 disabled by pneumoconiosis. In the case of a living  
11 miner, a spouse's affidavit may not be used by itself  
12 to establish the presumption under this paragraph.  
13 The presumption under this paragraph may be re-  
14 butted only by establishing that such miner does  
15 not, or did not, have pneumoconiosis, or that no part  
16 of such miner's respiratory or pulmonary impair-  
17 ment was caused by pneumoconiosis.".

18 **SEC. 104. RESTORING ADEQUATE BENEFIT ADJUSTMENTS**  
19 **FOR MINERS SUFFERING FROM BLACK LUNG**  
20 **DISEASE AND FOR THEIR DEPENDENT FAM-**  
21 **ILY MEMBERS.**

22 Section 412(a) of the Black Lung Benefits Act (30  
23 U.S.C. 922(a)) is amended by striking paragraph (1) and  
24 inserting the following:

1           “(1) In the case of total disability of a miner  
2 due to pneumoconiosis, the disabled miner shall be  
3 paid benefits during the disability—

4           “(A) for any calendar year preceding Jan-  
5 uary 1, 2015, at a rate equal to 37½ percent  
6 of the monthly pay rate for Federal employees  
7 in grade GS–2, step 1;

8           “(B) for the calendar year beginning on  
9 January 1, 2015, at a rate of \$7,980 per year,  
10 payable in 12 equal monthly payments; and

11           “(C) for each calendar year thereafter, at  
12 a rate equal to the amount under subparagraph  
13 (B) increased by an amount equal to any in-  
14 crease in the annual rate of the Consumer Price  
15 Index for Urban Wage Earners and Clerical  
16 Workers, as published by the Bureau of Labor  
17 Statistics.”.

18 **SEC. 105. TREATMENT OF EVIDENCE IN EQUIPOISE.**

19           Section 422 of the Black Lung Benefits Act (30  
20 U.S.C. 932) is amended by adding at the end the fol-  
21 lowing:

22           “(m) In determining the validity of a claim under this  
23 title, an adjudicator who finds that the evidence is evenly  
24 balanced on an issue shall resolve any resulting doubt in

1 the claimant’s favor and find that the claimant has met  
2 the burden of persuasion on such issue.”.

3 **SEC. 106. PROVIDING ASSISTANCE WITH CLAIMS FOR MIN-**  
4 **ERS AND THEIR DEPENDENT FAMILY MEM-**  
5 **BERS.**

6 Section 427(a) of the Black Lung Benefits Act (30  
7 U.S.C. 937(a)) is amended by striking “the analysis, ex-  
8 amination, and treatment” and all that follows through  
9 “coal miners.” and inserting “the analysis, examination,  
10 and treatment of respiratory and pulmonary impairments  
11 in active and inactive coal miners and for assistance on  
12 behalf of miners, spouses, dependents, and other family  
13 members with claims arising under this title.”.

14 **SEC. 107. FALSE STATEMENTS OR MISREPRESENTATIONS,**  
15 **ATTORNEY DISQUALIFICATION, AND DIS-**  
16 **COVERY SANCTIONS.**

17 Section 431 of the Black Lung Benefits Act (30  
18 U.S.C. 941) is amended to read as follows:

19 **“SEC. 431. FALSE STATEMENTS OR MISREPRESENTATIONS,**  
20 **ATTORNEY DISQUALIFICATION, AND DIS-**  
21 **COVERY SANCTIONS.**

22 “(a) IN GENERAL.—No person, including any claim-  
23 ant, physician, operator, duly authorized agent of such op-  
24 erator, or employee of an insurance carrier, shall—

1           “(1) knowingly and willfully make a false state-  
2           ment or misrepresentation for the purpose of obtain-  
3           ing, increasing, reducing, denying, or terminating  
4           benefits under this title; or

5           “(2) threaten, coerce, intimidate, deceive, or  
6           knowingly mislead a party, representative, witness,  
7           potential witness, judge, or anyone participating in  
8           a proceeding regarding any matter related to a pro-  
9           ceeding under this title.

10          “(b) FINE; IMPRISONMENT.—Any person who en-  
11          gages in the conduct described in subsection (a) shall,  
12          upon conviction, be subject to a fine in accordance with  
13          title 18, United States Code, imprisoned for not more than  
14          5 years, or both.

15          “(c) PROMPT INVESTIGATION.—The United States  
16          Attorney for the district in which the conduct described  
17          in subsection (a) is alleged to have occurred shall make  
18          every reasonable effort to promptly investigate each com-  
19          plaint of a violation of such subsection.

20          “(d) DISQUALIFICATION.—

21                 “(1) IN GENERAL.—An attorney or expert wit-  
22                 ness who engages in the conduct described in sub-  
23                 section (a) shall, in addition to the fine or imprison-  
24                 ment provided under subsection (b), be permanently

1 disqualified from representing any party, or appear-  
2 ing in any proceeding, under this title.

3 “(2) ATTORNEY DISQUALIFICATION.—In addi-  
4 tion to the disqualification described in paragraph  
5 (1), the Secretary may disqualify an attorney from  
6 representing any party in a proceeding under this  
7 title for either a limited term or permanently, if the  
8 attorney—

9 “(A) engages in any action or behavior  
10 that is prejudicial to the fair and orderly con-  
11 duct of such proceeding; or

12 “(B) is suspended or disbarred by any  
13 court of the United States, any State, or any  
14 territory, commonwealth, or possession of the  
15 United States with jurisdiction over the pro-  
16 ceeding.

17 “(e) DISCOVERY SANCTIONS.—An administrative law  
18 judge may sanction a party who fails to comply with an  
19 order to compel discovery or disclosure, or to supplement  
20 earlier responses, in a proceeding under this title. These  
21 sanctions may include, as appropriate—

22 “(1) drawing an adverse inference against the  
23 noncomplying party on the facts relevant to the dis-  
24 covery or disclosure order;

1           “(2) limiting the noncomplying party’s claims,  
2 defenses, or right to introduce evidence; and

3           “(3) rendering a default decision against the  
4 noncomplying party.

5           “(f) REGULATIONS.—The Secretary shall promulgate  
6 regulations that—

7           “(1) provide procedures for the disqualifications  
8 and sanctions under this section and are appropriate  
9 for all parties; and

10           “(2) distinguish between parties that are rep-  
11 resented by an attorney and parties that are not  
12 represented by an attorney.”.

13 **SEC. 108. DEVELOPMENT OF MEDICAL EVIDENCE BY THE**  
14 **SECRETARY.**

15           Part C of the Black Lung Benefits Act (30 U.S.C.  
16 931 et seq.) is amended by adding at the end the fol-  
17 lowing:

18 **“SEC. 435. DEVELOPMENT OF MEDICAL EVIDENCE BY THE**  
19 **SECRETARY.**

20           “(a) COMPLETE PULMONARY EVALUATION.—Upon  
21 request by a claimant for benefits under this title, the Sec-  
22 retary shall provide the claimant an opportunity to sub-  
23 stantiate the claim through a complete pulmonary evalua-  
24 tion of the miner that shall include—

1           “(1) an initial report, conducted by a qualified  
2 physician on the list provided under subsection (d),  
3 and in accordance with subsection (d)(5) and sec-  
4 tions 402(f)(1)(D) and 413(b); and

5           “(2) if the conditions under subsection (b) are  
6 met, any supplemental medical evidence described in  
7 subsection (c).

8           “(b) CONDITIONS FOR SUPPLEMENTAL MEDICAL  
9 EVIDENCE.—The Secretary shall develop supplemental  
10 medical evidence, in accordance with subsection (c)—

11           “(1) for any claim in which the Secretary rec-  
12 ommends an award of benefits based on the results  
13 of the initial report under subsection (a)(1) and a  
14 party opposing such award submits evidence that  
15 could be considered contrary to the findings of the  
16 Secretary; and

17           “(2) for any compensation case under this title  
18 heard by an administrative law judge, in which—

19           “(A) the Secretary has awarded benefits to  
20 the claimant;

21           “(B) the party opposing such award has  
22 submitted evidence not previously reviewed that  
23 could be considered contrary to the award  
24 under subparagraph (A); and

1           “(C) the claimant or, if the claimant is  
2           represented by an attorney, the claimant’s at-  
3           torney consents to the Secretary developing  
4           supplemental medical evidence.

5           “(c) PROCESS FOR SUPPLEMENTAL MEDICAL EVI-  
6 DENCE.—

7           “(1) IN GENERAL.—Except as provided under  
8           paragraph (2), to develop supplemental medical evi-  
9           dence under conditions described in subsection (b),  
10          the Secretary shall request the physician who con-  
11          ducted the initial report under subsection (a)(1)  
12          to—

13                  “(A) review any medical evidence sub-  
14                  mitted after such report or the most recent sup-  
15                  plemental report, as appropriate; and

16                  “(B) update his or her opinion in a supple-  
17                  mental report.

18           “(2) ALTERNATIVE PHYSICIAN.—If such physi-  
19           cian is no longer available or is unwilling to provide  
20           supplemental medical evidence under paragraph (1),  
21           the Secretary shall select another qualified physician  
22           to provide such evidence.

23           “(d) QUALIFIED PHYSICIANS FOR COMPLETE PUL-  
24 MONARY EVALUATION AND PROTECTIONS FOR SUIT-  
25 ABILITY AND POTENTIAL CONFLICTS OF INTEREST.—

1           “(1) QUALIFIED PHYSICIANS LIST.—The Sec-  
2           retary shall create and maintain a list of qualified  
3           physicians to be selected by a claimant to perform  
4           the complete pulmonary evaluation described in sub-  
5           section (a).

6           “(2) PUBLIC AVAILABILITY.—The Secretary  
7           shall make the list under this subsection available to  
8           the public.

9           “(3) ANNUAL EVALUATION.—Each year, the  
10          Secretary shall update such list by reviewing the  
11          suitability of the listed qualified physicians and as-  
12          sessing any potential conflicts of interest.

13          “(4) CRITERIA FOR SUITABILITY.—In deter-  
14          mining whether a physician is suitable to be on the  
15          list under this subsection, the Secretary shall consult  
16          the National Practitioner Data Bank of the Depart-  
17          ment of Health and Human Services and assess re-  
18          ports of adverse licensure, certifications, hospital  
19          privilege, and professional society actions involving  
20          the physician. In no case shall such list include any  
21          physician—

22                  “(A) who is not licensed to practice medi-  
23                  cine in any State or any territory, common-  
24                  wealth, or possession of the United States;

1           “(B) whose license is revoked by a medical  
2           licensing board of any State, territory, common-  
3           wealth, or possession of the United States; or

4           “(C) whose license is suspended by a med-  
5           ical licensing board of any State, territory, com-  
6           monwealth, or possession of the United States.

7           “(5) CONFLICTS OF INTEREST.—The Secretary  
8           shall develop and implement policies and procedures  
9           to ensure that any actual or potential conflict of in-  
10          terest of qualified physicians on the list under this  
11          subsection, including both individual and organiza-  
12          tional conflicts of interest, are disclosed to the De-  
13          partment, and to provide such disclosure to claim-  
14          ants. Such policies and procedures shall provide  
15          that, unless the claimant knowingly and with the  
16          benefit of full disclosure waives the following limita-  
17          tions, a physician shall not be used to perform a  
18          complete pulmonary medical evaluation under sub-  
19          section (a) that is reimbursed pursuant to subsection  
20          (f), if—

21                 “(A) such physician is employed by, under  
22                 contract to, or otherwise providing services to a  
23                 private party opposing the claim, a law firm or  
24                 lawyer representing such opposing party, or an

1 interested insurer or other interested third  
2 party; or

3 “(B) such physician has been retained by  
4 a private party opposing the claim, a law firm  
5 or lawyer representing such opposing party, or  
6 an interested insurer or other interested third  
7 party in the previous 24 months.

8 “(e) RECORD.—Upon receipt of any initial report or  
9 supplemental report under this section, the Secretary shall  
10 enter the report in the record and provide a copy of such  
11 report to all parties to the proceeding.

12 “(f) EXPENSES.—All expenses related to obtaining  
13 the medical evidence under this section shall be paid for  
14 by the fund. If a claimant receives a final award of bene-  
15 fits, the operator liable for payment of benefits, if any,  
16 shall reimburse the fund for such expenses, which shall  
17 include interest.”

18 **SEC. 109. ESTABLISHMENT OF PILOT PROGRAM TO PRO-**  
19 **VIDE IMPARTIAL CLASSIFICATIONS OF**  
20 **CHEST RADIOGRAPHS.**

21 (a) ESTABLISHMENT.—Part C of the Black Lung  
22 Benefits Act (30 U.S.C. 931 et seq.), as amended by sec-  
23 tion 108, is further amended by adding at the end the  
24 following:

1 **“SEC. 436. ESTABLISHMENT OF PILOT PROGRAM TO PRO-**  
2 **VIDE IMPARTIAL CLASSIFICATIONS OF**  
3 **CHEST RADIOGRAPHS.**

4 “(a) DEFINITIONS.—In this section:

5 “(1) B READER.—The term ‘B Reader’ means  
6 an individual who—

7 “(A) has a valid license to practice medi-  
8 cine in not less than one State, territory, com-  
9 monwealth, or possession of the United States;  
10 and

11 “(B) has demonstrated a proficiency,  
12 through an examination administered by the  
13 National Institute for Occupational Safety and  
14 Health, in classifying chest radiographs for  
15 findings consistent with pneumoconiosis using  
16 the International Classification of Radiographs  
17 of Pneumoconioses by the International Labor  
18 Organization (ILO).

19 “(2) B READER PANEL.—The term ‘B Reader  
20 Panel’ means a panel of not less than 3 B Readers  
21 selected by the Director exclusively from the B  
22 Reader Panel Pool.

23 “(3) DIRECTOR.—The term ‘Director’ means  
24 the Director of the National Institute for Occupa-  
25 tional Safety and Health.

1           “(4) ILO CLASSIFICATION.—The term ‘ILO  
2 classification’ means the standardized categorization  
3 of chest radiographs for findings consistent with  
4 pneumoconiosis using the International Classifica-  
5 tion of Radiographs of Pneumoconioses by the Inter-  
6 national Labor Organization.

7           “(5) B READER PANEL POOL.—The term ‘B  
8 Reader Panel Pool’ means the group of physicians  
9 included in the pool described in subsection (c).

10          “(b) B READER PANEL PROGRAM.—

11           “(1) ESTABLISHMENT OF PILOT PROGRAM.—

12           “(A) IN GENERAL.—The Director shall es-  
13 tablish, in the National Institute for Occupa-  
14 tional Safety and Health, a pilot program to be  
15 known as the ‘B Reader Panel Program’. The  
16 B Reader Panel Program shall establish B  
17 Reader Panels that—

18           “(i) are operated in a manner to as-  
19 sure accurate ILO classifications, which  
20 may be used for claims for benefits de-  
21 scribed in subparagraph (C);

22           “(ii) only classify chest radiographs;  
23 and

24           “(iii) classify all appearances de-  
25 scribed in the International Classification

1 of Radiographs of Pneumoconiosis or illus-  
2 trated by the ILO Standard Radiographs.

3 “(B) DURATION.—The B Reader Panel  
4 Program established under this section shall be  
5 conducted for a duration of one year, beginning  
6 after the issuance of necessary protocols and in-  
7 terim final rules under subsection (h).

8 “(C) APPLICABILITY.—A chest radiograph  
9 classification may only be requested under this  
10 section for a claim for benefits under this title  
11 where the presence or absence of complicated  
12 pneumoconiosis or progressive massive fibrosis  
13 (large opacities greater than or equal to cat-  
14 egory A of the ILO classification) is in fact at  
15 issue.

16 “(2) PROGRAM PERSONNEL MATTERS.—

17 “(A) IN GENERAL.—The Director may hire  
18 such personnel as are necessary to establish,  
19 manage, and evaluate the B Reader Panel Pro-  
20 gram, including a B Reader Program Director  
21 described in subparagraph (B).

22 “(B) B READER PROGRAM DIRECTOR.—  
23 The B Reader Program Director shall be a phy-  
24 sician who is a B Reader and has documented  
25 expertise in ILO classifications.

1 “(C) STAFF.—

2 “(i) IN GENERAL.—In procuring the  
3 services of B Readers for this section, the  
4 Director may hire Federal personnel, con-  
5 tract for services, or both.

6 “(ii) COMPENSATION.—The Director  
7 shall establish compensation rates for B  
8 Readers who are hired under contract.

9 “(3) ETHICS POLICY.—

10 “(A) CODE OF ETHICS.—

11 “(i) IN GENERAL.—In order to maxi-  
12 mize the quality, objectivity, and con-  
13 fidence in ILO classifications under this  
14 section, the Director shall establish a bind-  
15 ing code of ethics to which all B Readers  
16 in the B Reader Panel Pool shall agree to  
17 in writing and adhere.

18 “(ii) CONTENTS.—The code of ethics  
19 shall include—

20 “(I) definitions and stipulations  
21 of procedures dealing with actual and  
22 apparent conflicts of interest and the  
23 appearance of bias or lack of suffi-  
24 cient impartiality;

1                   “(II) a requirement that each  
2                   such B Reader submits a conflict of  
3                   interest disclosure statement to the  
4                   Director and annually updates such  
5                   statement; and

6                   “(III) requirements for the con-  
7                   tent of the conflict of interest disclo-  
8                   sure statements required under sub-  
9                   clause (II).

10                   “(B) B READER ETHICS OFFICER.—The  
11                   Director shall designate an employee of the Na-  
12                   tional Institute for Occupational Safety and  
13                   Health as the B Reader Ethics Officer whose  
14                   responsibilities shall include—

15                   “(i) reviewing all conflict of interest  
16                   disclosures of B Readers on the B Reader  
17                   Panel Pool;

18                   “(ii) investigating the validity of such  
19                   disclosures;

20                   “(iii) maintaining a list of such B  
21                   Readers who fail to disclose a conflict of  
22                   interest;

23                   “(iv) addressing complaints about in-  
24                   complete or inaccurate conflict of interest  
25                   disclosures;

1           “(v) assessing whether any such B  
2           Reader has been improperly assigned to a  
3           panel due to a conflict of interest; and

4           “(vi) assuring full transparency of  
5           conflict of interest disclosures to the pub-  
6           lic.

7           “(4) QUALITY ASSURANCE PROGRAM.—

8           “(A) PROTOCOLS.—

9           “(i) ESTABLISHMENT.—The Director  
10          shall establish a quality assurance program  
11          consisting of protocols to ensure that the  
12          results produced by B Reader Panels meet  
13          or exceed standards of performance re-  
14          quired for accuracy and consistency.

15          “(ii) PROTOCOLS.—The protocols  
16          under this subparagraph shall include pro-  
17          tocols—

18                  “(I) for each B Reader to pre-  
19                  pare an individual ILO classification  
20                  report for each chest radiograph; and

21                  “(II) for the preparation of a  
22                  final ILO classification report for the  
23                  chest radiograph.

24                  “(iii) ADDITIONAL REVIEWERS.—If  
25                  individual ILO classifications reported by

1 each B Reader of a B Reader Panel di-  
2 verge from each other by more than an ac-  
3 ceptable variance, as determined by proto-  
4 cols established under subsection (h), the  
5 Director shall assign additional B Readers  
6 to the applicable B Reader Panel or con-  
7 vene an additional B Reader Panel, as the  
8 Director determines necessary, to assure  
9 that the ILO classification report of the  
10 initial B Reader Panel is accurate and sci-  
11 entifically valid.

12 “(iv) USE OF KNOWN POSITIVE AND  
13 NEGATIVE X-RAYS AS A QUALITY CONTROL  
14 TOOL.—The quality assurance program  
15 under this paragraph shall use pre-read  
16 radiographs, for which ILO classifications  
17 have been previously established as exter-  
18 nal standards, with sufficient frequency in  
19 order to assure that B Readers on B Read-  
20 er Panels read radiographs that are bor-  
21 derline positive or negative for complicated  
22 pneumoconiosis or progressive massive fi-  
23 brosis (large opacities greater than or  
24 equal to category A of the ILO classifica-  
25 tion) with accuracy and consistency.

1                   “(v) BLIND READINGS.—In reading a  
2                   radiograph to make an ILO classification,  
3                   a B Reader shall be blinded from the ori-  
4                   gin of the radiograph.

5                   “(B) CONTINUOUS IMPROVEMENT.—The  
6                   Director shall establish a process for providing  
7                   feedback to B Readers in the B Reader Pool  
8                   with respect to their performance in providing  
9                   ILO classifications and provide suggestions for  
10                  improvement.

11                  “(c) CREATION AND MAINTENANCE OF B READER  
12                  PANEL POOL.—

13                   “(1) ESTABLISHMENT.—The Director shall es-  
14                   tablish a B Reader Panel Pool to be used for the B  
15                   Reader Panel Program under this section. The Di-  
16                   rector shall solicit and select physicians who are B  
17                   Readers for inclusion in the B Reader Panel Pool.

18                   “(2) SELECTION AND RETENTION FOR B READ-  
19                   ERS ON B READER PANEL POOL.—

20                   “(A) IN GENERAL.—The Director shall es-  
21                   tablish and disclose criteria by which B Readers  
22                   are selected and retained within the B Reader  
23                   Panel Pool, including minimum standards of  
24                   performance described in subparagraph (B).

1           “(B) MINIMUM STANDARDS OF PERFORM-  
2 ANCE.—The minimum standards of perform-  
3 ance for inclusion in the B Reader Panel Pool  
4 shall include requiring the B Reader to make  
5 radiograph classifications consistent with ILO  
6 classification criteria that are consistently with-  
7 in acceptable norms, as established by the Di-  
8 rector.

9           “(C) CONSIDERATIONS FOR SELECTION.—  
10 In selecting a B Reader to be included in the  
11 B Reader Panel Pool, the Director shall—

12                   “(i) assess, to the maximum extent  
13 practicable, the prior performance of the B  
14 Reader in making ILO classifications;

15                   “(ii) consult the National Practitioner  
16 Data Bank of the Department of Health  
17 and Human Services for information on  
18 physician suitability; and

19                   “(iii) assess reports of adverse licen-  
20 sure, certifications, hospital privilege, and  
21 professional society actions involving the B  
22 Reader.

23           “(D) MONITORING.—The Director shall  
24 monitor ILO classifications conducted under  
25 this section to determine if any B Reader in-

1           cluded in the B Reader Panel Pool dem-  
2           onstrates a pattern of providing ILO classifica-  
3           tions that are erroneous or not consistently  
4           within the acceptable norms, as established by  
5           the Director.

6           “(3) PROCESS FOR REMOVAL.—

7                 “(A) IN GENERAL.—The Director shall be  
8           authorized to suspend or remove any B Reader  
9           from the B Reader Panel Pool for—

10                     “(i) consistently failing to meet the  
11                     minimum standards of performance under  
12                     paragraph (2)(B);

13                     “(ii) breaching the code of ethics  
14                     under subsection (b)(3)(A); or

15                     “(iii) other disqualifying conduct, as  
16                     established by rule or policy.

17                 “(B) REVIEW.—The Director shall provide  
18           a process for a B Reader who is aggrieved by  
19           a decision of the Director under subparagraph  
20           (A) to seek review by the Secretary of Health  
21           and Human Services. The review by such Sec-  
22           retary shall not stay the suspension of the B  
23           Reader during the pendency of the review.

24                 “(4) DISCLOSURE.—The Director shall make  
25           publicly accessible—

1           “(A) the names and qualifications of the B  
2           Readers included in the B Reader Panel Pool;

3           “(B) the names of B Readers who have  
4           been suspended or removed from the B Reader  
5           Panel Pool and the reasons for such suspension  
6           or removal;

7           “(C) the conflict of interest disclosure  
8           statements required under subsection  
9           (b)(3)(A)(ii)(II); and

10           “(D) any pertinent information which the  
11           Director determines necessary to assure trans-  
12           parency and program integrity.

13           “(d) ELIGIBILITY TO REQUEST ILO CLASSIFICA-  
14           TIONS.—Each of the following individuals may request an  
15           ILO classification under this section:

16           “(1) Claimants or operators, or their authorized  
17           representatives, in a claim for benefits that meets  
18           the requirements of subsection (b)(1)(C).

19           “(2) Individuals defined as adjudication officers  
20           by regulations of the Secretary.

21           “(e) TIMING OF REPORTS.—Following the receipt of  
22           a written request for the classification of a chest  
23           radiograph, the Director shall provide a report conducted  
24           by a B Reader Panel—

1           “(1) for digital chest radiographic images, with-  
2           in 45 days; and

3           “(2) for film-based chest radiographs, within 90  
4           days.

5           “(f) TESTIMONY.—

6           “(1) AVAILABILITY OF DIRECTOR OR DES-  
7           IGNEE.—The Director, or a designee of the Director,  
8           shall be available to respond to interrogatories or ap-  
9           pear and testify about a B Reader Panel’s conclu-  
10          sions or the process by which B Reader Panels clas-  
11          sify radiographs in a case under subsection  
12          (b)(1)(C), upon the request of a party to such case.

13          “(2) INTERROGATORIES AND SUBPOENAS FOR B  
14          READERS.—To the extent that additional informa-  
15          tion is reasonably necessary for the full development  
16          of evidence pertaining to a B Reader Panel Report  
17          in a case under subsection (b)(1)(C), a B Reader of  
18          a B Reader Panel—

19                 “(A) may be required to respond to inter-  
20                 rogatories with respect to the ILO classification  
21                 provided by the B Reader in the case, only if  
22                 so ordered by an administrative law judge; and

23                 “(B) may not be required to appear and  
24                 testify under subpoena, unless the party making

1           such request demonstrates to an administrative  
2           law judge that—

3                   “(i)(I) the B Reader Panel Report is  
4                   incomplete or lacks information that is rea-  
5                   sonably necessary for such full develop-  
6                   ment; and

7                   “(II) if responses to interrogatories  
8                   were ordered, the responses are unclear or  
9                   incomplete; or

10                   “(ii) there is an extraordinary cir-  
11                   cumstance in which additional information  
12                   that is reasonably necessary for such full  
13                   development is otherwise unavailable from  
14                   the Director and can only be provided by  
15                   such B Reader.

16           “(g) ADMINISTRATIVE COSTS.—

17                   “(1) ESTABLISHMENT.—Funds necessary to es-  
18                   tablish and operate the B Reader Panel Program  
19                   under this section shall be paid as an administrative  
20                   cost from the fund. The Director shall consult with  
21                   the Secretary on allocations of funds in establishing  
22                   such program.

23                   “(2) COSTS OF REPORTS FOR B READER PAN-  
24                   ELS.—

25                   “(A) FEES.—

1           “(i) IN GENERAL.—The Director shall  
2           establish a fee for a B Reader Panel Re-  
3           port in accordance with clause (ii). Such  
4           fee shall be payable by the party request-  
5           ing such report. No fee shall be charged if  
6           the request for such ILO classification is  
7           made by an individual defined as an adju-  
8           dication officer by regulations of the Sec-  
9           retary.

10           “(ii) LIMITATION.—The amount of a  
11           fee under clause (i) shall not exceed the di-  
12           rect cost of hiring the B Readers of the B  
13           Reader Panel that made the ILO classi-  
14           fication.

15           “(B) LEGAL COSTS.—

16           “(i) IN GENERAL.—The National In-  
17           stitute for Occupational Safety and Health  
18           shall use amounts in the fund to pay for  
19           all costs related to the appearance and re-  
20           sponses to interrogatories of the Director  
21           or a designee of the Director, or a B Read-  
22           er of a B Reader Panel, in a proceeding  
23           under this section.

24           “(ii) REPRESENTATION OF THE NA-  
25           TIONAL INSTITUTE FOR OCCUPATIONAL

1 SAFETY AND HEALTH.—The General  
2 Counsel of the Department of Health and  
3 Human Services shall, in consultation with  
4 the Solicitor of Labor, represent the Na-  
5 tional Institute for Occupational Safety  
6 and Health in any proceeding under this  
7 section, which costs shall be payable from  
8 the fund.

9 “(h) PROTOCOLS AND INTERIM FINAL RULES.—Not  
10 later than 180 days after the date of enactment of the  
11 Black Lung Benefits Improvement Act of 2014, the Sec-  
12 retary of Health and Human Services shall issue protocols  
13 and promulgate interim final rules, as necessary, to com-  
14 mence the implementation of this section.

15 “(i) REPORT TO CONGRESS.—

16 “(1) IN GENERAL.—Not later than 30 days  
17 after the completion of the pilot program under this  
18 section, the Director shall, in consultation with the  
19 Secretary of Labor, prepare and submit a report to  
20 the Committee on Health, Education, Labor, and  
21 Pensions of the Senate and the Committee on Edu-  
22 cation and the Workforce of the House of Rep-  
23 resentatives that includes the information in para-  
24 graph (2).

1           “(2) CONTENTS.—The report under this sub-  
2 section shall include—

3           “(A) the number of B Reader Panels es-  
4 tablished under this section;

5           “(B) the number of B Readers partici-  
6 pating in the pilot program under this section;

7           “(C) the effectiveness of the quality assur-  
8 ance program under subsection (b)(4);

9           “(D) the accuracy of the ILO classifica-  
10 tions conducted by B Readers under this sec-  
11 tion;

12           “(E) challenges in the administration and  
13 implementation of such pilot program;

14           “(F) the costs and revenues of such pilot  
15 program;

16           “(G) the impact of the pilot program on  
17 the claims adjudication process;

18           “(H) a recommendation on whether the  
19 pilot program under this section should extend  
20 beyond the one-year duration under subsection  
21 (b)(1)(B); and

22           “(I) recommendations for any necessary  
23 modifications to such pilot program, if the Di-  
24 rector recommends such an extension.”.

1 (b) CONFORMING AMENDMENT RELATED TO DE-  
2 POSIT OF FEES.—Section 9501(b) of the Internal Rev-  
3 enue Code of 1986 (26 U.S.C. 9501(b)) is amended by  
4 adding at the end the following new paragraph:

5 “(3) CERTAIN FEES.—Amounts collected as  
6 fees authorized under section 436(g)(2)(A) of the  
7 Black Lung Benefits Act.”.

8 **SEC. 110. MEDICAL EVIDENCE TRAINING PROGRAM.**

9 Part C of the Black Lung Benefits Act (30 U.S.C.  
10 931 et seq.), as amended by sections 108 and 109, is fur-  
11 ther amended by adding at the end the following:

12 **“SEC. 437. MEDICAL EVIDENCE TRAINING PROGRAM.**

13 “(a) IN GENERAL.—Not later than 60 days after the  
14 date of enactment of the Black Lung Benefits Improve-  
15 ment Act of 2014, the Secretary, in coordination with the  
16 National Institute for Occupational Safety and Health,  
17 shall establish and implement a training program, to pro-  
18 vide education on issues relating to medical evidence rel-  
19 evant to claims for benefits under this title, to each of  
20 the following individuals who engage in work under this  
21 title:

22 “(1) District directors.

23 “(2) Claims examiners working under such di-  
24 rectors.

1           “(3) Administrative law judges and attorney  
2 advisors supporting such judges.

3           “(4) Members of the Benefits Review Board es-  
4 tablished under section 21(b) of the Longshore and  
5 Harbor Workers’ Compensation Act (33 U.S.C.  
6 921(b)).

7           “(b) TRAINING PROGRAM TOPICS.—The training  
8 program under this section shall provide an overview of  
9 topics that include—

10           “(1) new developments in pulmonary medicine  
11 relating to pneumoconiosis;

12           “(2) medical evidence, and other relevant evi-  
13 dence, sufficient to support a claim for benefits  
14 under this title; and

15           “(3) weighing conflicting medical evidence and  
16 testimony concerning eligibility for such benefits.

17           “(c) TIMING OF TRAINING.—

18           “(1) INDIVIDUALS HIRED OR APPOINTED PRIOR  
19 TO THE BLACK LUNG BENEFITS IMPROVEMENT ACT  
20 OF 2014.—Any district director, claims examiner, ad-  
21 ministrative law judge, attorney advisor supporting  
22 such judge, or member of the Benefits Review Board  
23 described in subsection (a)(4), who was hired or ap-  
24 pointed prior to the date of enactment of the Black  
25 Lung Benefits Improvement Act of 2014 shall com-

1       plete the training program under this section not  
2       later than 60 days after the establishment of such  
3       program under subsection (a) and not less than an-  
4       nually thereafter.

5               “(2) INDIVIDUALS HIRED OR APPOINTED AFTER  
6       THE BLACK LUNG BENEFITS IMPROVEMENT ACT OF  
7       2014.—Any district director, claims examiner, admin-  
8       istrative law judge, attorney advisor supporting such  
9       judge, or member of the Benefits Review Board de-  
10      scribed in subsection (a)(4), who is not described in  
11      paragraph (1) shall complete the training program  
12      under this section prior to engaging in any work  
13      under this title and not less than annually there-  
14      after.”.

15 **SEC. 111. TECHNICAL AND CONFORMING AMENDMENTS.**

16       The Black Lung Benefits Act (30 U.S.C. 901 et seq.)  
17 is amended—

18               (1) in section 401(a) (30 U.S.C. 901(a)), by in-  
19       serting “or who were found to be totally disabled by  
20       such disease” after “such disease”;

21               (2) in section 402—

22                       (A) in subsection (a), by striking para-  
23       graph (2) and inserting the following:

24                       “(2) a spouse who is a member of the same  
25       household as the miner, or is receiving regular con-

1 tributions from the miner for support, or whose  
2 spouse is a miner who has been ordered by a court  
3 to contribute to support, or who meets the require-  
4 ments of paragraph (1) or (2) of section 216(b) of  
5 the Social Security Act or paragraph (1) or (2) of  
6 section 216(f) of such Act. An individual is the  
7 ‘spouse’ of a miner when such individual is legally  
8 married to the miner under the laws of the State  
9 where the marriage was celebrated. The term  
10 ‘spouse’ also includes a ‘divorced wife’ or ‘divorced  
11 husband’, as such terms are defined in paragraph  
12 (1) or (4) of section 216(d) of such Act, who is re-  
13 ceiving at least one-half of his or her support, as de-  
14 termined in accordance with regulations prescribed  
15 by the Secretary, from the miner, or is receiving  
16 substantial contributions from the miner (pursuant  
17 to a written agreement), or there is in effect a court  
18 order for substantial contributions to the spouse’s  
19 support from such miner.”;

20 (B) by striking subsection (e) and insert-  
21 ing the following:

22 “(e) The term ‘surviving spouse’ includes the spouse  
23 living with or dependent for support on the miner at the  
24 time of the miner’s death, or living apart for reasonable  
25 cause or because of the miner’s desertion, or who meets

1 the requirements of subparagraph (A), (B), (C), (D), or  
2 (E) of section 216(c)(1) of the Social Security Act, sub-  
3 paragraph (A), (B), (C), (D), or (E) of section 216(g)(1)  
4 of such Act, or section 216(k) of such Act, who is not  
5 married. An individual is the ‘surviving spouse’ of a miner  
6 when legally married at the time of the miner’s death  
7 under the laws of the State where the marriage was cele-  
8 brated. Such term also includes a ‘surviving divorced wife’  
9 or ‘surviving divorced husband’, as such terms are defined  
10 in paragraph (2) or (5) of section 216(d) of such Act who  
11 for the month preceding the month in which the miner  
12 died, was receiving at least one-half of his or her support,  
13 as determined in accordance with regulations prescribed  
14 by the Secretary, from the miner, or was receiving sub-  
15 stantial contributions from the miner (pursuant to a writ-  
16 ten agreement) or there was in effect a court order for  
17 substantial contributions to the spouse’s support from the  
18 miner at the time of the miner’s death.”;

19 (C) in subsection (g)—

20 (i) in paragraph (2)(B)(ii), by striking  
21 “he ceased” and inserting “the individual  
22 ceased”; and

23 (ii) in the matter following paragraph  
24 (2)(C), by striking “widow” each place it  
25 appears and inserting “surviving spouse”;

1 (D) in subsection (h), by striking “Internal  
2 Revenue Code of 1954” and inserting “Internal  
3 Revenue Code of 1986”; and

4 (E) in subsection (i), by striking “Internal  
5 Revenue Code of 1954” and inserting “Internal  
6 Revenue Code of 1986”;

7 (3) in section 411 (30 U.S.C. 921)—

8 (A) by striking subsection (a) and insert-  
9 ing the following:

10 “(a) The Secretary shall, in accordance with the pro-  
11 visions of this title, and the regulations promulgated by  
12 the Secretary under this title, make payments of benefits  
13 in respect of—

14 “(1) total disability of any miner due to pneu-  
15 moconiosis;

16 “(2) the death of any miner whose death was  
17 due to pneumoconiosis;

18 “(3) total disability of any miner at the time of  
19 the miner’s death with respect to a claim filed under  
20 part C prior to January 1, 1982;

21 “(4) survivors’ benefits for any claim filed after  
22 January 1, 2005, that is pending on or after March  
23 23, 2010, where the miner is found entitled to re-  
24 ceive benefits at the time of the miner’s death as a  
25 result of the miner’s claim filed under part C; and

1           “(5) survivors’ benefits where the miner is  
2 found entitled to receive benefits at the time of the  
3 miner’s death resulting from the miner’s claim filed  
4 under part C before January 1, 1982.”; and

5           (B) in subsection (c)—

6           (i) in paragraph (1), by striking “his  
7 pneumoconiosis” and inserting “the min-  
8 er’s pneumoconiosis”; and

9           (ii) in paragraph (2), by striking “his  
10 death” and inserting “the miner’s death”;

11          (4) in section 412 (30 U.S.C. 922)—

12          (A) in subsection (a)—

13           (i) by striking paragraph (2) and in-  
14 serting the following:

15          “(2) In the case of a surviving spouse—

16           “(A) of a miner whose death is due to pneumo-  
17 coniosis;

18           “(B) in a claim filed after January 1, 2005,  
19 and that is pending on or after March 23, 2010, of  
20 a miner who is found entitled to receive benefits at  
21 the time of the miner’s death as a result of the min-  
22 er’s claim filed under part C;

23           “(C) of a miner who is found entitled to receive  
24 benefits at the time of the miner’s death as a result

1 of the miner's claim filed under part C before Janu-  
2 ary 1, 1982; or

3 “(D) in a claim filed under part C before Janu-  
4 ary 1, 1982, of a miner who was totally disabled by  
5 pneumoconiosis at the time of the miner's death,  
6 benefits shall be paid to the miner's surviving spouse at  
7 the rate the deceased miner would receive such benefits  
8 if he were totally disabled.”;

9 (ii) in paragraph (3)—

10 (I) by striking “(3) In the case”  
11 and all that follows through “section  
12 411(c)” and inserting the following:  
13 “(3)(A) In the case of the child or  
14 children of a miner described in sub-  
15 paragraph (B)”;

16 (II) by striking “he” each place  
17 it appears and inserting “the child”;

18 (III) by striking “widow” each  
19 place it appears and inserting “sur-  
20 viving spouse”; and

21 (IV) by adding at the end the fol-  
22 lowing:

23 “(B) Subparagraph (A) shall apply in the case of any  
24 child or children—

1           “(i) of a miner whose death is due to pneumo-  
2           coniosis;

3           “(ii) in a claim filed after January 1, 2005,  
4           that is pending on or after March 23, 2010, of a  
5           miner who is found entitled to receive benefits at the  
6           time of the miner’s death as a result of the miner’s  
7           claim filed under part C;

8           “(iii) of a miner who is found entitled to receive  
9           benefits at the time of the miner’s death as a result  
10          of the miner’s claim filed under part C before Janu-  
11          ary 1, 1982;

12          “(iv) in a claim filed under part C before Janu-  
13          ary 1, 1982, of a miner who was totally disabled by  
14          pneumoconiosis at the time of the miner’s death;

15          “(v) of a surviving spouse who is found entitled  
16          to receive benefits under this part at the time of the  
17          surviving spouse’s death; or

18          “(vi) entitled to the payment of benefits under  
19          paragraph (5) of section 411(e).”; and

20                               (iii) in paragraph (5)—

21                                       (I) by striking the first sentence  
22                                       and inserting the following: “In the  
23                                       case of the dependent parent or par-  
24                                       ents of a miner who is not survived at  
25                                       the time of death by a surviving

1 spouse or a child and (i) whose death  
2 is due to pneumoconiosis, (ii) in a  
3 claim filed after January 1, 2005,  
4 that is pending on or after March 23,  
5 2010, who is found entitled to receive  
6 benefits at the time of his the miner's  
7 death as a result of the miner's claim  
8 filed under part C, (iii) who is found  
9 entitled to receive benefits at the time  
10 of his death as a result of the miner's  
11 claim filed under part C before Janu-  
12 ary 1, 1982, or (iv) in a claim filed  
13 under part C before January 1, 1982,  
14 who was totally disabled by pneumo-  
15 coniosis at the time of the miner's  
16 death; in the case of the dependent  
17 surviving brother(s) or sister(s) of  
18 such a miner who is not survived at  
19 the time of the miner's death by a  
20 surviving spouse, child, or parent; in  
21 the case of the dependent parent or  
22 parents of a miner (who is not sur-  
23 vived at the time of the miner's death  
24 by a surviving spouse or child) who  
25 are entitled to the payment of benefits

1 under paragraph (5) of section  
2 411(c); or in the case of the depend-  
3 ent surviving brother(s) or sister(s) of  
4 a miner (who is not survived at the  
5 time of the miner's death by a sur-  
6 viving spouse, child, or parent) who  
7 are entitled to the payment of benefits  
8 under paragraph (5) of section  
9 411(c), benefits shall be paid under  
10 this part to such parent(s), or to such  
11 brother(s), or sister(s), at the rate  
12 specified in paragraph (3) (as if such  
13 parent(s) or such brother(s) or sis-  
14 ter(s), were the children of such  
15 miner).”;

16 (II) in the fourth sentence—

17 (aa) by striking “brother  
18 only if he” and inserting “broth-  
19 er or sister only if the brother or  
20 sister”; and

21 (bb) by striking “before he  
22 ceased” and inserting “before the  
23 brother or sister ceased”; and

1 (iv) in paragraph (6), by striking  
2 “prescribed by him” and inserting “pre-  
3 scribed by such Secretary”;

4 (B) in subsection (b)—

5 (i) by striking “his” each place it ap-  
6 pears and inserting “such miner’s”;

7 (ii) by striking “widow” each place it  
8 appears and inserting “surviving spouse”;  
9 and

10 (C) in subsection (e), by striking “Internal  
11 Revenue Code of 1954” and inserting “Internal  
12 Revenue Code of 1986”;

13 (5) in section 413 (30 U.S.C. 923)—

14 (A) in subsection (b)—

15 (i) in the second sentence, by striking  
16 “his wife’s affidavits” and inserting “affi-  
17 davits of the miner’s spouse”;

18 (ii) in the ninth sentence, by striking  
19 “widow” and inserting “surviving spouse”;  
20 and

21 (iii) by striking the last sentence; and

22 (B) in subsection (c), by striking “his  
23 claim” and inserting “the claim”;

24 (6) in section 414 (30 U.S.C. 924)—

25 (A) in subsection (a)—

1 (i) in paragraph (1), by striking  
2 “widow, within six months after the death  
3 of her husband” and inserting “surviving  
4 spouse, within six months after the death  
5 of the miner”; and

6 (ii) in paragraph (2)(C), by striking  
7 “his” and inserting “the child’s”; and

8 (B) in subsection (e)—

9 (i) by striking “widow” and inserting  
10 “surviving spouse”; and

11 (ii) by striking “his death” and insert-  
12 ing “the miner’s death”;

13 (7) in section 415(a) (30 U.S.C. 925(a))—

14 (A) in paragraph (1), by striking “Internal  
15 Revenue Code of 1954” and inserting “Internal  
16 Revenue Code of 1986”; and

17 (B) in paragraph (2)—

18 (i) by striking “he” and inserting  
19 “such Secretary”; and

20 (ii) by striking “him” and inserting  
21 “such Secretary”;

22 (8) in section 421 (30 U.S.C. 931)—

23 (A) in subsection (a), by striking “widows”  
24 and inserting “spouses”; and

25 (B) in subsection (b)(2)—

1 (i) in the matter preceding subpara-  
2 graph (A), by striking “he” and inserting  
3 “such Secretary”; and

4 (ii) in subparagraph (F), by striking  
5 “promulgated by him” and inserting “pro-  
6 mulgated by such Secretary”;

7 (9) in section 422 (30 U.S.C. 932)—

8 (A) in subsection (a)—

9 (i) by striking “Internal Revenue  
10 Code of 1954” and inserting “Internal  
11 Revenue Code of 1986”; and

12 (ii) by striking “he” and inserting  
13 “such Secretary”;

14 (B) in subsection (i)(4), by striking “Inter-  
15 nal Revenue Code of 1954” and inserting “In-  
16 ternal Revenue Code of 1986”; and

17 (C) in subsection (j), by striking “Internal  
18 Revenue Code of 1954” each place it appears  
19 and inserting “Internal Revenue Code of  
20 1986”;

21 (10) in section 423(a) (30 U.S.C. 933(a)), by  
22 striking “he” and inserting “such operator”;

23 (11) in section 424(b) (30 U.S.C. 934(b))—

1 (A) in the matter following subparagraph  
2 (B) of paragraph (1), by striking “him” and in-  
3 serting “such operator”;

4 (B) in paragraph (3), by striking “Internal  
5 Revenue Code of 1954” each place it appears  
6 and inserting “Internal Revenue Code of  
7 1986”; and

8 (C) in paragraph (5), by striking “Internal  
9 Revenue Code of 1954” and inserting “Internal  
10 Revenue Code of 1986”;

11 (12) in section 428 (30 U.S.C. 938)—

12 (A) in subsection (a), by striking “him”  
13 and inserting “such operator”; and

14 (B) in subsection (b)—

15 (i) in the first sentence, by striking  
16 “he” and inserting “the miner”;

17 (ii) in the third sentence, by striking  
18 “he” and inserting “the Secretary”;

19 (iii) in the ninth sentence—

20 (I) by striking “he” each place it  
21 appears and inserting “the Sec-  
22 retary”; and

23 (II) by striking “his” and insert-  
24 ing “the miner’s”; and

1 (iv) in the tenth sentence, by striking  
2 “he” each place it appears and inserting  
3 “the Secretary”; and

4 (13) in section 430 (30 U.S.C. 940)—

5 (A) by striking “1977 and” and inserting  
6 “1977,”; and

7 (B) by striking “1981” and inserting  
8 “1981, and the Black Lung Benefits Improve-  
9 ment Act of 2014, and any amendments made  
10 after the date of enactment of such Act,”.

11 **SEC. 112. READJUDICATING CASES INVOLVING CERTAIN**  
12 **CHEST RADIOGRAPHS.**

13 (a) DEFINITIONS.—In this section:

14 (1) COVERED CHEST RADIOGRAPH.—The term  
15 “covered chest radiograph” means a chest  
16 radiograph that was interpreted as negative for sim-  
17 ple pneumoconiosis, complicated pneumoconiosis, or  
18 progressive massive fibrosis by a physician with re-  
19 spect to whom the Secretary has directed, in writing  
20 and after an evaluation by the Secretary, that such  
21 physician’s negative interpretations of chest  
22 radiographs not be credited, except where subse-  
23 quently determined to be credible by the Secretary  
24 in evaluating a claim for benefits under the Black  
25 Lung Benefits Act (30 U.S.C. 901 et seq.).

1           (2) COVERED INDIVIDUAL.—The term “covered  
2 individual” means an individual whose record for a  
3 claim for benefits under the Black Lung Benefits  
4 Act includes a covered chest radiograph.

5           (3) COVERED SURVIVOR.—The term “covered  
6 survivor” means an individual who—

7                   (A) is a survivor of a covered individual  
8 whose claim under the Black Lung Benefits Act  
9 was still pending at the time of the covered in-  
10 dividual’s death; and

11                   (B) who continued to seek an award with  
12 respect to the covered individual’s claim after  
13 the covered individual’s death.

14           (b) CLAIMS.—A covered individual or a covered sur-  
15 vivor whose claim for benefits under the Black Lung Bene-  
16 fits Act (30 U.S.C. 901 et seq.) was denied prior to the  
17 enactment of this Act may file a new claim for benefits  
18 under this Act not later than one year after the date of  
19 enactment of this Act.

20           (c) ADJUDICATION ON THE MERITS.—

21                   (1) IN GENERAL.—Any new claim filed under  
22 subsection (b) shall be adjudicated on the merits and  
23 shall not include consideration of a covered chest  
24 radiograph.

1           (2) COVERED SURVIVOR.—Any new claim filed  
2           under subsection (b) by a covered survivor shall be  
3           adjudicated as either a miner’s or a survivor’s claim  
4           depending upon the type of claim pending at the  
5           time of the covered individual’s death.

6           (d) TIME OF PAYMENT.—

7           (1) MINER’S CLAIM.—If a claim, filed under  
8           subsection (b) and adjudicated under subsection (c)  
9           as a miner’s claim, results in an award of benefits,  
10          benefits shall be payable beginning with the month  
11          of the filing of the denied claim that had included  
12          in its record a covered chest radiograph.

13          (2) SURVIVOR’S CLAIM.—If a claim, filed under  
14          subsection (b) and adjudicated under subsection (c)  
15          as a survivor’s claim, results in an award of benefits,  
16          benefits shall be payable beginning with the month  
17          of the miner’s death.

18          (e) CONTRIBUTING IMPACT.—The Secretary shall  
19          have the discretion to deny a new claim under subsection  
20          (b) in circumstances where the party opposing such claim  
21          establishes through clear and convincing evidence that a  
22          covered chest radiograph did not contribute to the decision  
23          to deny benefits in all prior claims filed by the covered  
24          individual or the covered survivor.

1 (f) LIMITATION ON FILING OF NEW CLAIMS.—A new  
2 claim for benefits may be filed under subsection (b) only  
3 if the original claim was finally denied by a district direc-  
4 tor, an administrative law judge, or the Benefits Review  
5 Board established under section 21(b) of the Longshore  
6 and Harbor Workers' Compensation Act (33 U.S.C.  
7 921(b)).

8 **PART B—REPORTS TO IMPROVE THE ADMINIS-**  
9 **TRATION OF BENEFITS UNDER THE BLACK**  
10 **LUNG BENEFITS ACT**

11 **SEC. 113. STRATEGY TO REDUCE DELAYS IN ADJUDICA-**  
12 **TION.**

13 (a) IN GENERAL.—Not later than 90 days after the  
14 date of enactment of this Act, the Secretary of Labor shall  
15 submit to the Committee on Health, Education, Labor,  
16 and Pensions and the Committee on Appropriations of the  
17 Senate and the Committee on Education and the Work-  
18 force and the Committee on Appropriations of the House  
19 of Representatives a comprehensive strategy to reduce the  
20 backlog of cases pending on such date of enactment before  
21 the Office of Administrative Law Judges of the Depart-  
22 ment of Labor.

23 (b) CONTENTS OF STRATEGY.—The strategy under  
24 this section shall provide information relating to—

1           (1) the current and targeted pendency for each  
2 category of cases before the Office of Administrative  
3 Law Judges of the Department of Labor;

4           (2) the number of administrative law judges,  
5 attorney advisors supporting such judges, support  
6 staff, and other resources necessary to achieve and  
7 maintain the targeted pendency for each category of  
8 such cases;

9           (3) the necessary resources to improve effi-  
10 ciency and effectiveness, such as equipment for video  
11 conferences, training, use of reemployed annuitants,  
12 and administrative reforms;

13           (4) the impact of sequestration, furloughs, and  
14 the Federal Government shutdown, which occurred  
15 from October 1 to October 16, 2013, on increasing  
16 administrative burdens and the backlog of cases  
17 pending before such office; and

18           (5) with respect to claims filed under the Black  
19 Lung Benefits Act (30 U.S.C. 901 et seq.), the nec-  
20 essary resources needed to reduce the average pend-  
21 ency of cases to less than 12 months from the date  
22 of receipt of the case to the date of disposition of  
23 such case.

24           (c) CONSULTATION.—In preparing such strategy, the  
25 Secretary of Labor shall consult with organizations that

1 have ongoing interactions with the Office of Administra-  
2 tive Law Judges of the Department of Labor, including  
3 organizations that represent parties in cases under the  
4 Black Lung Benefits Act, the Longshore and Harbor  
5 Workers' Compensation Act (33 U.S.C. 901 et seq.), and  
6 Federal statutes regarding whistleblowers, wages and  
7 hours for employees, and immigration.

8 **SEC. 114. GAO REPORT ON BLACK LUNG PROGRAM.**

9 (a) IN GENERAL.—Not later than one year after the  
10 date of enactment of this Act, the Comptroller General  
11 of the United States shall submit to the Committee on  
12 Health, Education, Labor, and Pensions of the Senate and  
13 the Committee on Education and the Workforce of the  
14 House of Representatives a report on any barriers to  
15 health care faced by coal miners with pneumoconiosis.

16 (b) CONTENTS.—The report required under sub-  
17 section (a) shall include—

18 (1) an assessment of possible barriers to health  
19 care under the Black Lung Benefits Act (30 U.S.C.  
20 901 et seq.) and the degree to which any barriers  
21 impact the ability of miners with legitimate medical  
22 needs, particularly such miners in rural areas, to ac-  
23 cess treatment for pneumoconiosis;

1           (2) recommendations necessary to address  
2 issues, if any, relating to patient access to care  
3 under such Act; and

4           (3) an evaluation of whether the benefit pay-  
5 ments authorized under such Act, as amended by  
6 this Act, are sufficient to meet the expenses of dis-  
7 abled miners, surviving spouses, dependents, and  
8 other family members entitled to receive benefits  
9 under the Black Lung Benefits Act.

10 **TITLE II—STANDARD FOR RES-**  
11 **PIRABLE DUST CONCENTRA-**  
12 **TION**

13 **SEC. 201. STANDARD FOR RESPIRABLE DUST CONCENTRA-**  
14 **TION.**

15           Section 202 of the Federal Mine Safety and Health  
16 Act of 1977 (30 U.S.C. 842) is amended by adding at  
17 the end the following:

18           “(i) REPORTS.—

19                   “(1) RETROSPECTIVE STUDY.—

20                           “(A) IN GENERAL.—Beginning on August  
21                           1, 2021, the Secretary shall conduct a retro-  
22                           spective study evaluating data collected using  
23                           continuous personal dust monitors to determine  
24                           whether to—

1           “(i) lower the applicable standard for  
2           respirable dust concentration to protect the  
3           health of miners;

4           “(ii) increase the frequency for taking  
5           samples of respirable dust concentration,  
6           using continuous personal dust monitors;

7           “(iii) modify the engineering controls  
8           and work practices used by mine operators  
9           to comply with the applicable standard for  
10          respirable dust concentration; and

11          “(iv) convert samples taken for shifts  
12          that are greater than 8 hours to an 8-hour  
13          equivalent concentration to more accu-  
14          rately assess the conditions of miners  
15          working on longer shifts.

16          “(B) COMPLETION DEADLINE.—By Au-  
17          gust 1, 2022, the Secretary shall complete the  
18          study required by subparagraph (A) and report  
19          the findings of such study to the Committee on  
20          Health, Education, Labor, and Pensions of the  
21          Senate and the Committee on Education and  
22          the Workforce of the House of Representatives.

23          “(2) SUBSEQUENT STUDIES.—By August 1,  
24          2025, and every 3 years thereafter, the Secretary  
25          shall conduct a new study as described in paragraph

1 (1)(A) and report, by not later than one year after  
2 the commencement of the study, the findings of such  
3 study to the Committee on Health, Education,  
4 Labor, and Pensions of the Senate and the Com-  
5 mittee on Education and the Workforce of the  
6 House of Representatives.

7 “(3) REVISED STANDARDS.—If any report of  
8 the Secretary under this subsection concludes that  
9 the applicable standard for respirable dust con-  
10 centration should be lowered to protect the health of  
11 miners, or that the incidence of pneumoconiosis  
12 among coal miners in the United States, as reported  
13 by the National Institute for Occupational Safety  
14 and Health, has not been reduced from such inci-  
15 dence prior to the implementation of the most recent  
16 applicable standard for respirable dust concentra-  
17 tion, the Secretary shall, consistent with the require-  
18 ments of this section and section 101, accordingly  
19 revise such standard and any applicable sampling or  
20 testing procedures not later than 24 months after  
21 the publication of such report of the Secretary under  
22 this subsection.”.

1 **TITLE III—ESTABLISHING THE**  
2 **OFFICE OF WORKERS’ COM-**  
3 **PENSATION PROGRAMS**

4 **SEC. 301. OFFICE OF WORKERS’ COMPENSATION PRO-**  
5 **GRAMS.**

6 (a) ESTABLISHMENT.—There shall be established, in  
7 the Department of Labor, an Office of Workers’ Com-  
8 pensation Programs (referred to in this section as the “Of-  
9 fice”).

10 (b) DIRECTOR.—

11 (1) IN GENERAL.—The Office shall be directed  
12 by a Director for the Office of Workers’ Compensa-  
13 tion (referred to in this title as the “Director”) who  
14 shall be appointed by the President, by and with the  
15 advice and consent of the Senate.

16 (2) DUTIES.—The Director shall carry out all  
17 duties carried out by the Director for the Office of  
18 Workers’ Compensation as of the day before the  
19 date of enactment of this Act.

20 (c) FUNCTIONS.—The functions of the Office on and  
21 after the date of enactment of this Act shall include the  
22 functions of the Office on the day before the date of enact-  
23 ment of this Act, including all of its personnel, assets, au-  
24 thorities, and liabilities.

1 (d) REFERENCES TO BUREAU OF EMPLOYEES' COM-  
2 PENSATION.—Reference in any other Federal law, Execu-  
3 tive order, reorganization plan, rule, regulation, or delega-  
4 tion of authority, or any document of or relating to the  
5 Bureau of Employees' Compensation with regard to func-  
6 tions carried out by the Office of Workers' Compensation  
7 Programs, shall be deemed to refer to the Office of Work-  
8 ers' Compensation Programs.

## 9 **TITLE IV—SEVERABILITY**

### 10 **SEC. 401. SEVERABILITY.**

11 If any provision of this Act, or an amendment made  
12 by this Act, or the application of such provision to any  
13 person or circumstance, is held to be invalid, the remain-  
14 der of this Act, or an amendment made by this Act, or  
15 the application of such provision to other persons or cir-  
16 cumstances, shall not be affected.

○