# Background on H.R. 847, The James Zadroga the 9/11 Health and Compensation Act

**Prepared by the Office of Senator Kirsten Gillibrand**
**478 Russell Senate Office Building**
**Washington, DC 20510**
**202.224.4451**

*Questions? Contact Brooke Jamison (Brooke_Jamison@gillibrand.senate.gov) or Heather Loneck (Heather_Loneck@gillibrand.senate.gov) at 202.224.4451*
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## What is the problem?

- Thousands of first responders and others exposed to the toxins of Ground Zero are now injured and need our help. These include firefighters, rescue workers, responders, police officers and EMTs, construction workers, cleanup workers, residents, area workers, and school children, among others. Their illnesses include a range of respiratory, gastrointestinal, and mental health conditions.

- Nearly 14,000 WTC responders currently are sick and receiving treatment. Nearly 53,000 responders are enrolled in medical monitoring. 71,000 individuals are enrolled in the WTC Health Registry, indicating that they were exposed to the toxins.

- At least 10,000 people came from around the country to help in the aftermath of the attacks. They hail from **every single state** in the Union and nearly every Congressional District. Many are sick and others are very concerned about their future health.

- Those who have economic losses because of their WTC-related illnesses need and deserve compensation, but have no alternative to the current litigation system. The WTC Contractors and the City of New York are being sued by over 10,000 people who are injured because of Ground Zero toxins. They face great financial loss because they were asked to help at Ground Zero in the country's time of need.

## How H.R. 847 addresses the problem:

- Provides medical monitoring and treatment to WTC responders and survivors (area workers, residents, students) who were exposed to the toxins at Ground Zero.

- Builds on the existing monitoring and treatment program by delivering expert medical treatment for the illnesses caused by those unique exposures at Centers of Excellence.

- Reopens the 9/11 Victim Compensation Fund (VCF) to provide compensation for economic losses and harm as an alternative to the current litigation system.

- Provides liability protections for the WTC Contractors and the City of New York.

## Status of H.R. 847:

- On September 29, 2010, the House of Representatives passed the managers' amendment to H.R. 847 under regular order by a vote of 268-160, including support from 17 Republicans.

- The offset targets "treaty shopping" where a foreign company in a country without a U.S. treaty routes income through a third intermediary company with a treaty to take advantage of the intermediary company's tax reductions.

# Key Provisions of H.R. 847,
# The 9/11 Health and Compensation Act,
As reported by Energy & Commerce and Judiciary

Thousands of first responders and others exposed to the toxins of Ground Zero are now sick and in need of treatment and compensation. H.R. 847 would build on the existing program to provide long-term, comprehensive health care and compensation for those in need. The bill would do the following:

**Establish the World Trade Center Health Program,** within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC responders and WTC survivors, delivered through Centers of Excellence. The WTC Program Administrator is required to develop and implement a program to ensure the quality of medical monitoring and treatment, a program to detect fraud, and to submit an annual report to Congress on the operation of the program.

**WTC Responder Medical Monitoring and Treatment Program:**
If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program.

Once a responder is in monitoring, the patient can receive treatment only if their condition is on the list of Identified WTC-related conditions in the bill AND the physician determines that 'exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness.' The physician's determination must be evaluated and characterized through the use of appropriate questionnaires and clinical protocols approved by the NIOSH Director. A federal employee designated by the Program Administrator shall review the determination and provide certification for treatment if appropriate.

The program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on Federal Employees Compensation Act (FECA) rates (FECA rates are used in all federal compensation systems, like Energy Workers, Black Lung, Longshoremen, and compensation for Members of Congress). Treatment is limited to that which is medically necessary. The administrator reviews the determination of medical necessity and decides if payment will be made.

Workers' Compensation is the primary payor, followed by the government, if there are no worker's compensation benefits or private or public insurance.

As of June 30, 2010, there were more than 53,000 people enrolled in the current Responder Program. The bill sets a cap of 25,000 additional participants in the program, for a total cap of around 80,000 responders.

**WTC National Responder Program:** The program administrator will establish a nationwide network of providers so that eligible individuals who live outside of the New York/New Jersey

area can reasonably access monitoring and treatment benefits near where they live. There are more than 4,000 responders enrolled in the current National Responder Program, as of June 30, 2010.

**WTC Survivor Program:** The bill establishes a Survivor program to provide initial health screenings, medical treatment, and follow-up monitoring to eligible WTC survivors. It sets forth geographic and exposure criteria for defining the potential population who may be eligible for the program (i.e. those who lived, worked or were present in lower Manhattan, south of Houston Street, or in Brooklyn within a 1.5 mile radius of the WTC site for certain defined time periods). The criteria and procedures for determinations of eligibility, diagnosing WTC-related health conditions and certification are the same as for those in the responder health program.

For those WTC-related health conditions certified for medical treatment that are not work-related, the WTC program is the secondary payor to any applicable public or private health insurance. For those costs not covered by other insurance, the program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on FECA rates.

As of June 30, 2010, there were nearly 4,800 individuals enrolled in the Survivor program. The bill sets a cap of 25,000 additional survivors, excluding those already enrolled.

There is a contingency fund of $20 million per year established to pay the cost of WTC-related health claims that may arise in individuals who fall outside the more limited definition of the population eligible for the survivor program included in the revised bill.

**Cost Share for the City of New York:**
The City of New York is required to contribute a 10 percent matching cost share, but not more than $500 million over 10 years.

**Reopen the September 11 Victim Compensation Fund (VCF)** and provides liability protections for the WTC Contractors to provide fair compensation for economic losses and harm as an alternative to the current litigation system.

# Summary of H.R. 847,
# The 9/11 Health and Compensation Act

Thousands of first responders and others exposed to the toxins of Ground Zero are now sick and in need of treatment and compensation. H.R. 847 would build on the current World Trade Center health programs to provide long-term, comprehensive health care and compensation for those in need. The bill as amended would cost $7.4 billion, which will be completely offset by closing a tax loophole on foreign companies, which will raise $7.4 billion over 10 years. Specifically, the bill would do the following:

## Title I - Health

**Establish the World Trade Center Health Program,** within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC responders and survivors. The program will be administered by the Director of NIOSH or his designee. The bill would also establish the WTC Health Program Scientific/Technical Advisory Committee to review and make recommendations on scientific matters and the World Trade Center Health Program Steering Committees to facilitate the coordination of the medical monitoring and treatment programs for responders and the survivors.

The WTC Program Administrator is required to develop and implement a program to ensure the quality of medical monitoring and treatment and a program to detect fraud; to submit an annual report to Congress on the operation of the program; and to provide notification to the Congress if program participation has reached 80 percent of the program caps.

As amended the bill would limit the 10-year health program to $3.5 billion, an amount that CBO estimates would sufficiently fund the program for 8 years.

**Establish a medical monitoring and treatment program for WTC responders and a medical monitoring/screening and treatment program for the survivors** to be delivered through Clinical Centers of Excellence and coordinated by Coordinating Centers of Excellence. The bill identifies criteria for designating the Centers of Excellence with which the program administrator enters into contracts, and provides for additional clinical centers and providers to be added.

In addition to monitoring and treatment, Clinical Centers of Excellence provide the following non-monitoring, non-treatment core services: outreach and education; counseling for monitoring and treatment benefits; counseling to help individuals identify and obtain benefits from workers' compensation, health insurance, disability insurance, or public or private social service agencies; translation services; and collection and reporting of data.

The Coordinating Centers of Excellence collect and analyze uniform data, coordinate outreach, develop the medical monitoring and treatment protocols, and oversee the steering committees for the responder and survivor health programs.

**WTC Responders Medical Monitoring and Treatment Program:** If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program.

Once a responder is in monitoring, the patient can receive treatment only if 1) their condition is on the list of Identified WTC-related conditions in the bill and 2) the physician determines that 'exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness.' The physician's determination must be evaluated and characterized through the use of appropriate questionnaires and clinical protocols approved by the NIOSH Director. If the physician diagnoses a condition that is not on the current list of identified conditions, but finds that it is substantially likely to be related to exposure at Ground Zero, then the program administrator, after review by an independent expert physician panel, can determine if the condition can be treated as a WTC-related condition in that individual. Additional conditions can be added to the list of conditions by regulations promulgated by the Program Administrator.

The program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on Federal Employees Compensation Act (FECA) rates (FECA rates are used in all federal compensation systems, like Energy Workers, Black Lung, Longshoremen, and compensation for Members of Congress). Treatment is limited to what which is medically necessary. The administrator reviews the determination of medical necessity and decides if payment will be made.

Workers' compensation is the primary payor, followed by the government, if there are no worker's compensation benefits or private or public insurance.

As of June 30, 2010, there were more than 53,000 people enrolled in the current Responder Program. The bill sets a cap of 25,000 additional participants in the program, for a total cap of around 80,000 responders.

**WTC Survivor Program:** The bill establishes a survivor program to provide initial health screenings, medical treatment, and follow-up monitoring to eligible survivors. It sets forth geographic and exposure criteria for defining the potential population who may be eligible for the program (i.e. those who lived, worked or were present in lower Manhattan, South of Houston Street, or in Brooklyn within a 1.5 mile radius of the WTC site for certain defined time periods). The criteria and procedures for determinations of eligibility, diagnosing WTC-related health conditions, and certification process are the same as for those in the responder health program.

For those WTC-related health conditions certified for medical treatment that are not work-related, the WTC program is the secondary payor to any applicable public or private health insurance. For those costs not covered by other insurance, the program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on FECA rates.

As of June 30, 2010, there were nearly 4,800 individuals enrolled in the Survivor program. The bill sets a cap of 25,000 additional survivors, excluding those already enrolled.

There is a contingency fund of $20 million per year established to pay the cost of WTC-related health claims that may arise in individuals who fall outside the more limited definition of the population eligible for the survivor program included in the revised bill.

**WTC National Responder Program:** The program administrator will establish a nationwide network of providers so that eligible individuals who live outside of the NY area can reasonably access monitoring and treatment benefits near where they live. These eligible individuals are included in the caps on the number of participants in the responder and survivor programs. There are more than 4,000 responders enrolled in the current National Responder Program, as of June 30, 2010.

**Cost Share for the City of New York:**
The City of New York is required to contribute a 10 percent matching cost share, but not more than $500 million over 10 years.

**Provide for Research into Conditions**: In consultation with the Program Steering Committee and under all applicable privacy protections, HHS will conduct or support research about conditions that may be WTC-related, and about diagnosing and treating WTC-related conditions.

**Extend support for NYC Department of Health and Mental Hygiene programs:** NIOSH would extend support for the World Trade Center Health Registry.

**Title II - Compensation**

**Reopen the September 11 Victim Compensation Fund (VCF):**
The bill reopens the VCF until 2031, allowing individuals who did not previously file a claim, or who became ill after the original deadline, to be compensated for economic damages and losses stemming from their injuries. The purpose behind reopening the fund for over 20 years is to protect to the greatest extent possible those persons who were exposed during the rescue and recovery operations, but whose resulting injuries are latent and will manifest over the next two decades. As amended, the bill would cap the reopened VCF at $8.4 billion; $4.2 billion in the first 10 years and another $4.2 billion in the remaining years. It would also limit attorney fees to 10% in most cases.

**Provide liability protections for the WTC Contractors and the City of New York:**
The bill provides protection from liability to the WTC Contractors that participated in recovery efforts and debris removal. The bill provides that their liability is limited to the amount of funds held by the World Trade Center Captive Insurance Company, the amount of available insurance coverage identified by the Captive Insurance Company, and the amount of insurance coverage held by certain other entities. The bill also provides that the liability of the City of New York is limited to the City's insurance coverage or $350,000,000, whichever is greater.

The bill establishes a priority of funds from which plaintiffs may satisfy judgments or settlements obtained in civil claims or actions related to recovery and cleanup efforts. The priority requires exhaustion of amounts held by the Captive Insurance Company and identified insurance policies, followed by exhaustion of the amount for which the City of New York is

liable, followed by exhaustion of the available insurance coverage maintained by the Port Authority and other entities with a property interest in the World Trade Center on September 11, 2001, followed by exhaustion of the available insurance coverage maintained by individual contractors and subcontractors.

**Offset for Proposed Settlement:**
There is currently a proposed settlement to resolve more than 10,000 lawsuits by responders and clean-up workers for illnesses and injuries from exposure to toxins at the World Trade Center site. In order to prevent the uncertainty of legislation from impacting the pending potential settlement, the amended bill will allow individuals who settled with the Captive Insurance fund and the other defendants to then go to the reopened VCF. Any future VCF award would be reduced or offset by the amount of the settlement award.

The provision would also limit the possible compensation for attorneys' fees to 10% of the total compensation paid out from both sources. Under the pending potential settlement, lawyers' fees are capped at 25%. Under a reopened VCF as reported by the Judiciary Committee, lawyers' fees will be capped at 10%. The amended provision that would allow those who received a settlement to file a claim from the VCF would also cap lawyers' fees at 10% of total compensation (settlement award +VCF).

**Title III – Pay-for**

**Foreign company withholding tax provision**
In order to raise $7.4 billion over 10 years, the bill would prevent foreign multinational corporations incorporated in tax haven countries from avoiding tax on income earned in the U.S.

Known as "treaty shopping," this occurs where a parent firm headquartered abroad routes its U.S.-source income through structures in which a U.S. subsidiary of the foreign multinational corporation makes a deductible payment to a country that is signatory to a tax-reducing treaty with the U.S. before ultimately sending these earnings to the tax haven country where the parent firm is located.

It does not violate U.S. tax treaties because the provision's restrictions would not apply where a tax-reducing treaty exists with a parent company's home country.

# Q&A on H.R. 847, the 9/11 Health and Compensation Act

Thousands of first responders and others exposed to the toxins of Ground Zero are now sick and in need of treatment and compensation. The 9/11 Health and Compensation Act would provide long-term, comprehensive health care and compensation for those in need.

**Q: What happened to the bill in the House of Representatives?**
A: On September 29, 2010, the House passed the amendment in the nature of a substitute to H.R. 847 under regular order by a vote of 268-160, including support from 17 Republicans.

**Q: Who are we talking about?**
A. New York firefighters, police officers and EMTs, construction workers, clean-up workers, volunteers from across the country, federal and state employees, police and firefighters from other states and jurisdictions, U.S. military personnel, residents, area workers, and school children, among others.

**Q: What illnesses do they have?**
A. Illnesses include respiratory and gastrointestinal system conditions such as asthma, interstitial lung disease, chronic cough, and gastroesophageal reflux disease (GERD), and mental health conditions such as post-traumatic stress disorder (PTSD).

**Q: How many are sick?**
A: Nearly 14,000 responders and more than 2,500 survivors are currently sick and receiving treatment. Over 53,000 responders are currently in medical monitoring. 71,000 individuals are enrolled in the WTC Health Registry, indicating that they were exposed to toxins.

**Q: Where are they from?**
A: Although most of these people live in the New York/New Jersey area, at least 10,000 people came from around the country to help in the aftermath of the attacks. They hail from every state in the Union and nearly every congressional district. Many are sick and others are very concerned about their health.

**Q. Why is it important to provide care through Centers of Excellence?**
A. Experts have testified to Congress that up to 40 percent of WTC Responders who went to see only their family doctor, but later came to a Center of Excellence, were being misdiagnosed and given the wrong treatment for the illnesses caused by the unique exposures from the WTC site.

**Q. Why does the bill create a new entitlement?**
A. Thousands of people are now sick and will need care for years to come. We must provide stable support for ongoing treatment, just as we do for other federal health care programs.

**Q. What about workers' compensation?**
A. When a workers' compensation claim has been approved, workers' compensation will pay for it, because workers' compensation is the first payor under the bill. However, since workers' compensation benefits often take a long time to be approved, the government can cover the expenses and then get reimbursed by workers' compensation.

**Q. What about people's private health insurance?**
A. People's private health insurance is the first payor if the illness is not work-related. Private insurance will not pay for work-related illnesses.

**Q. What about the responsibility and contribution of New York City?**
A. NYC is required to pay a 10% matching share of the total cost of the entire health program.

**Q. How can we be sure that only those who are legitimately sick receive treatment?**
A. There are many requirements to determining eligibility for treatment. First, the responder must be certified for and receiving monitoring. Once a responder is in monitoring, the patient can receive treatment only if 1) the condition is on the list of Identified WTC-related conditions in the bill and 2) the physician determines that 'exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness' in that patient. The physician's determination must be evaluated and characterized through the use of appropriate questionnaires and clinical protocols approved by the NIOSH Director. Last, a federal employee designated by the program administrator shall review the determination and provide certification for treatment if appropriate.

**Q. Who would be served in the Survivor Program?**
A. The Survivor Program serves individuals who live, work, or go to school within a geographic area established under the bill. The area includes areas of Manhattan that are south of Houston Street and the area in Brooklyn within a 1.5 mile radius of the World Trade Center site.

**Q. Why should the federal government pay for survivors?**
A. Survivors are people who were caught in the crossfire of an attack on our nation. The vast majority of them were living their lives, going to work, or going to school, just like we all do. They are sick from exposures from the exact same toxins that the responders breathed in. In the aftermath of the attacks, it was the federal government who told them the air was safe to breathe and encouraged them to go back home, to work, and to open up Wall Street to stabilize the economy. The government misled them, and they are no less deserving than the Responders.

**Q. What is the reimbursement rate for health care services?**
A. The reimbursement rate for health care services is the rate provided for under the Federal Worker's Compensation Act. This is the same reimbursement rate that providers receive for treating work-related injuries and illnesses for federal employees, including members of Congress. The same rate is used for all federal compensation programs including the Energy Workers' Compensation Program, Black-Lung, and the Longshore and Harbor Workers' Compensation Act.

**Q. Why is the program under NIOSH?**
A. NIOSH administers the WTC Health program that is already underway. They have the ability and expertise to continue and expand the program under the bill. They routinely administer monitoring programs and will have the ability to contract out other duties with which they have less experience.

**Q. What was the original September 11 Victim Compensation Fund (VCF)?**
A. In the immediate aftermath of the September 11th terrorist attacks the Congress created the Victims Compensation Fund (VCF) to provide compensation for victims of 9/11. This fund provided aid to the families of 9/11 victims and to individuals who suffered personal injury. Among other things, aid from the fund pays for medical expenses and lost wages. In return for accepting these funds, recipients relinquished rights to any future litigation. The fund had a deadline for applicants of December 22, 2003.

**Q. Why does it need to be reopened?**
A. Many of the disease we now see in WTC responders did not develop until after the application deadline for the VCF had passed. These individuals should not be denied compensation just because they got sick after the deadline.

**Q: What about the WTC construction contractors who worked to clear debris?**
A. They are facing lawsuits by some 10,000 people who are sick because of Ground Zero toxins. The federal government had told them that their liability would be taken care of. Now they face great financial loss simply because they were there in the country's time of need.

**Q. How does the bill take into account the current litigation system?**
A. The amended bill will allow individuals who settled with the Captive Insurance fund and the other defendants to then go to the reopened VCF. Any future VCF award would be reduced or offset by the amount of the settlement award. However, there are many more individuals who are sick than those who have already filed lawsuits. Reopening the VCF would provide those who are sick a no-fault system to be compensated for their losses with minimal legal costs.

**Q. What limits are there to size and growth of the programs?**
A. Funding for the bill is capped in several ways: The healthcare spending is capped by the total dollars available, the number of patients who can get medical monitoring or treatment for their World Trade Center (WTC)-related injuries, and the total number of years the health program is administered. The Victim Compensation Fund also is capped by the total dollars available and the number of years the Fund operates.

**Q. How much funding does this require?**
A. The cost of the bill is $7.4 billion over 10 years. The bill is PAY-GO compliant and will not add to the deficit. It is Capped mandatory funding that is offset completely.

**Q. How will the bill be paid for?**
The $7.4 billion is offset completely by closing a loophole for companies incorporated in non-treaty foreign countries who do business in the U.S. Known as "treaty shopping," this occurs where a parent firm headquartered abroad routes its U.S.-source income through structures in which a U.S. subsidiary of the foreign multinational corporation makes a deductible payment to a country that is signatory to a tax-reducing treaty with the U.S. before ultimately sending these earnings to the tax haven country where the parent firm is located. The provision does not hurt U.S. companies.

# Revenue source for the 9/11 Health and Compensation Act

The 9/11 Health and Compensation Act is PAY-GO compliant. It is offset completely by closing a loophole for companies incorporated in non-treaty foreign countries who do business in the U.S.

This proposal is estimated to raise the $7.4 billion over 10 years as provided in the bill.

## What is the foreign company withholding tax provision?

The bill would prevent foreign multinational corporations incorporated in tax haven countries from avoiding tax on income earned in the U.S.

Known as "treaty shopping," this occurs where a parent firm headquartered abroad routes its U.S.-source income through structures in which a U.S. subsidiary of the foreign multinational corporation makes a deductible payment to a country that is signatory to a tax-reducing treaty with the U.S. before ultimately sending these earnings to the tax haven country where the parent firm is located.

The provision does not hurt U.S. companies as it targets only those corporations that are headquartered abroad.

It also does not violate U.S. tax treaties because the provisions' restrictions would not apply where a tax-reducing treaty exists with a parent company's home country.

# Limitation on Treaty Benefits for Certain Deductible Payments

- **This provision will NOT hurt U.S. companies:** The provision does not apply to any company headquartered in the United States.

- **This provision does NOT violate U.S. treaties:** The United States enters into tax treaties with individual foreign countries to coordinate similar income tax systems. Tax treaties help to prevent double taxation of the same income. The U.S. reduces its withholding taxes on payments to the country with which it has a treaty and that country reduces its withholding taxes on payments to the United States. However, U.S. tax treaties are being manipulated by foreign corporations based in non-treaty countries in order to dodge U.S. taxes.

- **This provision does NOT target our major trading partners:** The vast majority of foreign multinationals would not be affected because they are based in developed countries with which the United States has an income tax treaty. The provision only applies to multinational corporations based in non-treaty countries that have little or no income tax and who avoid U.S. taxation on their actual earnings by siphoning off revenues through payments to parent corporations in tax haven hideaways.

- **This provision will NOT hurt foreign investment:** The bill has no effect on multinationals based in U.S. tax treaty countries. Overwhelmingly, foreign investment comes from tax-treaty countries with legitimate business structures that are not purposefully designed to avoid U.S. taxation.

- **This provision levels the playing field for U.S. corporations:** Ensuring foreign-owned companies pay their fair share is not just about tax fairness, it is also about creating a level competitive field for American companies that play by the rules. In a May 2002 report, the Office of Tax Policy within President Bush's Treasury Department stated: "The inappropriate shifting of income out of U.S. taxing jurisdiction represents an erosion of the U.S. corporate tax base. It provides an unfair competitive advantage to these companies relative to their U.S. counterparts that operate in a U.S.-based group. Moreover, it erodes confidence in the fairness of the tax system." The report also notes that inversions coupled with an increase in foreign acquisitions of U.S. multinationals, "are evidence that the competitive disadvantage caused by our international tax rules is a serious issue with significant consequences for U.S. businesses and the U.S. economy."

- **This provision closes a Treasury-identified tax loophole that costs billions:** A 2002 Treasury report concluded that, "An appropriate immediate response should address the U.S. tax advantages that are available to foreign-based companies because of the ability to reduce the U.S. corporate-level tax on income from U.S. operations." But five years later, Treasury has not acted, while billions in taxes continue to be lost. One indication that the problem persists is found in the President's FY 2008 Budget, which states "Under current law, opportunities are available to reduce inappropriately the U.S. tax on income earned from U.S. operations through the use of foreign related-party debt."

- **This provision is NOT a new idea**: Congress has been working to stop international tax abuse for years. Language to address the tax loophole corrected by the offset has been considered in the Ways & Means Committee and by the Senate.

# Myth vs. Fact:
# Revenue Source for 9/11 Health and Compensation Act

**Myth vs. Fact #1**

**Myth #1:** The proposal would cause foreign governments to withdraw from bilateral tax treaties and would harm foreign investment in the United States.

**Fact #1:** The nonpartisan Joint Committee on Taxation states in their analysis of the economic impact of the proposal that "proximity to customers may tend to dominate the tax issues addressed in the legislation, thus providing incentives to interested foreign parties to restructure their offshore operations and/or work to extend or deepen the U.S. bilateral treaty network, rather than to withdraw or diminish their overall investment in the United States."

**Myth vs. Fact #2**

**Myth #2:** The proposal would override existing tax treaties.

**Fact #2:** Over $460 billion of annual payments are made from the United States to tax treaty partners. The proposal would affect 0.1% of these payments – 99.9% of payments to treaty partners would continue to enjoy the benefits negotiated under U.S. income tax treaties.

With respect to the 0.1% of payments that would be affected, the Model U.S. income tax treaty provides that "internal law principles of the source Contracting State may be applied to identify the beneficial owner of an item of income." At its core the treaty proposal would simply modify internal law principles to provide that the direct recipient of a deductible related-party payment is not the beneficial owner if a foreign parent corporation that is located outside the U.S. treaty network controls the recipient.

**Myth vs. Fact #3**

**Myth #3:** The proposal would raise the cost to foreigners of investing in the United States.

**Fact #3:** The proposal would have no effect on direct investment in U.S. businesses. The rates of tax on dividends and capital gains from equity investments would not be affected. Loans from unrelated foreign corporations and related foreign corporations with corporate parents that are located within the U.S. treaty network would also not be affected by the proposal.

The proposal would only affect an extremely narrow class of deductible payments (e.g., interest and royalty payments) that are made to related entities that are owned or controlled by foreign parent corporations located outside the U.S. treaty network.

**Myth vs. Fact #4**

**Myth #4:** The proposal would harm some foreign-owned U.S. businesses.

**Fact #4:** The nonpartisan Joint Committee on Taxation states that the treaty proposal "has mixed effects on the relatively small amount of affected capital flows, in part because the provision generally would not affect a U.S. corporation that reinvests earnings from U.S. operations back into U.S. activity."

**Myth vs. Fact #5**

**Myth #5:** The proposal is unnecessary because existing tax treaties contain provisions to prevent treaty shopping.

**Fact #5:** The Joint Committee on Taxation has estimated that the United States will lose more than $7.4 billion in tax revenue over the next ten years unless Congress makes this change. The Bush Administration and the Obama Administration have put forth numerous legislative proposals that would combat earnings stripping by foreign corporations.

**Myth vs. Fact #6**

**Myth #6:** Congress should not legislate to address abuses of the tax treaty network and should instead step back to allow the Treasury Department to address any abuses through renegotiating tax treaties.

**Fact #6:** The United States is a party to over 60 tax treaties. Renegotiating and ratifying each of these tax treaties would take a significant amount of time. While these treaties are being negotiated, companies would be able to continue to avoid taxes. The House of Representatives has a responsibility to act swiftly to ensure that taxpayers are not abusing the tax treaty network to avoid taxes.

**Myth vs. Fact #7**

**Myth #7:** Taking legislative action to address abuses of the tax treaty network would be unprecedented.

**Fact #7:** Congress has enacted legislation as recently as 1997 to address problems with the tax treaty network. In 1997, Congress passed legislation denying tax treaty benefits to certain abusive hybrid entity structures.

# The 9/11 Health and Compensation Act will not add to the deficit

**The bill is PAY-GO compliant.** The cost of the bill is $7.4 billion over 10 years. The $7.4 billion is offset completely by closing a loophole for companies incorporated in non-treaty foreign countries that do business in the U.S. It will not add to the deficit.

**Funding for the bill is CAPPED.** The healthcare spending is capped in three ways: the total dollars available, the number of people who can get medical monitoring or treatment for their World Trade Center (WTC)-related injuries, and the total number of years the health program is administered. The Victim Compensation Fund also is capped: the total dollars available and the number of years the Fund operates.

**A fiscally responsible approach.** Capped mandatory funding, which this bill provides, is the fiscally responsible approach; it is the only way to ensure that the program will be paid for with offsetting receipts. Leaving it to be paid for with discretionary funding does not guarantee it will not add to the deficit. The sponsors agree that the pay-for must be provided for the entire capped cost of the bill. In addition, the bill requires that New York City pay a 10% matching share of the total cost of the entire health program.

**A fight for year-to-year appropriations will put the care for WTC responders at risk.** A long-term health care program cannot be run effectively and efficiently without dedicated funding. If the funding is discretionary, the injured responders and survivors will have to battle each year for continued adequate funding. We need to take care of these heroes and survivors for years to come, but that fight will be harder and harder as the memories of 9/11 fade.

Under the new PAYGO law, only mandatory spending—not discretionary spending—is required to be paid for. In FY08 the WTC program received $109 million, of which $56.5 million (over 50%) was designated as emergency discretionary spending that was not paid for. This is the wrong approach.

Capped mandatory spending strikes the right balance between fiscal responsibility and moral responsibility to stand with those who helped our nation after we were attacked on 9/11.

# Reimbursement Rate – The 9/11 Health and Compensation Act

Under the 9/11 Health and Compensation Act, the reimbursement for health services is set at the Federal Employee Compensation Act (FECA) rate, which is what the Federal government pays for services when federal employees are injured on the job.

The bill uses FECA rates, rather than Medicare or Medicaid rates, because the medical determinations under the World Trade Center (WTC) program are similar to those in workers' compensation cases where a causal relationship needs to be determined between the environmental exposures and an illness that emerges later. Under H.R. 847, doctors in the program are required to make and document a determination whether or not an illness is related to exposures at Ground Zero, which requires significant time and expertise. These WTC-related conditions are medically complex and many patients have multiple conditions which require even more time for document and management of their cases.

Under Medicare and Medicaid, there is no requirement to make a causal connection. Doctors can treat patients regardless of the cause of their condition.

In the WTC program, however, doctors can be reimbursed for treatment only if the condition is determined to be World Trade Center-related on a case-by-case basis.

The determination sets a high bar: the physician must determine that the 'exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness.' The physician's determination must be evaluated and characterized through the use of appropriate questionnaires and clinical protocols approved by the NIOSH Director.

Based on the actual program experience, Medicare and Medicaid rates are not sufficient to cover the costs, and if they were used, the clinics could not provide the level of care necessary for the effective treatment of these complex medical conditions.

# Why do we need the 9/11 Health and Compensation Act after Health Care Reform has become law?

Health Care Reform does not address major components of the 9/11 Health and Compensation Act: 1) compensation, 2) specialized care at Centers of Excellence, 3) medical monitoring, and 4) workers' compensation.

## Compensation

Of the $7.4 billion estimated to be spent, more than half has nothing to do with health issues; it goes toward providing compensation for injuries and economic loss. By reopening the September 11th Victim Compensation Fund, the bill provides an alternative to litigation for compensating sick 9/11 workers who have experienced economic losses because of their World Trade Center-related injuries. This will resolve many of the more than 10,000 lawsuits pending against the WTC construction contractors and the City of New York, and the thousands more that are expected to be filed.

## Specialized care at Centers of Excellence

The WTC health program created by the bill is not an insurance program; it is a specialized monitoring and treatment program. In hearing after hearing, experts testified that being seen by any doctor does not necessarily mean proper care. In fact, there was expert testimony that 35-40% of those currently in the program had previously received the wrong diagnosis or treatment from a personal doctor who did not have expertise in WTC-related injuries. What is needed is specialized care at Centers of Excellence that treat WTC responders everyday.

## Medical Monitoring

Health insurance does not cover the cost of ongoing medical monitoring for responders.

## Workers' Compensation

Firefighters, police officers, construction workers, and many others were exposed to Ground Zero toxins *while at work*, and their injuries are supposed to be covered by workers' compensation. However, many employers continue to contest claims because injuries due to any environmental exposures have proved very difficult to attribute. At the same time, work-related injuries are not covered by the health insurance system. This means that responders often fall through the cracks, making the WTC health programs critical for their well-being. The health treatment costs are offset (reduced) by any workers' compensation payments that are received.

## Health Care Reform

The effect of Health Care Reform on this bill has been taken into account in CBO's score. The health care law will reduce the bill's cost because, for those in the program who are sick with non-work-related injuries, health insurance is the first payer. To the extent that more individuals will have health insurance as a result of health care reform, this should reduce the cost of the bill. However, for the other reasons stated above, this does not cover the cost or eliminate the need for monitoring or treatment for a majority of individuals affected by WTC-related injuries.

# WTC Captive Settlement and the need for H.R. 847, the 9/11 Health and Compensation Act

The proposed settlement to resolve more than 10,000 lawsuits by responders and cleanup workers for illnesses and injuries from exposure to toxins at the World Trade Center (WTC) site may provide individuals some long overdue, modest compensation for their injuries. However, it will not negate the need for reopening the 9/11 Victim Compensation Fund, which would provide those who are sick a no-fault system to be compensated for their losses with minimal legal costs.

## Not enough funding

Based on press reports, the settlement of up to $712.5 million will provide an average award of $71,000 before attorneys' fees of up to 25% and other deductions. This is much less than the CBO-estimated average award of $180,000 under the 9/11 Health and Compensation Act. Furthermore, the settlement would be only a fraction of the $392,000 average for 9/11-related injuries and illnesses paid by the Victim Compensation Fund in 2001-2004.

## Not all those who are sick are in the settlement

There are many more individuals who are sick than those who have already filed lawsuits. According to the National Institute for Occupational Safety and Health, in the last year alone, the federally funded WTC medical programs have provided treatment to nearly 16,000 injured responders and survivors, while the federal government has recognized over 20,000 people as having injuries from the toxins at Ground Zero. This, coupled with the fact that a large number of individuals in the settlement are not yet sick but fear they will become sick, demonstrates that there are a considerable number of individuals who likely qualify for compensation, but are not a part of the settlement.

## More lawsuits will result from those who have yet to become ill

As health conditions worsen for those not already in the settlement or as more serious illnesses develop, thousands of additional individuals are expected to come forward with new suits. The settlement will not cover them.

# Supporters of H.R. 847, the 9/11 Health and Compensation Act

First Responders

- Federal Law Enforcement Officers Association (FLEOA)
- International Association of Firefighters (IAFF)
- National Association of Police Organizations (NAPO)
- Captains Endowment Association of the NYPD
- Detectives Endowment Association of the NYPD
- Lieutenants Benevolent Association of the NYPD
- Sergeants Benevolent Association of the NYPD
- Port Authority Police Benevolent Association

Labor

- AFL-CIO
- American Association of State, County and Municipal Employees (AFSCME)
- Laborers' International Union of North America (LIUNA)
- Transportation Trades Department, AFL-CIO
- International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW)
- American Federation of State, County, and Municipal Employees

Construction

- American Council of Engineering Companies (ACEC)
- Associated Builders and Contractors (ABC)
- Associated General Contractors (AGC)
- Bovis Lend Lease
- Plaza Construction Company
- Tully Construction Company
- Turner Construction Company

Medical Care

- American Hospital Association
- New York City Health and Hospitals Corporation
- Logistics Health Incorporated

Foundations

- Feal Good Foundation
- WTC Rescuers Foundation

Government

- Community Board 1 of the City of New York
- National Association of Counties (NAoC)

CONGRESSIONAL BUDGET OFFICE
*U.S. Congress*
*Washington, DC 20515*

Douglas W. Elmendorf, Director

July 28, 2010

Honorable John M. Spratt Jr.
Chairman
Committee on the Budget
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Based on a review of an amendment in the nature of a substitute to H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010, as transmitted to the Congressional Budget Office on July 27, 2010, CBO estimates that enacting this legislation would increase both direct spending and revenues by $7.4 billion over the 2011-2020 period, resulting in no net impact on the deficit over that period (see Table 1).

Because enacting the legislation would affect direct spending and revenues, pay-as-you-go procedures apply (see Table 2). CBO has not completed an estimate of the legislation's impact on discretionary spending.

Title I would establish a program for health care benefits for eligible emergency personnel who responded to the September 11, 2001, terrorist attacks and eligible residents and others present in the area of New York City near the World Trade Center. Funding for that program would be capped at $3.5 billion through 2020. CBO expects that the cap will be reached in 2019 and estimates that no additional health program spending would occur in 2020.

Title II would provide compensation payments to certain individuals for death and physical injury claims resulting from the attacks. Funding for the compensation program would be capped at $8.2 billion through 2032 when the program would sunset; however, only $4.2 billion would be available to pay claims over the 2011-2020 period. CBO estimates that additional outlays of $2.4 billion would occur after fiscal year 2020, mostly in 2021 and 2022.

Title III would change tax provisions that in some cases allow a U.S. subsidiary of a foreign corporation to avoid U.S. withholding tax on payments to a related subsidiary in a country that has a tax treaty with the United States. Staff of the Joint Committee on Taxation estimate that the change would increase revenues by about $7.4 billion over the 2011-2020 period. In addition, the legislation would shift about $1.8 billion in revenues from 2016 to 2015 by temporarily changing the required amounts of quarterly estimated tax payments of large corporations.

If you wish further details on this estimate, we would be pleased to provide them. The CBO staff contacts are Stephanie Cameron, Leigh Angres, and Grant Driessen.

Sincerely,

Douglas W. Elmendorf

Douglas W. Elmendorf
Director

Enclosure

cc: Honorable Paul Ryan
Ranking Member

Honorable Henry A. Waxman
Chairman
Committee on Energy and Commerce

Honorable Joe Barton
Ranking Member

Honorable John Conyers Jr.
Chairman
Committee on the Judiciary

Honorable Lamar S. Smith
Ranking Member

Honorable Sander M. Levin
Chairman
Committee on Ways and Means

Honorable Dave Camp
Ranking Member

## Table 1. Estimated Budgetary Effects on Revenues and Direct Spending for an Amendment in the Nature of a Substitute to H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010, as transmitted on July 27, 2010 (version f:\p11\h11\9-11health\h847_sus.xml)

July 28, 2010

| | By Fiscal Year, in Millions of Dollars | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2010 - 2015 | 2010 - 2020 |
| **CHANGES IN REVENUES** | | | | | | | | | | | | | |
| **TOTAL CHANGES IN REVENUES [1]** | **0** | **636** | **668** | **702** | **719** | **2,568** | **-1,075** | **775** | **794** | **814** | **832** | **5,293** | **7,433** |
| **CHANGES IN DIRECT SPENDING (OUTLAYS)** | | | | | | | | | | | | | |
| Title I—World Trade Center Health Program | 0 | 63 | 301 | 335 | 366 | 408 | 444 | 495 | 541 | 280 | 0 | 1,473 | 3,233 |
| Title II—September 11th Victim Compensation Fund of 2001 [2] | 0 | 400 | 600 | 2,100 | 500 | 100 | 100 | 100 | 100 | 100 | 100 | 3,700 | 4,200 |
| **TOTAL CHANGES IN OUTLAYS** | **0** | **463** | **901** | **2,435** | **866** | **508** | **544** | **595** | **641** | **380** | **100** | **5,173** | **7,433** |
| **NET INCREASE OR DECREASE (-) IN THE DEFICIT FROM REVENUES AND DIRECT SPENDING** | | | | | | | | | | | | | |
| **NET CHANGES IN DEFICIT [3,4]** | **0** | **-173** | **233** | **1,733** | **147** | **-2,060** | **1,619** | **-180** | **-153** | **-434** | **-732** | **-120** | **0** |

Sources: Congressional Budget Office and Joint Committee on Taxation.

Notes:

Components may not sum to totals because of rounding.

1. Negative numbers denote a DECREASE in federal revenues; positive numbers denote an increase in revenues.

2. Under title II, compensation payments would be capped at $8.2 billion through 2032 when the program sunsets; however, only $4.2 billion would be available to pay claims over the 2011-2020 period. CBO estimates that additional outlays of $2.4 billion would occur after fiscal year 2020, mostly in 2021 and 2022.

3. Positive numbers denote an INCREASE in the budget deficit; negative numbers denote a decrease in the deficit.

4. All effects of the legislation would be "on-budget".

## Table 2. CBO Estimate of the Statutory Pay-As-You-Go Effects for an Amendment in the Nature of a Substitute to H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010, as transmitted on July 27, 2010 (version f:\p11\h11\9-11health\h847_sus.xml)

**July 28, 2010**

| | By Fiscal Year, in Millions of Dollars | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2010 - 2015 | 2010 - 2020 |
| **NET INCREASE OR DECREASE (-) IN THE DEFICIT** | | | | | | | | | | | | | |
| **Statutory Pay-As-You-Go Impact** | **0** | **-173** | **233** | **1,733** | **147** | **-2,060** | **1,619** | **-180** | **-153** | **-434** | **-732** | **-120** | **0** |

Sources: Congressional Budget Office and Joint Committee on Taxation.

Note: Components may not sum to totals because of rounding.

H.R. 847 would provide compensation and health care benefits to certain individuals who worked or lived near the sites of the September 11, 2001, terrorist attacks. The bill would also change tax provision that in some cases allow a U.S. subsidiary of a foreign corporation to avoid U.S. withholding tax on payments related to a subsidiary in a country that has a tax treaty with the United States and the legislation would shift about $1.8 billion in revenues from 2016 to 2015 by temporarily changing the required amounts of quarterly estimated tax payments of large corporations to offset those costs.

Congressional Research Service

**MEMORANDUM** July 28, 2010

**To:** Honorable Carolyn Maloney
Attention: Anna Cielinski

**From:** Scott Szymendera (7-0014)
Sarah A. Lister (7-7320)
Celinda Franco (7-7360)
Domestic Social Policy Division

**Subject:** **Summary of the Amendment in the Nature of a Substitute to H.R. 847, the James Zadroga 9/11 Health and Compensation Act of 2010**

This memorandum responds to your request for a summary of the provisions of the amendment in the nature of a substitute to **H.R. 847**, the *James Zadroga 9/11 Health and Compensation Act of 2010.* For the purposes of this memorandum, the version of the amendment labelled "F:\P1\H11\9-11HEALTH\HR847_SUS.XML" and delivered, via electronic mail, to the Congressional Research Service (CRS) on July 27, 2010 is used.

This memorandum does not provide analysis of the summarized provisions. Unless otherwise stated, all references to subtitles or sections refer to subtitles or sections as established by this Act. Italics are used when needed for emphasis. Please contact Scott Szymendera or Sarah Lister with questions regarding Title I, Celinda Franco with questions regarding Title II, and Erika Lunder (7-4538) with questions regarding Title III.

# Introductory Material

***Section 1.*** This section establishes the title of the bill as the *James Zadroga 9/11 Health and Compensation Act of 2010*, and provides a table of contents.

# Title I. World Trade Center Health Program

***Section 101*** establishes the World Trade Center (WTC) Health Program as a new Title XXXIII in the Public Health Service Act, as follows:

## Subtitle A. Establishment of Program; Advisory Committee

***Section 3301*** establishes the *World Trade Center Health Program* within the Department of Health and Human Services (HHS) to provide: (1) medical monitoring and treatment benefits to eligible emergency

responders and recovery and clean-up workers (including federal employees) who responded to the terrorist attacks on the WTC in New York City (NYC) on September 11, 2001 (9/11); and (2) initial health evaluation, monitoring, and treatment benefits to eligible residents and other building occupants and area workers in NYC who were affected by such attacks.

The WTC Health Program includes the following components:

- *Medical monitoring* for responders under Section 3311, without any cost-sharing by the eligible beneficiary, including clinical examinations and long-term health monitoring for individuals who were likely to have been exposed to airborne toxins that were released or other hazards as a result of the September 11, 2001 terrorist attacks on the WTC;
- *Initial health evaluation* for survivors (generally non-responders or members of the community), as defined under Section 3321, without any cost-sharing by the eligible beneficiary, including an evaluation to determine eligibility for treatment;
- Provision for responders and survivors, under Sections 3312, 3322 and 3323, for *follow-up monitoring, treatment* and *payment*, without any cost-sharing by the eligible beneficiary, for all medically necessary health and mental health care expenses (including necessary prescription drugs) of individuals with a WTC-related health condition;
- Establishment under Section 3303 of a program of *outreach* to potentially eligible individuals concerning the benefits under this title;
- *Clinical data collection and analysis* of health and mental health data on individuals receiving monitoring or treatment benefits, in a uniform manner in collaboration with the collection of epidemiological data under Section 3342;
- Establishment under Subtitle C of a *research program* on health conditions resulting from the 9/11 terrorist attacks on the WTC.

The HHS Inspector General is required to develop and implement a fraud prevention program to review the WTC Health Program's health expenditures to detect fraudulent or duplicate billing or payment for inappropriate services. The WTC Health Program is considered a federal health care program and a health plan for the purposes of applying Sections 1128 through 1128E of the Social Security Act (excluding certain persons, such as convicted criminals from the program and addressing fraud, waste, and abuse). The HHS Inspector General is also required to develop and implement a program to review the WTC Health Program for unreasonable administrative costs.

The WTC Health Program Administrator (the Administrator) is required to work with Clinical Centers of Excellence to establish a quality assurance program for medical monitoring and treatment services provided by the WTC Program.

The Administrator is required annually, not more than six months after the end of each fiscal year in which the WTC Health Program is in operation, to report to Congress with respect to the operations of the program, including information regarding:

1. The number of individuals who applied for certification under subtitle B, and the number who were certified;
2. The number of certified individuals who received medical monitoring and/or treatment services;
3. For those treated, the WTC-related health conditions for which they were treated;

4. A projected number of individuals who would be certified in the subsequent fiscal year and the succeeding 10-year period;
5. The costs of initial health evaluation, monitoring, and treatment services provided in the applicable fiscal year, and estimated costs for the subsequent fiscal year;
6. An estimate of the costs paid or reimbursed by workers' compensation plans, health plans, or the City of New York under Section 3331;
7. Administrative costs, including program support, data collection and analysis, and research;
8. Information on program performance;
9. A list of the Clinical Centers of Excellence and other providers participating in the program;
10. A summary of new scientific reports or findings regarding WTC-related health effects, including findings of research conducted pursuant to Section 3341(a); and
11. A list of recommendations of the WTC Health Program Scientific/Technical Advisory Committee, and actions by the Administrator in response.

For items 1 through 6 above, information must be provided for each of the following clinical programs:

- Benefits provided for fire fighters and related personnel described in Section 3311(a)(2)(A);
- Benefits for other eligible WTC responders not described in Section 3311(a)(2)(A); and
- Benefits provided for screening-eligible WTC survivors and certified-eligible survivors in Section 3321(a).

The Secretary of HHS shall promptly notify the Congress if the number of enrollments of eligible WTC responders, or the number of certifications for certified-eligible WTC survivors reaches 80% of the limits for either group, as established under Sections 3311 or 3321, respectively.

The Administrator shall engage in ongoing outreach efforts regarding program implementation and improvements with relevant stakeholders, including the WTC Health Program Steering Committees and the Advisory Committee established under Section 3302.

***Section 3302*** requires the Administrator to establish the WTC Health Program Scientific/Technical Advisory Committee (the Advisory Committee), subject to the Federal Advisory Committee Act, to review scientific and medical evidence and make recommendations to the Administrator on additional WTC Program eligibility criteria and additional WTC-related health conditions. This section establishes committee membership, and requirements for meetings and public reporting. The Advisory Committee shall continue in operation during the period in which the WTC Program is in operation.

The Administrator also is required to establish and consult with two WTC Program steering committees—the WTC Responders Steering Committee, and the WTC Survivors Steering Committee—to facilitate the coordination of initial health evaluation, medical monitoring, and treatment programs for eligible WTC responders (under Part 1 of Subtitle B) and survivors (under Part 2 of Subtitle B). For each committee, requirements and procedures are established for membership, and management of vacancies.

***Section 3303*** requires the Administrator to establish a program to provide education and outreach regarding services available under the WTC Program. The program shall include the development of a public website and phone information services, meetings with potentially eligible populations, and outreach materials. The education and outreach program must be conducted in a manner intended to reach all affected populations and include materials for culturally and linguistically diverse populations.

***Section 3304*** requires the Administrator to provide for the uniform collection, analysis, and reporting of data on the prevalence of WTC-related health conditions and the identification of new WTC-related medical conditions. Data shall be collected for all persons receiving monitoring or treatment services under Subtitle B regardless of their place of residence or the location at which services are provided. Clinical Centers of Excellence shall collect and report such data to the corresponding Data Center. The Administrator shall provide for collaboration between the Data Centers and the WTC Health Registry described in Section 3342. The data collection and analysis must be conducted in a manner that protects the confidentiality of health information in accordance with applicable statutes and regulations including the Health Insurance Portability and Accountability Act (HIPAA).

***Section 3305*** requires the Administrator to establish, by entering into contracts, Clinical Centers of Excellence and Data Centers. Specific Clinical Centers of Excellence and Data Centers are termed *corresponding* if they serve the same population. Contracts with Clinical Centers of Excellence and Data Centers may be specific with respect to one or more classes of enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors.

*Clinical Centers of Excellence* shall provide: monitoring, initial health evaluation, and treatment benefits under Subtitle B; outreach activities and benefits counseling to eligible individuals; translational and interpretive services for eligible individuals, if needed; and collection and reporting of data pursuant to Section 3304. Clinical Centers are defined as Centers that meet the following requirements:

- They use an integrated, centralized approach to create a comprehensive suite of health services, which are accessible to WTC responders and survivors;
- They have experience in caring for WTC responders and community cohorts or include health care providers trained pursuant to Section 3313(c);
- They employ health care provider staff with expertise in, at a minimum: occupational medicine, environmental medicine, trauma-related psychiatry and psychology, and social services counseling; and
- They meet other requirements specified by the Administrator.

The Administrator shall not enter into a contract with a Clinical Center unless such center agrees to: (1) establish a formal mechanism for consultation with the eligible population groups that it serves; (2) coordinate covered monitoring and treatment benefits with medical care provided for non-WTC-related health conditions; (3) collect and report program data to its corresponding Data Center; (4) have in place satisfactory safeguards against fraud; (5) treat or refer for treatment all eligible beneficiaries who present for treatment; (6) have in place safeguards for the confidentiality of medical information; (7) use amounts received for non-monitoring and non-treatment services solely for the authorized purposes; (8) utilize health care providers with occupational and environmental medicine expertise to conduct physical and mental health assessments, in accordance with protocols established under Section 3305(a)(2)(A)(ii); (9) communicate with patients and community members in appropriate languages and conduct outreach to stakeholder worker and community groups; and (10) meet all the other applicable requirements of this title, including regulations implementing such requirements.

The Administrator shall, to the maximum extent feasible, ensure continuity of care during transitions between services provided through a Clinical Center of Excellence and through the nationwide network.

Clinical Centers of Excellence shall be reimbursed by the Administrator for fixed infrastructure costs, at negotiated rates. Such costs are defined as costs incurred by the Center that are not reimbursable as health care services under Section 3312(c).

*Data Centers* shall provide: data analysis and reporting to the Administrator; development of initial health evaluation, medical monitoring, and treatment protocols for WTC-related conditions; coordination of outreach activities; criteria for the credentialing of providers in the nationwide clinical network established under Section 3313; coordination and administration of the activities of the steering committees; and meeting periodically with the corresponding Clinical Centers of Excellence to obtain input on the analysis and reporting of data and the development of monitoring and treatment protocols.

The credentialed medical providers in the national clinical network shall be selected by the Administrator on the basis of their expertise treating or diagnosing medical conditions included in the list of identified WTC-related health conditions for responders and identified conditions for survivors.

In developing evaluation, monitoring, and treatment protocols, Data Centers shall engage in discussions across the program to guide treatment approaches for individuals with WTC-related health and mental health conditions. In addition, Data Centers shall be required to make any data collected and reported available to health researchers and others as provided in the CDC/ATSDR Policy on Releasing and Sharing Data.[1]

***Section 3306*** provides numerous definitions for Title I. Among them, the term *NYC disaster area* is defined as the area within New York City that is in Manhattan south of Houston St.; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former WTC site.

The term *WTC Program Administrator* is defined as follows:

- An HHS official designated by the Secretary of HHS for the purposes of enrollment of WTC responders; the payment for initial health evaluation, monitoring, and treatment; the determination or certification of screening-eligible or certified-eligible WTC responders; and the payor provisions of Part 3 of Subtitle B.; and
- The Director of the National Institute for Occupational Safety and Health (NIOSH) or a designee of such director for the purposes of all other provisions of Title I.

The term *September 11, 2001 terrorist attacks* is defined as the terrorist attacks that occurred on September 11, 2001 in New York City; Shanksville, Pennsylvania; and the Pentagon and the aftermath of such attacks.

[1] CDC/ATSDR Policy on Releasing and Sharing Data, September 2005, http://www.cdc.gov/od/foia/policies/sharing.htm.

# Subtitle B. Program of Monitoring, Initial Health Evaluations, and Treatment

## Part 1. WTC Responders

***Section 3311*** defines eligibility criteria for WTC responders, provides an application and certification process, sets limits on the number of eligible participants, and describes available monitoring benefits. No person who is on a terrorist watch list maintained by the Department of Homeland Security may qualify as a WTC responder.

A *currently identified responder* is an individual who has been identified as eligible for medical monitoring under the arrangements between NIOSH and the consortium coordinated by Mt. Sinai hospital, or between NIOSH and the Fire Department of New York City (FDNY).

A *responder who meets current eligibility criteria* is an individual who meets one of the following conditions:

- For FDNY and related persons:
  - was a member, active or retired, of the FDNY who participated for at least one day in the rescue or recovery effort at Ground Zero, the Staten Island land fill, or the NYC Chief Medical Examiner's Office during the period between September 11, 2001 and July 31, 2002; or
  - is a surviving immediate family member of an FDNY member, retired or active, who was killed at the WTC on September 11, 2001, and who received any treatment for a WTC-related mental health condition on or before September 1, 2008.
- For law enforcement, rescue, recovery, and clean-up workers:
  - worked or volunteered in rescue, recovery, or debris cleanup or related support services in lower Manhattan below Canal St., the Staten Island Landfill, or the barge loading piers, for at least 4 hours between September 11 and September 14, 2001; for at least 24 hours between September 11, 2001 and September 30, 2001; or for at least 80 hours between September 11, 2001 and July 31, 2002;
  - was a member, active or retired, of the Police Department of New York City (NYPD) or the Port Authority of New York and New Jersey Police, and participated in rescue, recovery, debris cleanup, or related services in lower Manhattan below Canal St., the Staten Island Landfill, or the barge loading piers, for at least 4 hours between September 11, 2001 and September 14, 2001;
  - was a member, active or retired, of the NYPD or the Port Authority of New York and New Jersey Police, and participated in rescue, recovery, debris cleanup, or related services at Ground Zero, the Staten Island Landfill, or the barge loading piers for at least one day between September 11, 2001 and July 31, 2002;
  - was a member, active or retired, of the NYPD or the Port Authority of New York and New Jersey Police, and participated on-site in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.) for at least 24 hours between September 11, 2001, and September 30, 2001;

- was a member, active or retired, of the NYPD or the Port Authority of New York and New Jersey Police, and participated in rescue, recovery, debris cleanup, or related services in lower Manhattan below Canal St. for at least 24 hours between September 11, 2001 and September 30, 2001 or for at least 80 hours between September 11, 2001 and July 31, 2002;
- was an employee of the Office of the Chief Medical Examiner of New York City involved in the examination and handling of human remains from the WTC attacks, or other morgue worker who performed similar functions, between September 11, 2001 and July 31, 2002;
- was a worker in the Port Authority Trans-Hudson Corporation (PATH) tunnel for at least 24 hours between February 1, 2002 and July 1, 2002; or
- was a vehicle maintenance worker who was exposed to debris from the former WTC while working on vehicles contaminated by airborne toxins from the September 11, 2001 attacks during work between September 11, 2001 and July 31, 2002.

- For responders to the Pentagon and Shanksville, Pennsylvania aircraft crash sites:
  - was an active member of a fire or police department, or performed rescue, recovery, demolition, debris cleanup, or other related services at the terrorist-related aircraft crash site at the Pentagon or in Shanksville, Pennsylvania beginning on September 11, 2001 and ending on a date established by the Administrator; and is determined by the Administrator to be at an increased risk of developing a WTC-related condition as a result of exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks, and meets such eligibility criteria related to such exposures, as the Administrator determines are appropriate, after consultation with the WTC Scientific/Technical Advisory Committee.

A *responder who meets modified eligibility criteria* is an individual who performed rescue, recovery, or clean-up services in the NYC disaster area in response to the September 11, 2001 attacks on the WTC, regardless of whether such services were performed by a state or federal employee or member of the National Guard; and who meets eligibility criteria established by the Administrator in consultation with the WTC Scientific/Technical Advisory Committee. No modifications of eligibility criteria may be made after the number of certifications for eligible responders has reached 80% of the limit established in Section 3311(a)(4) or after the number of certifications for certified-eligible survivors has reached 80% of the limit established in Section 3321(a)(3).

The Administrator shall establish an *enrollment process* for persons other than currently identified responders to apply to become eligible WTC responders. There will be no fee for this application; a decision on each application shall be made within 60 days of the date it was filed; and persons denied will have the right to appeal in a manner established by the Administrator. The Administrator shall enroll currently identified responders by July 1, 2011. Other persons shall be enrolled at the time they are determined to be eligible WTC responders.

There is a *numerical limit on eligible WTC responders.* This limit excludes currently identified responders. This limit shall not exceed 25,000, of which no more than 2,500 may be certified based on modified eligibility criteria. The Administrator will limit certifications to ensure sufficient funds are available to provide treatment and monitoring and will provide priority in certifications based on the order in which a person applies.

The *monitoring benefits* (which are available to eligible responders, but not to family members) are defined as initial health evaluation, clinical examinations, and long-term health monitoring and analysis, to be provided by the FDNY, the appropriate Clinical Center of Excellence, or other providers designated under Section 3313 for eligible individuals outside New York.

***Section 3312*** provides procedures for determining whether an eligible individual has a WTC-related health condition, whether the condition is WTC-related for that individual, and whether proposed treatments for such condition are medically necessary.

The section defines a *WTC-related health condition* for which eligible responders shall receive the treatment benefit, as:

> (i) 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 conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition,...;

or

> (ii) 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 conditions, is substantially likely be a significant factor in aggravating, contributing to, or causing the condition, ....

and that is either on the applicable list of WTC-related conditions or is provided certification of coverage under Section 3312(b)(2)(B)(iii).

Eligible responders may receive treatment benefits for conditions described in subparagraph (i) or (ii) of this definition. Immediate family members of firefighters who were killed as a result of the attack on the WTC may only receive mental health treatment benefits for conditions described in subparagraph (ii).

The *determination* of whether the September 11, 2001 terrorist attacks on the WTC 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: (A) the individual's exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks as evaluated and characterized through the use of a standardized, population-appropriate questionnaire approved by the director of NIOSH and assessed and documented by a medical professional with experience treating or diagnosing health conditions included on the list of WTC-related health conditions; or (B) the type and temporal sequence of symptoms as assessed through the use of a standardized, population-appropriate medical questionnaire approved by the director of NIOSH and diagnosed and documented by a medical professional with experience treating or diagnosing health conditions on the list of WTC-related health conditions.

The *list of WTC-related health conditions* for WTC responders is provided in **Table 1**.

**Table 1. List of World Trade Center-Related Health Conditions for Responders and Survivors**

| Category | Conditions |
|---|---|
| Aerodigestive disorders | (1) Interstitial lung diseases; (2) Chronic Respiratory Disorder –Fumes/Vapors; (3) Asthma; (4) Reactive Airways Dysfunction Syndrome (RADS); (5) WTC-exacerbated chronic obstructive pulmonary disease (COPD); (6) Chronic Cough Syndrome; (7) Upper airway hyperreactivity; (8) Chronic rhinosinusitis; (9) Chronic nasopharyngitis; (10) Chronic laryngitis; (11) Gastro-esophageal Reflux Disorder (GERD); and (12) Sleep apnea exacerbated by or related to the above conditions. |
| Mental health conditions | (1) Post Traumatic Stress Disorder (PTSD); (2) Major Depressive Disorder; (3) Panic Disorder; (4) Generalized Anxiety Disorder; (5) Anxiety Disorder (not otherwise specified); (6) Depression (not otherwise specified); (7) Acute Stress Disorder; (8) Dysthymic Disorder; (9) Adjustment Disorder; and (10) Substance Abuse |

**Source:** Section 3312(a)(3) of the Public Health Service Act as proposed by the amendment in the nature of a substitute to H.R. 847.

In addition, the *musculoskeletal disorders* low back pain, carpal tunnel syndrome, or other musculoskeletal disorders are included only for WTC responders who received treatment for a WTC-related musculoskeletal disorder, defined as a chronic or recurrent musculoskeletal disorder caused by heavy lifting or repetitive strain on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the terrorist attacks on the WTC, on or before September 11, 2003.

The Administrator shall periodically determine if *cancer or a type of cancer* should be included on the list of WTC-related medical conditions. This determination shall be based on a review of published evidence. The first such review must be conducted within 180 days of enactment. If it is determined that cancer or a type of cancer should be added to the list, then the Administrator shall make this addition via regulation. If it is determined that cancer or a type of cancer should not be added to the list, then the Administrator shall publish an explanation for this decision in the Federal Register. Such a determination will not preclude the addition of cancer or a type of cancer to the list at a later date.

If the Administrator determines that a proposed rule should be promulgated to *add a condition to the list of WTC-related conditions*, he or she may request a recommendation of the Advisory Committee or publish a proposed rule in the Federal Register. If the Administrator receives a petition from an interested party to add a condition to the list, then he or she shall, within 60 days, request a recommendation of the Advisory Committee; publish a proposed rule in the Federal Register; publish a notice in the Federal Register of the determination not to add a condition to the list of WTC-related conditions; or publish in the Federal Register a determination that insufficient evidence exists to take action on the recommendation.

If the Administrator requests a recommendation of the Advisory Committee, the Committee shall submit its recommendation within 60 days or within another time period, not to exceed 180 days, as specified by the Administrator. Upon receipt of a recommendation from the Advisory Committee, the Administrator shall, within 60 days, publish a proposed rule in the Federal Register; or publish a notice in the Federal Register of the determination not to add a condition to the list of WTC-related conditions. Any rule proposed pursuant to this section shall provide for a written comment period of at least 30 days. For the purposes of this section, an *interested party* includes a representative of an organization representing WTC responders, a medical association, a Clinical Center of Excellence or Data Center, a state or political subdivision of a state, or any other interested person.

If a physician at a Clinical Center that is providing monitoring benefits for an eligible WTC responder determines that the responder *has a condition on the list of WTC-related health conditions*, and that *the condition in that individual is WTC-related*, the physician shall promptly transmit that determination and supporting evidence to the Administrator. Such determinations shall be reviewed by a federal employee designated by the Administrator. The Administrator shall provide certification of coverage for the condition unless he or she determines that the responder's condition is not an identified WTC-related health condition, or that it was not WTC-related in that individual. Upon the Administrator's certification of coverage, the WTC Program shall provide for payment for medically necessary treatment for such condition. Otherwise, the Administrator shall provide, by rule, a process for appeal of determinations in which certification is denied.

If a physician at a Clinical Center that is providing monitoring benefits for an eligible WTC responder determines that the responder has a WTC-related health condition that is *not on the list of WTC-related health conditions* but which is medically associated with a WTC-related health condition, the physician shall promptly transmit that determination and supporting evidence to the Administrator. The Administrator shall, by rule, provide a process for the review of such determinations by a physician panel with appropriate expertise and provide certification of coverage for the condition within 60 days, unless the Administrator determines that the condition is not WTC-related. Upon the Administrator's certification of coverage, the WTC Program shall provide for payment for medically necessary treatment for such condition. Otherwise, the Administrator shall provide, by rule, a process for the appeal of determinations in which certification is denied.

If the Administrator provides certification for a condition not on the list of WTC-related health conditions, then the Administrator may, in accordance with the procedures established in Section 3312(a)(6), add this condition to the list of WTC-related health conditions.

If the Administrator has previously declined to add a condition to the list of WTC-related health conditions, then the Administrator may not provide certification for that condition. This does not apply in cases in which such certification occurred before the determination of the Administrator not to add the condition to the list of WTC-related health conditions.

The determination of whether treatment is *medically necessary* for a WTC-related health condition shall be made by the Administrator in accordance with regulations he or she establishes. Payment shall be withheld if the Administrator determines that a treatment is not medically necessary. The determination that a treatment or service is not medically necessary may be appealed through a process established by regulation.

The *scope of treatment* services covered by the WTC Health Program includes physician services, diagnostic and laboratory tests, inpatient and outpatient prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment. The Administrator may cover necessary and reasonable transportation and related expenses for medically necessary treatment involving travel of more than 250 miles, in the same manner that persons are reimbursed for transportation expenses under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

A WTC responder who has been determined by a physician to have an identified WTC-related health condition, but for whom an eligibility determination has not yet been made may be eligible for treatment through a process established, by rule, by the Administrator.

Except for pharmaceuticals, the Administrator shall reimburse costs for medically necessary treatment for WTC-related health conditions according to the payment rates that would apply under the Federal

Employees Compensation Act. The Administrator shall establish a program to pay for medically necessary outpatient prescription pharmaceuticals prescribed for WTC-related conditions through a specified competitive bidding process to award contracts to outside vendors. The Administrator may select a different vendor to serve the FDNY responder program, if he or she deems it necessary and beneficial. For any treatment services not covered above, the Administrator shall establish by regulation a reimbursement rate for each such service. The Administrator shall set rates to reimburse the costs of medical monitoring and initial health evaluation services provided under this title.

The Administrator may modify the amounts and methodologies for making payments for initial health evaluations, treatment, and monitoring if, taking into account utilization and quality data from the Clinical Centers, he or she determines that bundling, capitation, pay for performance, or other payment methodologies would better ensure high-quality and efficient delivery of services.

The Data Centers shall develop medical treatment protocols for the treatment of WTC-related health conditions, and the Administrator shall approve the treatment protocols.

***Section 3313*** provides that the Administrator shall establish a *nationwide network* of health providers to provide benefits to persons outside of the New York metropolitan area. To be included in this network, a provider must meet the criteria for credentialing established by the Data Centers, follow medical protocols established under Section 3305(a)(2)(A)(ii), collect and report data in accordance with Section 3304, and meet fraud and other requirements established by the Administrator. The Administrator may provide training and technical assistance to nationwide network providers.

## Part 2. WTC Survivors

***Section 3321*** defines eligibility criteria for eligible WTC survivors (generally non-responders or members of the community), provides an application and certification process, sets limits on the number of eligible participants, and describes available monitoring benefits. No person who is on a terrorist watch list maintained by the Department of Homeland Security may qualify as a screening-eligible or certified-eligible WTC survivor.

A *screening-eligible survivor* is a currently identified survivor, survivor who meets current eligibility criteria, or survivor who meets modified eligibility criteria.

A *currently identified survivor* is a person, including a responder, who has been identified as eligible for treatment and monitoring by the WTC Environmental Health Center as of the date of enactment.

A *survivor who meets current eligibility criteria* is an individual who is not a WTC responder, who claims symptoms of a WTC-related health condition, and who meets one of the following criteria:

- was present in the NYC disaster area in the dust or dust cloud on September 11, 2001;
- worked; resided; or attended school, child care, or adult day care in the NYC disaster area for at least 4 days between September 11, 2001 and January 10, 2002; or at least 30 days between September 11, 2001 and July 31, 2002;
- worked as a clean-up worker in the NYC disaster area between September 11, 2001 and January 10, 2002 and had extensive exposure to WTC dust as a result of such work;
- 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 NYC disaster area, and who resided in such residence during the period between September 11, 2001 and May 31, 2003; or

- worked at a place of employment that at any time between September 11, 2001 and May 31, 2003 was in the NYC disaster area, and that place of employment was deemed eligible for a grant from the Lower Manhattan Development Corporation WTC Small Firms Attraction and Retention Act program, or similar program to revitalize the lower Manhattan economy.

A *survivor who meets modified eligibility criteria* is an individual who is not an eligible WTC responder and who meets such eligibility criteria as determined by the Administrator in consultation with the Data Centers, the Advisory Committee and the steering committees. No modifications of eligibility criteria may be made after the number of certifications for eligible survivors has reached 80% of the limit established in Section 3321(a)(3), or after the number of certifications for eligible responders has reached 80% of the limit established in Section 3311(a)(4).

The Administrator in consultation with the Data Centers shall establish an *application process* for a person other than a currently identified survivor to apply to become a *screening-eligible WTC survivor.* There will be no fee for this application; a decision on each application shall be made within 60 days of the date it was filed; and persons denied will have the right to appeal in a manner established by the Administrator. Applications may be denied if applicants do not meet eligibility criteria, or if the cap on the number of program participants has been reached. The Administrator shall provide a *written documentation of screening-eligibility* to any person determined to be an eligible survivor. Such documentations will be provided to currently identified survivors no later than July 1, 2011 and for all others at the time of their eligibility determinations.

A *certified-eligible WTC survivor* is an eligible survivor who is certified by the Administrator to be eligible for follow-up monitoring and treatment. The Administrator shall provide a *certification of eligibility* to any person determined, upon screening, to be a certified-eligible WTC survivor. Such certifications will be provided to currently identified survivors no later than July 1, 2011 and for all others at the time of their eligibility determinations.

There is a *numerical limit on certified-eligible WTC survivors.* This limit excludes currently identified survivors and shall not exceed 25,000 at any time. The Administrator will limit certifications to ensure sufficient funds are available to provide treatment and monitoring, and will prioritize certifications based on the order in which a person applies.

A screening-eligible WTC survivor shall be eligible for a single health evaluation, performed by a Clinical Center of Excellence, to determine eligibility for follow-up monitoring or treatment.

***Section 3322*** states that the provisions of Sections 3311 and 3312 shall apply to follow-up monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors in the same manner as such provisions apply to WTC responders.

The list of WTC-related health conditions for survivors is the same as the list of WTC-related health conditions for responders provided in Section 3312, with the exception that musculoskeletal conditions are not included on the list for survivors (see **Table 1**). Conditions, including cancer, may be added to this list in the same manner that conditions are added to the list of WTC-related health conditions for responders.

***Section 3323*** establishes that treatment services shall be provided to individuals who are not certified as WTC responders or survivors if any such individual is diagnosed at a Clinical Center of Excellence with an identified WTC-related condition for WTC survivors. The Administrator shall limit the total amount of benefits provided to such individuals in a given fiscal year so that program payments for that year do not exceed $5 million for the last calendar quarter of FY2011; $20 million for FY2012; and, for subsequent fiscal years, the previous fiscal year's amount increased by the annual percentage increase in the medical care component of the Consumer Price Index for all urban consumers.

## Part 3. Payor Provisions

***Section 3331*** provides that all costs of covered initial health evaluation, medical monitoring, and treatment benefits for eligible individuals shall be paid for by the WTC Program from the WTC Health Program Fund, except for any costs that are paid by a workers' compensation program or health insurance plan. Payment for *treatment* of a WTC-related health condition that is *work-related* shall be reduced or recouped by any amounts paid under a workers' compensation law or plan for such treatment. This provision does not apply to any workers' compensation or similar plan in which New York City is required to make payments if, in accordance with the terms of the contract specified in Section 3331(d)(1)(A), New York City has made full payment required for that quarter.

A WTC-related condition is considered work-related if: (1) it is diagnosed in an eligible WTC responder, or in an individual who qualifies as an eligible WTC survivor on the basis of being a rescue, recovery, or clean-up worker; or (2) 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.

For eligible beneficiaries who have health insurance coverage and have been diagnosed with a WTC-related condition that is *not work-related*, the WTC Program shall be a secondary payer of *all* uninsured costs (such as co-pays and deductibles) related to services covered by the WTC program, according to the authority used when Medicare is a secondary payer.[2] This provision does not require an entity that provides monitoring and treatment under this title to seek reimbursement from a health plan with which it does not have a contract for reimbursement.

No payment for monitoring or treatment may be made for any individual for any month, beginning with July 2014, in which he or she does not have the applicable *minimum essential health coverage* required under Section 5000A(a) of the Internal Revenue Code as established by the Patient Protection and Affordable Care Act (PPACA).[3]

There shall be a *required contribution by New York City.* No funds may be disbursed from the WTC Health Program Fund under Section 3351 unless New York City has entered into a contract with the Administrator to pay the full contribution on a timely basis. The *full contribution amount* for the last calendar quarter in FY 2011 and each calendar quarter of FYs 2012 through 2018 shall be equal to 10% of the expenditures in carrying out Title I for the respective quarter. The full contribution amount for each

[2] Social Security Act, section 1862(b). See also CRS Report RL33587, *Medicare Secondary Payer - Coordination of Benefits*, by Hinda Chaikind.

[3] For additional information on the minimum essential health coverage required by Section 5000A(a) of the Internal Revenue Code see CRS Report R40942, *Private Health Insurance Provisions in the Patient Protection and Affordable Care Act (PPACA)*, by Hinda Chaikind et al.

calendar quarter of FYs 2019 and 2020 shall be equal to *1/9 of the federal expenditures* in carrying out Title I for the respective quarter.

New York City's contribution may not be satisfied through any amount derived from federal sources, any amount paid before enactment, or any amount paid to satisfy a judgment as part of a settlement related to injuries or illnesses arising out of the September 11, 2001 attacks on the WTC. New York City's contribution for each quarter must be paid no later than the last day of the second succeeding quarter.

If New York City *fails to make its full contribution by the required date*, interest shall accrue on the unpaid amount at the rate based on the average yield to maturity, plus 1%, on outstanding municipal bonds issued by New York City with a remaining maturity of at least one year. The federal government may recover any amounts owed in the same manner that payments under Title XVIII of the Social Security Act may be recovered under Section 1862(b)(2)(B)(iii) of such Act. The Administrator shall bill New York City directly for its costs and provide an estimate of the required contribution at the beginning of each quarter and an updated estimate at the beginning of each of the subsequent two quarters and shall certify periodically whether or not New York City has paid the required amount.

***Section 3332*** provides that the Administrator shall enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims.

## Subtitle C. Research Into Conditions

***Section 3341*** requires the Administrator, in consultation with the WTC Scientific/Technical Advisory Committee, to *conduct or support research* on: conditions that may be related to the WTC terrorist attacks, diagnoses of WTC-related health conditions for which there has been diagnostic uncertainty, and treatment of WTC-related health conditions for which there has been treatment uncertainty. The Administrator may provide such research support through continuation and expansion of research initiated before enactment and through the WTC Health Registry or through a Clinical Center or Data Center.

The research on conditions that may be related to the September 11, 2001 terrorist attacks on the WTC must include epidemiologic or other research studies on WTC-related health conditions or emerging conditions among enrolled WTC responders and certified-eligible WTC survivors under treatment and in sampled populations outside of the New York City disaster area as far north as 14th Street in Manhattan and in Brooklyn to *identify potential for long-term adverse health effects in less exposed populations.* Control groups must be used in this research. This research must have privacy and human subject protections at least as strong as those applicable to research conducted or funded by HHS.

***Section 3342*** requires the Administrator to ensure the operation of a registry of victims of the WTC attacks that is at least as comprehensive as the World Trade Center Health Registry in effect as of April 2009 with the NYC Department of Health and Mental Hygiene.

## Subtitle D. Funding

***Section 3351*** establishes a *World Trade Center Health Program Fund* (the Fund) and deposits into the Fund from the Treasury for each of FYs 2012 through 2020 and the last calendar quarter of FY 2011 an amount equal to the lesser of 90% of the expenditures in carrying out Title I or the following amounts:

- Last calendar quarter of FY2011: $71 million;
- FY 2012: $318 million;
- FY 2013: $354 million;
- FY 2014: $382 million;
- FY 2015: $431 million;
- FY 2016: $481 million;
- FY 2017: $537 million;
- FY 2018: $601 million;
- FY 2019: $173 million; and
- For FY 2019 an additional $499 million and for FY 2020 $743 million provided that beginning in FY 2019, in no case shall the share of federal funds deposited into the Fund exceed the sum of the amounts specified in Section 3351(a)(2)(A)(ii)(I) [equal to $3.348 billion which is the sum of the amounts specified above for the last calendar quarter of FY2011 through the $173 million in FY 2019].

No funds may be disbursed from the Fund unless New York City has entered into contract with the Administrator to pay its contribution. If New York City fails to pay its full contribution, the amount not paid is recoverable by the federal government. Such failure shall not affect the disbursement of amounts from the Fund, and the federal share shall not be increased by the amount not paid by New York City.

The amounts deposited into the Fund shall be available, *without further appropriation*, to carry out Subtitle B and Sections 3302(a), 3303, 3304, 3305(a)(2), 3341, and 3342. There is no federal obligation for payment of amounts in excess of the amounts available from the Fund for such purpose and no authorization for appropriation of amounts in excess of the amounts available from the Fund.

There are *limits on the spending of federal funds* for certain purposes as listed in **Table 2**.

**Table 2. Limits on the Spending of Federal Funds as Provided in Section 3351**

| | Maximum federal funds that may be spent | | |
|---|---|---|---|
| **Activity** | **Last calendar quarter of FY2011** | **FY2012** | **Each subsequent fiscal year after FY2012** |
| Services to FDNY family members | $100,000 | $400,000 | The amount for the previous fiscal year increased by the percentage increase in the Consumer Price Index for all urban consumers (all items, United States city average) as estimated by the Secretary of HHS for the 12-month period ending with March of the previous year. |
| WTC Health Program Scientific/Technical Advisory Committee | $25,000 | $100,000 | |
| Community education and outreach under Section 3303 | $500,000 | $2 million | |
| Uniform data collection | $2.5 million | $10 million | |
| Research regarding certain health conditions under Section 3341 | $3.75 million | $15 million | |
| Operation of the WTC Health Registry | $1.75 million | $7 million | |

**Source:** Section 3351(c) of the Public Health Service Act as proposed by the amendment in the nature of a substitute to H.R. 847.

# Title II. September 11 Victim Compensation Fund of 2001

Title II will re-open the *September 11 Victim Compensation Fund (VCF)*, which was established by Title IV of P.L. 107-42, the *Air Transportation Safety and System Stabilization Act* and which was closed to new claims as of December 22, 2003. It adds new categories of beneficiaries and sets new filing deadlines. In particular:

***Section 201*** amends the definition of "*collateral source*" to read: "The term 'collateral source' means all collateral sources, including life insurance, pension funds, death benefit programs, and payments by Federal, State, or local governments related to the terrorist-related aircraft crashes of September 11, 2001, or debris removal, including under the World Trade Center Health Program established under section 3001 of the Public Health Service Act, and payments made pursuant to the settlement of a civil action described in Section 405(c)(3)(C)(iii)."

By changing this definition, this section adds a provision that offsets the amount of a person's VCF payment by the amount received from the settlement of a civil action that commenced after December 22, 2003 and in which the release of all claims in such action was tendered prior to the date of enactment of this legislation, such as the proposed WTC Captive Insurance Company settlement.

Section 201 also adds the following definitions:

- *"contractor and subcontractor"* defined as any general contractor, construction manager, prime contractor, consultant, or any parent, subsidiary, associated or allied company, affiliated company, corporation, firm, organization, or joint venture that participated in debris removal at any "9/11 crash site." The definition excludes any entity with a property interest in the WTC on September 11, 2001, including the Port Authority of New York and New Jersey, whether fee simple, leasehold or easement, direct or indirect.
- *"debris removal"* defined as 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.
- *"immediate aftermath"* defined as any period beginning with the terrorist-related aircraft crashes of September 11, 2001, and ending on August 30, 2002;
- *"9/11 crash site"* defined as: (1) the WTC site, Pentagon site, and Shanksville, PA site; (2) the buildings or portions of buildings destroyed as a result of the 9/11 aircraft crashes; (3) any area contiguous to a site of such crashes that the Special Master determines are sufficiently close to the site so that there was a demonstrable risk of physical harm resulting from the impact of the aircraft or any subsequent fire, explosions, or building collapses; and (4) any area related to, or along, routes of debris removal, such as barges and Fresh Kills.

***Section 202(a)*** requires that the *eligibility claim form* for compensation benefits be amended to also request information from claimants, or representatives of decedents, concerning physical harm or death resulting from debris removal related to the 9/11 aircraft crashes.

***Section 202(b)*** provides an *exception* allowing claims related to physical harm or death from debris removal at the crash sites to be filed beginning on the date on which the regulations are updated to reflect the provisions of this Act and ending on December 22, 2031.

***Section 202(c)*** establishes *timing requirements for claims filed during the extended filing period.* Specifically, individuals or a representative for the deceased can file a claim during the following periods:

- In cases that the Special Master determines the individual knew, or reasonably should have known, that they had suffered physical harm at a 9/11 crash site or as a result of debris removal, and the individual knew or should have known before the original deadline for filing a claim, the deadline for filing would be up to two years after the date specified in the bill (90 days after enactment); and
- In cases that the Special Master determines the individual first knew, or reasonably should have known, on or after the date specified in the bill (90 days after enactment), the filing deadline is up to two years after the date the Special Master determines the individual first knew, or should have known, that they had suffered a harm from debris removal related to the 9/11 aircraft crashes.

Section 202(c) further provides that individuals are permitted to file a claim during the extended filing period only if:

- The individual was treated by a medical professional for suffering from a physical harm as described within a reasonable time from the date of discovering the harm; and
- 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.

The bill specifies that the date referred to in this section is the deadline for the promulgation of updated regulations for claims related to debris removal, 90 days after enactment.

***Section 202(d)*** makes a technical amendment adding that claimants can include individuals who were present at *any other* 9/11 aircraft crash sites at the time, or in the immediate aftermath, of the 9/11 aircraft crashes.

***Section 202(e)*** amends the eligibility requirements for claimants to include *individuals who suffered physical harm resulting from debris removal.*

***Section 202(f)*** requires individuals or personal representatives filing a claim for compensation related to 9/11 crash site debris removal to *waive their right to file a civil action or be party to such an action* in any federal or state court for damages sustained as the result of the September 11, 2001 terrorist attacks. Individuals who are a party to a civil action are prohibited from submitting a claim during the basic extension period provided under the bill (two years after the date updated regulations are promulgated) unless they withdraw from such action within 90 days of the promulgation of updated regulations. Similarly, individuals who are a party to a civil action are prohibited from submitting a claim under the extended filing deadline provided under the bill (the period between the promulgation of updated regulations and December 22, 2031) unless they withdraw from such action within 90 days of the promulgation of updated regulations.

Individuals who settled civil actions for damages sustained as the result of the September 11, 2001 terrorist attacks, may not submit a claim under Title II unless the civil action was commenced after December 22, 2003 and the release of all claims in such action was tendered prior to the date of

enactment of this legislation. The proposed WTC Captive Insurance Company settlement, provided it is approved before enactment of the legislation, would qualify under this provision and persons who received payments from this settlement would be permitted to file claims under Title II.

In addition, individuals who were a party to a civil action, withdrew from such an action in order to submit a claim for compensation, and were found ineligible, are permitted to "reinstitute" such action without prejudice during the 90-day period after their ineligibility determination.

***Section 203*** requires the Special Master to update the regulations originally promulgated for the Victims Compensation program to reflect the changes made by this Act within 90 days of enactment.

***Section 204*** establishes *specific limits for the liability of all claims and actions related to physical harm or death from debris removal*, including those claims or actions previously resolved, currently pending, and that may be filed through December 22, 2031. These claims can include compensatory damages, contribution or indemnity, or any other form or type of relief arising from or related to debris removal filed against the City of New York (including the Port Authority of New York and New Jersey), any entity with a property interest in the WTC on September 11, 2001, and any contractors and subcontractors. The applicable liability limits may not exceed the sum of:

- The amount of funds of the WTC Captive Insurance Company, including the cumulative interest;
- The amount of all available insurance identified in schedule 2 of the WTC Captive Insurance Company's insurance policy;
- As it relates to the City of New York, the amount that is the greater of the City of New York's insurance coverage or $350 million, not including any of the amounts related to the WTC Captive Insurance Company (specified above);
- As it relates to any entity, including the Port Authority of New York and New Jersey, with any property interest in the WTC on September 11, 2001, the amount of all available liability insurance coverage maintained by any such entity; and,
- As it relates to any individual contractor or subcontractor, the amount of all available liability insurance coverage maintained by such entities on September 11, 2001.

*Priorities* are established for payments awarded to plaintiffs of these claims or actions. Claim payments are to be made, until the funds of each payer are exhausted, in the following order, as may be applicable:

- From funds in the WTC Captive Insurance Company or the WTC Captive Insurance Company's insurance policy;
- From funds available through the City of New York's insurance coverage, the amount that is the greater of the City of New York's insurance coverage or $350 million;
- From funds available through liability insurance coverage maintained by entities, including the Port Authority of New York and New Jersey, with a property interest in the WTC on September 11, 2001; and
- Lastly, from funds available through liability insurance coverage maintained by contractors and subcontractors on September 11, 2001.

In addition, the Act specifies that any party to a claim or action related to harms from debris removal can either file an action for a declaratory judgment for insurance coverage or bring a direct action against the insurance company involved.

***Section 205*** amends Section 406 of the Air Transportation Safety and System Stabilization Act to *limit the total compensation payments provided under this title to $8.4 billion.* Of this amount, *$4.2 billion* shall be available to pay claims during the ten-year period beginning on the date in which regulations are promulgated and *$4.2 billion* shall be available to pay claims after this period.

During the one-year period beginning on the date in which the first payment for claims filed pursuant to the updated regulations is paid, the Special Master shall examine the number of claims paid and amount of such claims and project the number and amount of claims to be paid during the 10-year period. If the Special Master determines that there will not be sufficient funds to pay such claims during this 10-year period, the Special Master shall ratably reduce the amount of compensation due claimants in a manner to ensure that all claimants who would have been entitled to a payment receive a payment and that the total amount of payments during the 10-year period does not exceed $4.2 billion.

In any case in which a payment was reduced, the Special Master shall pay the claimant the remainder owed after the conclusion of the 10-year period.

Not withstanding any contract, the bill establishes a limit for the amount a claimant's representative would be allowed to charge an individual for legal services rendered in connection to a claim. Under this section of the bill, attorneys' fees will be limited to not more than 10% of an award made for a claim filed under this title. However, the bill provides an exception for attorneys' fees related to claims made on behalf of individuals who filed a lawsuit in the Southern District of New York prior to January 1, 2009. In these cases, if the claimant's representative believes in good faith that the 10% limit will not provide adequate compensation for a substantial amount of legal services already rendered on behalf of the claimant, the representative could apply to the Special Master for greater compensation. The Special Master is authorized to use his or her discretion to award an amount in excess of the 10% limit to provide reasonable compensation for legal services rendered. The bill further provides that the Special Master's attorneys' fee awards will be final, binding, and not subject to appeal.

If an individual was charged a legal fee in connection with a civil action that was commenced after December 22, 2003 and in which the release of all claims in such action was tendered prior to the date of enactment of this legislation (such as the proposed WTC Captive Insurance Company settlement), then the representative of that individual may not charge a legal fee in connection with a claim under Title II, unless the amount of the legal fee is less than 10% of the total amount of the civil settlement and the Title II claim. In such a case, the representative may charge a legal fee equal to 10% of the total amount of the civil settlement and the Title II claim, minus the amount of the fee already charged.

# Title III. Limitation on Treaty Benefits for Certain Deductible Payments; Time for Payment of Corporate Estimated Taxes

***Section 301*** amends Section 894 of the Internal Revenue Code by adding a provision related to *income affected by treaty* to address a situation commonly referred to as *"treaty shopping."*[4] Under the provision the amount of U.S. withholding tax imposed on deductible related-party payments may not be reduced under any U.S. income tax treaty unless such withholding tax would have been reduced under a U.S. income tax treaty if the payment were made directly to the foreign parent corporation of the payee.

A *deductible related-party payment* is defined as a payment made directly or indirectly by any entity to any other entity, that is allowable as a deduction for U.S. tax purposes, and in which both entities are members of the same foreign controlled group of entities.

A *foreign controlled group of entities* is defined as a controlled group of entities in which the common parent is a foreign corporation.

A *controlled group of entities* has the same definition as in Section 1563(a)(1) of the Internal Revenue Code, with the following changes:

- the relevant ownership threshold is lowered from "at least 80 percent" to "more than 50 percent";
- certain members of the controlled group of corporations that would otherwise be treated as excluded members are not treated as excluded members;
- insurance companies are not treated as members of a separate controlled group of corporations; and
- a partnership or other noncorporate entity is treated as a member of a controlled group of corporations if such entity is controlled by members of the group.

The Secretary of Treasury may prescribe regulations or guidance to carry out this section, including regulations or guidance which provide for:

- the treatment of two or more persons as members of a foreign controlled group of entities if such persons would be the common parent of such group if treated as one corporation; and
- the treatment of any member of a foreign controlled group of entities as the common parent of such group if such treatment is appropriate taking into account the economic relationships among such entities.

The amendment made by this section shall apply to payments made after the date of enactment.

***Section 302*** amends Section 561(2) of the Hiring Incentives to Restore Employment Act (P.L. 111-147) to increase the amount of any *required installment of corporate estimated tax* for which is otherwise due in

[4] For additional information on "treaty shopping" see CRS Report R40468, *Tax Treaty Legislation in the 111th Congress: Explanation and Economic Analysis*, by Donald J. Marples.

July, August, or September of 2015, for corporations with assets of at least $1 billion, from 121.5% to 124.5% of such amount.

# Title IV. Budgetary Effects

***Section 401*** provides that the budgetary effects of this legislation, for the purposes of complying with PAYGO rules, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this legislation, submitted to the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

## *World Trade Center Health Registry*
## *Number of Registrants by State and Congressional District based on September 2010 current addresses*

| State | Rescue and Recovery Workers / Volunteers | Others | Total |
|---|---|---|---|
| Alabama | 115 | (1-24) | 136 |
| Alaska | (1-24) | (1-24) | (1-24) |
| Arizona | 116 | 64 | 180 |
| Arkansas | 38 | (1-24) | 42 |
| California | 710 | 461 | 1,171 |
| Colorado | 160 | 69 | 229 |
| Connecticut | 313 | 545 | 858 |
| Delaware | 28 | 33 | 61 |
| District of Columbia | 29 | 45 | 74 |
| Florida | 868 | 669 | 1,537 |
| Georgia | 259 | 140 | 399 |
| Hawaii | (1-24) | (1-24) | 30 |
| Idaho | (1-24) | (1-24) | 27 |
| Illinois | 188 | 86 | 274 |
| Indiana | 164 | (1-24) | 178 |
| Iowa | 37 | (1-24) | 47 |
| Kansas | 44 | (1-24) | 53 |
| Kentucky | 59 | (1-24) | 69 |
| Louisiana | 72 | (1-24) | 87 |
| Maine | 39 | 30 | 69 |
| Maryland | 143 | 120 | 263 |
| Massachusetts | 254 | 161 | 415 |
| Michigan | 133 | 35 | 168 |
| Minnesota | 106 | (1-24) | 123 |
| Mississippi | 58 | (1-24) | 61 |
| Missouri | 192 | (1-24) | 216 |
| Montana | (1-24) | (1-24) | (1-24) |
| Nebraska | 67 | (1-24) | 68 |
| Nevada | 94 | 39 | 133 |
| New Hampshire | 42 | (1-24) | 60 |
| New Jersey | 2,846 | 5,346 | 8,192 |
| New Mexico | 37 | 30 | 67 |
| New York | 20,168 | 30,919 | 51,087 |
| North Carolina | 373 | 221 | 594 |
| North Dakota | (1-24) | (1-24) | (1-24) |
| Ohio | 225 | 45 | 270 |
| Oklahoma | 88 | (1-24) | 94 |
| Oregon | 82 | 27 | 109 |
| Pennsylvania | 688 | 501 | 1,189 |
| Rhode Island | 34 | 34 | 68 |
| South Carolina | 131 | 55 | 186 |
| South Dakota | (1-24) | (1-24) | (1-24) |
| Tennessee | 127 | (1-24) | 151 |
| Texas | 267 | 154 | 421 |
| Utah | (1-24) | (1-24) | 31 |
| Vermont | 43 | (1-24) | 65 |
| Virginia | 265 | 135 | 400 |
| Washington | 210 | 51 | 261 |
| West Virginia | 34 | (1-24) | 39 |
| Wisconsin | 75 | (1-24) | 96 |
| Wyoming | (1-24) | (1-24) | (1-24) |
| Others | 525 | 498 | 1,023 |
| Total: | 30,665 | 40,772 | 71,437 |

*** All congressional districts reported as "(1-24)" to protect confidentiality have at least one but fewer than 25 registrants.**
**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**
***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

*World Trade Center Health Registry*
*Number of Registrants by State and Congressional District based on September 2010 current addresses*

| State | Congressional District (CD) | Congress Member | Rescue and Recovery Workers / Volunteers | Others | Total # registrants |
|---|---|---|---|---|---|
| Alabama | 1 | Bonner | 25 | (1-24) | 32 |
| Alabama | 2 | Bright | 29 | (1-24) | 30 |
| Alabama | 3 | Rogers | (1-24) | (1-24) | (1-24) |
| Alabama | 4 | Aderholt | 0 | (1-24) | (1-24) |
| Alabama | 5 | Griffith | (1-24) | (1-24) | 26 |
| Alabama | 6 | Bachus | 32 | (1-24) | 34 |
| Alabama | 7 | Davis | (1-24) | (1-24) | (1-24) |
| Alabama | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 115 | (1-24) | 136 |
| Alaska | at large | Young | (1-24) | (1-24) | (1-24) |
| state total | | | (1-24) | (1-24) | (1-24) |
| Arizona | 1 | Kirkpatrick | 26 | (1-24) | 33 |
| Arizona | 2 | Franks | (1-24) | (1-24) | 29 |
| Arizona | 3 | Shadegg | 26 | (1-24) | 38 |
| Arizona | 4 | Pastor | (1-24) | (1-24) | (1-24) |
| Arizona | 5 | Mitchell | (1-24) | (1-24) | (1-24) |
| Arizona | 6 | Flake | (1-24) | (1-24) | (1-24) |
| Arizona | 7 | Grijalva | (1-24) | (1-24) | (1-24) |
| Arizona | 8 | Giffords | (1-24) | (1-24) | (1-24) |
| Arizona | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 116 | 64 | 180 |
| Arkansas | 1 | Berry | (1-24) | 0 | (1-24) |
| Arkansas | 2 | Snyder | (1-24) | 0 | (1-24) |
| Arkansas | 3 | Boozman | (1-24) | (1-24) | (1-24) |
| Arkansas | 4 | Ross | (1-24) | 0 | (1-24) |
| Arkansas | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 38 | (1-24) | 42 |
| California | 1 | Thompson | (1-24) | (1-24) | (1-24) |
| California | 2 | Herger | (1-24) | (1-24) | (1-24) |
| California | 3 | Lungren | (1-24) | (1-24) | (1-24) |
| California | 4 | McClintock | 28 | (1-24) | 34 |
| California | 5 | Matsui | (1-24) | (1-24) | (1-24) |
| California | 6 | Woolsey | (1-24) | (1-24) | 28 |
| California | 7 | Miller | (1-24) | (1-24) | (1-24) |
| California | 8 | Pelosi | (1-24) | 73 | 91 |
| California | 9 | Lee | 25 | (1-24) | 41 |
| California | 10 | Garamendi | 26 | (1-24) | 33 |
| California | 11 | McNerney | (1-24) | (1-24) | (1-24) |
| California | 12 | Speier | (1-24) | (1-24) | (1-24) |
| California | 13 | Stark | (1-24) | (1-24) | (1-24) |
| California | 14 | Eshoo | (1-24) | (1-24) | (1-24) |
| California | 15 | Honda | (1-24) | (1-24) | (1-24) |
| California | 16 | Lofgren | 0 | 0 | 0 |
| California | 17 | Farr | (1-24) | (1-24) | (1-24) |
| California | 18 | Cardoza | (1-24) | (1-24) | (1-24) |
| California | 19 | Radanovich | (1-24) | (1-24) | (1-24) |
| California | 20 | Costa | (1-24) | 0 | (1-24) |

*** All congressional districts reported as "(1-24)" to protect confidentiality have at least one but fewer than 25 registrants.**
**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**
***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

## *World Trade Center Health Registry*
## *Number of Registrants by State and Congressional District based on September 2010 current addresses*

| | | | | | |
|---|---|---|---|---|---|
| California | 21 | Nunes | (1-24) | 0 | (1-24) |
| California | 22 | McCarthy | (1-24) | (1-24) | (1-24) |
| California | 23 | Capps | (1-24) | (1-24) | (1-24) |
| California | 24 | Gallegly | (1-24) | (1-24) | (1-24) |
| California | 25 | McKeon | (1-24) | (1-24) | (1-24) |
| California | 26 | Dreier | 37 | (1-24) | 51 |
| California | 27 | Sherman | (1-24) | (1-24) | (1-24) |
| California | 28 | Berman | (1-24) | (1-24) | 26 |
| California | 29 | Schiff | (1-24) | (1-24) | (1-24) |
| California | 30 | Waxman | 35 | 64 | 99 |
| California | 31 | Becerra | (1-24) | (1-24) | (1-24) |
| California | 32 | Chu | (1-24) | (1-24) | (1-24) |
| California | 33 | Watson | (1-24) | (1-24) | (1-24) |
| California | 34 | Roybal-Allard | (1-24) | (1-24) | (1-24) |
| California | 35 | Waters | (1-24) | (1-24) | (1-24) |
| California | 36 | Harman | (1-24) | (1-24) | 38 |
| California | 37 | Richardson | (1-24) | (1-24) | (1-24) |
| California | 38 | Napolitano | (1-24) | (1-24) | (1-24) |
| California | 39 | Sanchez | (1-24) | (1-24) | (1-24) |
| California | 40 | Royce | (1-24) | (1-24) | (1-24) |
| California | 41 | Lewis | 28 | (1-24) | 31 |
| California | 42 | Miller | (1-24) | (1-24) | 26 |
| California | 43 | Baca | (1-24) | 0 | (1-24) |
| California | 44 | Calvert | 41 | (1-24) | 46 |
| California | 45 | Bono Mack | 50 | (1-24) | 53 |
| California | 46 | Rohrabacher | (1-24) | (1-24) | 25 |
| California | 47 | Sanchez | (1-24) | 0 | (1-24) |
| California | 48 | Campbell | (1-24) | (1-24) | (1-24) |
| California | 49 | Issa | (1-24) | (1-24) | (1-24) |
| California | 50 | Bilbray | 25 | (1-24) | 40 |
| California | 51 | Filner | (1-24) | (1-24) | (1-24) |
| California | 52 | Hunter | (1-24) | (1-24) | (1-24) |
| California | 53 | Davis | (1-24) | (1-24) | (1-24) |
| California | Unknown CD | | 50 | (1-24) | 58 |
| state total | | | 710 | 461 | 1,171 |

| | | | | | |
|---|---|---|---|---|---|
| Colorado | 1 | DeGette | 34 | 29 | 63 |
| Colorado | 2 | Polis | 30 | (1-24) | 42 |
| Colorado | 3 | Salazar | (1-24) | (1-24) | (1-24) |
| Colorado | 4 | Markey | (1-24) | (1-24) | (1-24) |
| Colorado | 5 | Lamborn | 29 | (1-24) | 35 |
| Colorado | 6 | Coffman | 25 | (1-24) | 30 |
| Colorado | 7 | Perlmutter | (1-24) | (1-24) | (1-24) |
| Colorado | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 160 | 69 | 229 |

| | | | | | |
|---|---|---|---|---|---|
| Connecticut | 1 | Larson | 36 | 45 | 81 |
| Connecticut | 2 | Courtney | 27 | 25 | 52 |
| Connecticut | 3 | DeLauro | 58 | 47 | 105 |
| Connecticut | 4 | Himes | 119 | 329 | 448 |
| Connecticut | 5 | Murphy | 58 | 50 | 108 |
| Connecticut | unknown CD | | (1-24) | 49 | 64 |
| state total | | | 313 | 545 | 858 |

| | | | | | |
|---|---|---|---|---|---|
| Delaware | at large | Castle | 28 | 33 | 61 |

*** All congressional districts reported as "(1-24)" to protect confidentiality have at least one but fewer than 25 registrants.**
**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**
***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

| | | | | | |
|---|---|---|---|---|---|
| state total | | | 28 | 33 | 61 |

| | | | | | |
|---|---|---|---|---|---|
| District of Columbia | at large | Holmes Norton | 29 | 45 | 74 |
| state total | | | 29 | 45 | 74 |

| | | | | | |
|---|---|---|---|---|---|
| Florida | 1 | Miller | (1-24) | (1-24) | 27 |
| Florida | 2 | Boyd | 27 | (1-24) | 33 |
| Florida | 3 | Brown | 42 | 26 | 68 |
| Florida | 4 | Crenshaw | (1-24) | (1-24) | (1-24) |
| Florida | 5 | Brown-Waite | 57 | 49 | 106 |
| Florida | 6 | Stearns | (1-24) | (1-24) | 29 |
| Florida | 7 | Mica | 54 | 37 | 91 |
| Florida | 8 | Grayson | 31 | (1-24) | 55 |
| Florida | 9 | Bilirakis | 39 | 37 | 76 |
| Florida | 10 | Young | (1-24) | (1-24) | (1-24) |
| Florida | 11 | Castor | (1-24) | (1-24) | (1-24) |
| Florida | 12 | Putnam | (1-24) | (1-24) | 31 |
| Florida | 13 | Buchanan | 27 | 27 | 54 |
| Florida | 14 | Mack | 72 | 38 | 110 |
| Florida | 15 | Posey | 65 | 30 | 95 |
| Florida | 16 | Rooney | 75 | 51 | 126 |
| Florida | 17 | Meek | 25 | 42 | 67 |
| Florida | 18 | Ros-Lehtinen | 44 | 41 | 85 |
| Florida | 19 | Deutch | 56 | 84 | 140 |
| Florida | 20 | Wasserman Schultz | 37 | 31 | 68 |
| Florida | 21 | Diaz-Balart | 34 | (1-24) | 45 |
| Florida | 22 | Klein | (1-24) | (1-24) | 41 |
| Florida | 23 | Hastings | 0 | 0 | 0 |
| Florida | 24 | Kosmas | (1-24) | (1-24) | 36 |
| Florida | 25 | Diaz-Balart | (1-24) | (1-24) | (1-24) |
| Florida | Unknown CD | | 45 | 40 | 85 |
| state total | | | 868 | 669 | 1,537 |

| | | | | | |
|---|---|---|---|---|---|
| Georgia | 1 | Kingston | (1-24) | (1-24) | (1-24) |
| Georgia | 2 | Bishop | (1-24) | 0 | (1-24) |
| Georgia | 3 | Westmoreland | (1-24) | (1-24) | (1-24) |
| Georgia | 4 | Johnson | 31 | 25 | 56 |
| Georgia | 5 | Lewis | 28 | 25 | 53 |
| Georgia | 6 | Price | (1-24) | (1-24) | 40 |
| Georgia | 7 | Linder | 37 | 27 | 64 |
| Georgia | 8 | Marshall | 65 | (1-24) | 85 |
| Georgia | 9 | Graves | (1-24) | (1-24) | (1-24) |
| Georgia | 10 | Broun | (1-24) | 0 | (1-24) |
| Georgia | 11 | Gingrey | (1-24) | (1-24) | (1-24) |
| Georgia | 12 | Barrow | (1-24) | (1-24) | (1-24) |
| Georgia | 13 | Scott | (1-24) | 0 | (1-24) |
| Georgia | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 259 | 140 | 399 |

| | | | | | |
|---|---|---|---|---|---|
| Hawaii | 1 | Djou | (1-24) | (1-24) | (1-24) |
| Hawaii | 2 | Hirono | (1-24) | (1-24) | (1-24) |
| Hawaii | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | (1-24) | (1-24) | 30 |

| | | | | | |
|---|---|---|---|---|---|
| Idaho | 1 | Minnick | (1-24) | (1-24) | (1-24) |

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**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**

| | | | | | |
|---|---|---|---|---|---|
| Idaho | 2 | Simpson | (1-24) | (1-24) | (1-24) |
| state total | | | (1-24) | (1-24) | 27 |

| | | | | | |
|---|---|---|---|---|---|
| Illinois | 1 | Rush | (1-24) | (1-24) | (1-24) |
| Illinois | 2 | Jackson | (1-24) | 0 | (1-24) |
| Illinois | 3 | Lipinski | (1-24) | (1-24) | (1-24) |
| Illinois | 4 | Gutierrez | (1-24) | (1-24) | 28 |
| Illinois | 5 | Quigley | (1-24) | (1-24) | 36 |
| Illinois | 6 | Roskam | (1-24) | (1-24) | (1-24) |
| Illinois | 7 | Davis | (1-24) | (1-24) | (1-24) |
| Illinois | 8 | Bean | (1-24) | (1-24) | (1-24) |
| Illinois | 9 | Schakowsky | (1-24) | (1-24) | (1-24) |
| Illinois | 10 | Kirk | (1-24) | (1-24) | (1-24) |
| Illinois | 11 | Halvorson | (1-24) | 0 | (1-24) |
| Illinois | 12 | Costello | (1-24) | 0 | (1-24) |
| Illinois | 13 | Biggert | (1-24) | (1-24) | (1-24) |
| Illinois | 14 | Foster | (1-24) | 0 | (1-24) |
| Illinois | 15 | Johnson | 37 | (1-24) | 39 |
| Illinois | 16 | Manzullo | (1-24) | (1-24) | (1-24) |
| Illinois | 17 | Hare | (1-24) | 0 | (1-24) |
| Illinois | 18 | Schock | (1-24) | 0 | (1-24) |
| Illinois | 19 | Shimkus | (1-24) | (1-24) | (1-24) |
| Illinois | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 188 | 86 | 274 |

| | | | | | |
|---|---|---|---|---|---|
| Indiana | 1 | Visclosky | (1-24) | (1-24) | (1-24) |
| Indiana | 2 | Donnelly | (1-24) | (1-24) | (1-24) |
| Indiana | 3 | (Vacant) | (1-24) | (1-24) | (1-24) |
| Indiana | 4 | Buyer | 35 | (1-24) | 36 |
| Indiana | 5 | Burton | 66 | (1-24) | 69 |
| Indiana | 6 | Pence | (1-24) | (1-24) | (1-24) |
| Indiana | 7 | Carson | (1-24) | 0 | (1-24) |
| Indiana | 8 | Ellsworth | (1-24) | (1-24) | (1-24) |
| Indiana | 9 | Hill | (1-24) | (1-24) | (1-24) |
| Indiana | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 164 | (1-24) | 178 |

| | | | | | |
|---|---|---|---|---|---|
| Iowa | 1 | Braley | (1-24) | (1-24) | (1-24) |
| Iowa | 2 | Loebsack | (1-24) | (1-24) | (1-24) |
| Iowa | 3 | Boswell | (1-24) | (1-24) | 28 |
| Iowa | 4 | Latham | (1-24) | 0 | (1-24) |
| Iowa | 5 | King | (1-24) | 0 | (1-24) |
| Iowa | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 37 | (1-24) | 47 |

| | | | | | |
|---|---|---|---|---|---|
| Kansas | 1 | Moran | (1-24) | (1-24) | (1-24) |
| Kansas | 2 | Jenkins | (1-24) | (1-24) | (1-24) |
| Kansas | 3 | Moore | (1-24) | (1-24) | (1-24) |
| Kansas | 4 | Tiahrt | (1-24) | (1-24) | (1-24) |
| Kansas | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 44 | (1-24) | 53 |

| | | | | | |
|---|---|---|---|---|---|
| Kentucky | 1 | Whitfield | (1-24) | (1-24) | (1-24) |
| Kentucky | 2 | Guthrie | (1-24) | (1-24) | (1-24) |
| Kentucky | 3 | Yarmuth | (1-24) | (1-24) | (1-24) |

*** All congressional districts reported as "(1-24)" to protect confidentiality have at least one but fewer than 25 registrants.**
**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**

| | | | | | |
|---|---|---|---|---|---|
| Kentucky | 4 | Davis | (1-24) | (1-24) | (1-24) |
| Kentucky | 5 | Rogers | (1-24) | 0 | (1-24) |
| Kentucky | 6 | Chandler | (1-24) | (1-24) | (1-24) |
| Kentucky | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 59 | (1-24) | 69 |

| | | | | | |
|---|---|---|---|---|---|
| Louisiana | 1 | Scalise | (1-24) | (1-24) | (1-24) |
| Louisiana | 2 | Cao | (1-24) | 0 | (1-24) |
| Louisiana | 3 | Melancon | (1-24) | (1-24) | (1-24) |
| Louisiana | 4 | Fleming | 27 | (1-24) | 28 |
| Louisiana | 5 | Alexander | (1-24) | (1-24) | (1-24) |
| Louisiana | 6 | Cassidy | (1-24) | (1-24) | (1-24) |
| Louisiana | 7 | Boustany | (1-24) | 0 | (1-24) |
| Louisiana | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 72 | (1-24) | 87 |

| | | | | | |
|---|---|---|---|---|---|
| Maine | 1 | Pingree | (1-24) | (1-24) | 43 |
| Maine | 2 | Michaud | (1-24) | (1-24) | (1-24) |
| Maine | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 39 | 30 | 69 |

| | | | | | |
|---|---|---|---|---|---|
| Maryland | 1 | Kratovil | 36 | (1-24) | 50 |
| Maryland | 2 | Ruppersberger | (1-24) | (1-24) | (1-24) |
| Maryland | 3 | Sarbanes | (1-24) | (1-24) | 35 |
| Maryland | 4 | Edwards | (1-24) | (1-24) | 46 |
| Maryland | 5 | Hoyer | (1-24) | (1-24) | (1-24) |
| Maryland | 6 | Bartlett | (1-24) | (1-24) | (1-24) |
| Maryland | 7 | Cummings | (1-24) | (1-24) | (1-24) |
| Maryland | 8 | Van Hollen | (1-24) | 31 | 50 |
| Maryland | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 143 | 120 | 263 |

| | | | | | |
|---|---|---|---|---|---|
| Massachusetts | 1 | Olver | 38 | (1-24) | 54 |
| Massachusetts | 2 | Neal | (1-24) | (1-24) | (1-24) |
| Massachusetts | 3 | McGovern | 28 | (1-24) | 36 |
| Massachusetts | 4 | Frank | (1-24) | (1-24) | 37 |
| Massachusetts | 5 | Tsongas | (1-24) | (1-24) | (1-24) |
| Massachusetts | 6 | Tierney | 26 | (1-24) | 39 |
| Massachusetts | 7 | Markey | 25 | (1-24) | 48 |
| Massachusetts | 8 | Capuano | 32 | 37 | 69 |
| Massachusetts | 9 | Lynch | (1-24) | (1-24) | (1-24) |
| Massachusetts | 10 | Delahunt | 30 | (1-24) | 51 |
| Massachusetts | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 254 | 161 | 415 |

| | | | | | |
|---|---|---|---|---|---|
| Michigan | 1 | Stupak | (1-24) | (1-24) | (1-24) |
| Michigan | 2 | Hoekstra | (1-24) | (1-24) | (1-24) |
| Michigan | 3 | Ehlers | (1-24) | (1-24) | (1-24) |
| Michigan | 4 | Camp | (1-24) | 0 | (1-24) |
| Michigan | 5 | Kildee | (1-24) | (1-24) | (1-24) |
| Michigan | 6 | Upton | (1-24) | (1-24) | (1-24) |
| Michigan | 7 | Schauer | 28 | (1-24) | 31 |
| Michigan | 8 | Rogers | (1-24) | (1-24) | (1-24) |
| Michigan | 9 | Peters | (1-24) | (1-24) | (1-24) |
| Michigan | 10 | Miller | (1-24) | (1-24) | (1-24) |

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***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

| | | | | | |
|---|---|---|---|---|---|
| Michigan | 11 | McCotter | (1-24) | (1-24) | (1-24) |
| Michigan | 12 | Levin | (1-24) | (1-24) | (1-24) |
| Michigan | 13 | Kilpatrick | (1-24) | 0 | (1-24) |
| Michigan | 14 | Conyers | (1-24) | (1-24) | (1-24) |
| Michigan | 15 | Dingell | (1-24) | (1-24) | (1-24) |
| Michigan | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 133 | 35 | 168 |

| | | | | | |
|---|---|---|---|---|---|
| Minnesota | 1 | Walz | (1-24) | (1-24) | (1-24) |
| Minnesota | 2 | Kline | (1-24) | (1-24) | (1-24) |
| Minnesota | 3 | Paulson | 33 | (1-24) | 39 |
| Minnesota | 4 | McCollum | (1-24) | (1-24) | (1-24) |
| Minnesota | 5 | Ellison | (1-24) | (1-24) | (1-24) |
| Minnesota | 6 | Bachmann | (1-24) | (1-24) | (1-24) |
| Minnesota | 7 | Peterson | (1-24) | (1-24) | (1-24) |
| Minnesota | 8 | Oberstar | (1-24) | 0 | (1-24) |
| state total | | | 106 | (1-24) | 123 |

| | | | | | |
|---|---|---|---|---|---|
| Mississippi | 1 | Childers | (1-24) | 0 | (1-24) |
| Mississippi | 2 | Thompson | (1-24) | (1-24) | (1-24) |
| Mississippi | 3 | Harper | (1-24) | 0 | (1-24) |
| Mississippi | 4 | Taylor | (1-24) | (1-24) | (1-24) |
| Mississippi | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 58 | (1-24) | 61 |

| | | | | | |
|---|---|---|---|---|---|
| Missouri | 1 | Clay | (1-24) | (1-24) | (1-24) |
| Missouri | 2 | Akin | 25 | (1-24) | 31 |
| Missouri | 3 | Carnahan | (1-24) | (1-24) | (1-24) |
| Missouri | 4 | Skelton | (1-24) | (1-24) | (1-24) |
| Missouri | 5 | Cleaver | 33 | (1-24) | 38 |
| Missouri | 6 | Graves | 29 | (1-24) | 31 |
| Missouri | 7 | Blunt | (1-24) | 0 | (1-24) |
| Missouri | 8 | Emerson | (1-24) | 0 | (1-24) |
| Missouri | 9 | Luetkemeyer | 44 | (1-24) | 45 |
| Missouri | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 192 | (1-24) | 216 |

| | | | | | |
|---|---|---|---|---|---|
| Montana | at large | Rehberg | (1-24) | (1-24) | (1-24) |
| state total | | | (1-24) | (1-24) | (1-24) |

| | | | | | |
|---|---|---|---|---|---|
| Nebraska | 1 | Fortenberry | 55 | (1-24) | 56 |
| Nebraska | 2 | Terry | (1-24) | 0 | (1-24) |
| Nebraska | 3 | Smith | (1-24) | 0 | (1-24) |
| state total | | | 67 | (1-24) | 68 |

| | | | | | |
|---|---|---|---|---|---|
| Nevada | 1 | Berkley | 45 | (1-24) | 67 |
| Nevada | 2 | Heller | (1-24) | (1-24) | 29 |
| Nevada | 3 | Titus | (1-24) | (1-24) | (1-24) |
| Nevada | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 94 | 39 | 133 |

| | | | | | |
|---|---|---|---|---|---|
| New Hampshire | 1 | Shea-Porter | (1-24) | (1-24) | 32 |
| New Hampshire | 2 | Hodes | (1-24) | (1-24) | 26 |
| New Hampshire | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 42 | (1-24) | 60 |

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***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

## *World Trade Center Health Registry*
## *Number of Registrants by State and Congressional District based on September 2010 current addresses*

| | | | | | |
|---|---|---|---|---|---|
| New Jersey | 1 | Andrews | 48 | 27 | 75 |
| New Jersey | 2 | LoBiondo | 62 | (1-24) | 70 |
| New Jersey | 3 | Adler | 136 | 125 | 261 |
| New Jersey | 4 | Smith | 315 | 390 | 705 |
| New Jersey | 5 | Garrett | 370 | 590 | 960 |
| New Jersey | 6 | Pallone | 506 | 948 | 1,454 |
| New Jersey | 7 | Lance | 279 | 620 | 899 |
| New Jersey | 8 | Pascrell | 238 | 609 | 847 |
| New Jersey | 9 | Rothman | 314 | 648 | 962 |
| New Jersey | 10 | Payne | 155 | 374 | 529 |
| New Jersey | 11 | Frelinghuysen | 180 | 323 | 503 |
| New Jersey | 12 | Holt | 89 | 224 | 313 |
| New Jersey | 13 | Sires | 107 | 376 | 483 |
| New Jersey | unknown CD | | 47 | 84 | 131 |
| state total | | | 2,846 | 5,346 | 8,192 |

| | | | | | |
|---|---|---|---|---|---|
| New Mexico | 1 | Heinrich | (1-24) | (1-24) | 36 |
| New Mexico | 2 | Teague | (1-24) | (1-24) | (1-24) |
| New Mexico | 3 | Lujan | (1-24) | (1-24) | (1-24) |
| New Mexico | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 37 | 30 | 67 |

| | | | | | |
|---|---|---|---|---|---|
| New York | 1 | Bishop | 1,210 | 416 | 1,626 |
| New York | 2 | Israel | 1,169 | 618 | 1,787 |
| New York | 3 | King | 1,295 | 748 | 2,043 |
| New York | 4 | McCarthy | 948 | 720 | 1,668 |
| New York | 5 | Ackerman | 1,267 | 1,461 | 2,728 |
| New York | 6 | Meeks | 855 | 1,045 | 1,900 |
| New York | 7 | Crowley | 1,178 | 1,303 | 2,481 |
| New York | 8 | Nadler | 2,447 | 11,282 | 13,729 |
| New York | 9 | Weiner | 1,231 | 1,501 | 2,732 |
| New York | 10 | Towns | 852 | 2,103 | 2,955 |
| New York | 11 | Clarke | 117 | 344 | 461 |
| New York | 12 | Velazquez | 452 | 2,374 | 2,826 |
| New York | 13 | McMahon | 2,462 | 1,937 | 4,399 |
| New York | 14 | Maloney | 660 | 1,604 | 2,264 |
| New York | 15 | Rangel | 515 | 888 | 1,403 |
| New York | 16 | Serrano | 293 | 448 | 741 |
| New York | 17 | Engel | 801 | 573 | 1,374 |
| New York | 18 | Lowey | 483 | 631 | 1,114 |
| New York | 19 | Hall | 1,154 | 428 | 1,582 |
| New York | 20 | Murphy | 144 | 112 | 256 |
| New York | 21 | Tonko | 85 | 48 | 133 |
| New York | 22 | Hinchey | 185 | 107 | 292 |
| New York | 23 | Owens | 31 | (1-24) | 44 |
| New York | 24 | Arcuri | (1-24) | (1-24) | 32 |
| New York | 25 | Maffei | 38 | (1-24) | 46 |
| New York | 26 | Lee | 69 | (1-24) | 75 |
| New York | 27 | Higgins | 38 | (1-24) | 44 |
| New York | 28 | Slaughter | (1-24) | (1-24) | 27 |
| New York | 29 | (Vacant) | 29 | (1-24) | 33 |
| New York | unknown CD | | 116 | 176 | 292 |
| state total | | | 20,168 | 30,919 | 51,087 |

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***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

## *World Trade Center Health Registry*
## *Number of Registrants by State and Congressional District based on September 2010 current addresses*

| | | | | | |
|---|---|---|---|---|---|
| North Carolina | 1 | Butterfield | 31 | (1-24) | 39 |
| North Carolina | 2 | Etheridge | 28 | (1-24) | 45 |
| North Carolina | 3 | Jones | (1-24) | (1-24) | (1-24) |
| North Carolina | 4 | Price | (1-24) | 25 | 37 |
| North Carolina | 5 | Foxx | 80 | (1-24) | 89 |
| North Carolina | 6 | Coble | (1-24) | (1-24) | 35 |
| North Carolina | 7 | McIntyre | (1-24) | (1-24) | 38 |
| North Carolina | 8 | Kissell | (1-24) | (1-24) | 34 |
| North Carolina | 9 | Myrick | 64 | 62 | 126 |
| North Carolina | 10 | McHenry | (1-24) | (1-24) | (1-24) |
| North Carolina | 11 | Shuler | 45 | (1-24) | 54 |
| North Carolina | 12 | Watt | (1-24) | (1-24) | (1-24) |
| North Carolina | 13 | Miller | (1-24) | (1-24) | (1-24) |
| North Carolina | Unknown CD | | (1-24) | (1-24) | 31 |
| state total | | | 373 | 221 | 594 |
| | | | | | |
| North Dakota | at large | Pomeroy | (1-24) | (1-24) | (1-24) |
| state total | | | (1-24) | (1-24) | (1-24) |
| | | | | | |
| Ohio | 1 | Driehaus | (1-24) | (1-24) | (1-24) |
| Ohio | 2 | Schmidt | (1-24) | (1-24) | (1-24) |
| Ohio | 3 | Turner | (1-24) | (1-24) | (1-24) |
| Ohio | 4 | Jordan | (1-24) | (1-24) | (1-24) |
| Ohio | 5 | Latta | (1-24) | (1-24) | (1-24) |
| Ohio | 6 | Wilson | (1-24) | (1-24) | (1-24) |
| Ohio | 7 | Austria | (1-24) | (1-24) | (1-24) |
| Ohio | 8 | Boehner | (1-24) | (1-24) | (1-24) |
| Ohio | 9 | Kaptur | (1-24) | (1-24) | (1-24) |
| Ohio | 10 | Kucinich | (1-24) | (1-24) | (1-24) |
| Ohio | 11 | Fudge | (1-24) | (1-24) | (1-24) |
| Ohio | 12 | Tiberi | (1-24) | (1-24) | 27 |
| Ohio | 13 | Sutton | (1-24) | (1-24) | (1-24) |
| Ohio | 14 | LaTourette | (1-24) | (1-24) | (1-24) |
| Ohio | 15 | Kilroy | (1-24) | (1-24) | (1-24) |
| Ohio | 16 | Boccieri | 33 | (1-24) | 34 |
| Ohio | 17 | Ryan | (1-24) | 0 | (1-24) |
| Ohio | 18 | Space | (1-24) | 0 | (1-24) |
| state total | | | 225 | 45 | 270 |
| | | | | | |
| Oklahoma | 1 | Sullivan | (1-24) | (1-24) | (1-24) |
| Oklahoma | 2 | Boren | (1-24) | 0 | (1-24) |
| Oklahoma | 3 | Lucas | (1-24) | 0 | (1-24) |
| Oklahoma | 4 | Cole | (1-24) | (1-24) | (1-24) |
| Oklahoma | 5 | Fallin | (1-24) | (1-24) | (1-24) |
| Oklahoma | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 88 | (1-24) | 94 |
| | | | | | |
| Oregon | 1 | Wu | (1-24) | (1-24) | 32 |
| Oregon | 2 | Walden | 30 | 0 | 30 |
| Oregon | 3 | Blumenauer | (1-24) | (1-24) | (1-24) |
| Oregon | 4 | DeFazio | (1-24) | 0 | (1-24) |
| Oregon | 5 | Schrader | (1-24) | (1-24) | (1-24) |
| Oregon | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 82 | 27 | 109 |

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## *World Trade Center Health Registry*
## *Number of Registrants by State and Congressional District based on September 2010 current addresses*

| | | | | | |
|---|---|---|---|---|---|
| Pennsylvania | 1 | Brady | 41 | 31 | 72 |
| Pennsylvania | 2 | Fattah | (1-24) | (1-24) | 45 |
| Pennsylvania | 3 | Dahlkemper | (1-24) | (1-24) | (1-24) |
| Pennsylvania | 4 | Altmire | (1-24) | (1-24) | (1-24) |
| Pennsylvania | 5 | Thompson | 26 | (1-24) | 35 |
| Pennsylvania | 6 | Gerlach | 81 | 73 | 154 |
| Pennsylvania | 7 | Sestak | 29 | (1-24) | 37 |
| Pennsylvania | 8 | Murphy | 76 | 77 | 153 |
| Pennsylvania | 9 | Shuster | (1-24) | (1-24) | (1-24) |
| Pennsylvania | 10 | Carney | 100 | 104 | 204 |
| Pennsylvania | 11 | Kanjorski | 94 | 80 | 174 |
| Pennsylvania | 12 | Critz | (1-24) | (1-24) | (1-24) |
| Pennsylvania | 13 | Schwartz | (1-24) | (1-24) | 25 |
| Pennsylvania | 14 | Doyle | (1-24) | (1-24) | 26 |
| Pennsylvania | 15 | Dent | 53 | 35 | 88 |
| Pennsylvania | 16 | Pitts | (1-24) | (1-24) | 26 |
| Pennsylvania | 17 | Holden | 29 | (1-24) | 42 |
| Pennsylvania | 18 | Murphy | (1-24) | (1-24) | (1-24) |
| Pennsylvania | 19 | Platts | (1-24) | (1-24) | (1-24) |
| Pennsylvania | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 688 | 501 | 1,189 |

| | | | | | |
|---|---|---|---|---|---|
| Rhode Island | 1 | Kennedy | (1-24) | (1-24) | 41 |
| Rhode Island | 2 | Langevin | (1-24) | (1-24) | 27 |
| state total | | | 34 | 34 | 68 |

| | | | | | |
|---|---|---|---|---|---|
| South Carolina | 1 | Brown | 39 | 25 | 64 |
| South Carolina | 2 | Wilson | 27 | (1-24) | 35 |
| South Carolina | 3 | Barrett | (1-24) | (1-24) | (1-24) |
| South Carolina | 4 | Inglis | (1-24) | (1-24) | (1-24) |
| South Carolina | 5 | Spratt | (1-24) | (1-24) | 28 |
| South Carolina | 6 | Clyburn | (1-24) | (1-24) | (1-24) |
| South Carolina | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 131 | 55 | 186 |

| | | | | | |
|---|---|---|---|---|---|
| South Dakota | at large | Herseth Sandlin | (1-24) | 0 | (1-24) |
| state total | | | (1-24) | 0 | (1-24) |

| | | | | | |
|---|---|---|---|---|---|
| Tennessee | 1 | Roe | 31 | (1-24) | 32 |
| Tennessee | 2 | Duncan | 27 | (1-24) | 29 |
| Tennessee | 3 | Wamp | (1-24) | (1-24) | (1-24) |
| Tennessee | 4 | Davis | (1-24) | (1-24) | (1-24) |
| Tennessee | 5 | Cooper | 30 | (1-24) | 39 |
| Tennessee | 6 | Gordon | (1-24) | (1-24) | (1-24) |
| Tennessee | 7 | Blackburn | (1-24) | (1-24) | (1-24) |
| Tennessee | 8 | Tanner | (1-24) | 0 | (1-24) |
| Tennessee | 9 | Cohen | (1-24) | 0 | (1-24) |
| Tennessee | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 127 | (1-24) | 151 |

| | | | | | |
|---|---|---|---|---|---|
| Texas | 1 | Gohmert | (1-24) | (1-24) | (1-24) |
| Texas | 2 | Poe | (1-24) | (1-24) | (1-24) |
| Texas | 3 | Johnson | (1-24) | (1-24) | 29 |
| Texas | 4 | Hall | (1-24) | (1-24) | (1-24) |
| Texas | 5 | Hensarling | (1-24) | (1-24) | (1-24) |

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| | | | | | |
|---|---|---|---|---|---|
| Texas | 6 | Barton | (1-24) | (1-24) | (1-24) |
| Texas | 7 | Culberson | (1-24) | (1-24) | 29 |
| Texas | 8 | Brady | (1-24) | (1-24) | (1-24) |
| Texas | 9 | Green | (1-24) | (1-24) | (1-24) |
| Texas | 10 | McCaul | (1-24) | (1-24) | (1-24) |
| Texas | 11 | Conaway | (1-24) | (1-24) | (1-24) |
| Texas | 12 | Granger | (1-24) | (1-24) | (1-24) |
| Texas | 13 | Thornberry | (1-24) | 0 | (1-24) |
| Texas | 14 | Paul | (1-24) | (1-24) | (1-24) |
| Texas | 15 | Hinojosa | (1-24) | 0 | (1-24) |
| Texas | 16 | Reyes | (1-24) | (1-24) | (1-24) |
| Texas | 17 | Edwards | (1-24) | (1-24) | (1-24) |
| Texas | 18 | Jackson Lee | 0 | 0 | 0 |
| Texas | 19 | Neugebauer | (1-24) | (1-24) | (1-24) |
| Texas | 20 | Gonzalez | (1-24) | (1-24) | (1-24) |
| Texas | 21 | Smith | 28 | (1-24) | 48 |
| Texas | 22 | Olson | (1-24) | (1-24) | (1-24) |
| Texas | 23 | Rodriguez | (1-24) | (1-24) | (1-24) |
| Texas | 24 | Marchant | (1-24) | (1-24) | (1-24) |
| Texas | 25 | Doggett | (1-24) | (1-24) | (1-24) |
| Texas | 26 | Burgess | (1-24) | (1-24) | (1-24) |
| Texas | 27 | Ortiz | (1-24) | (1-24) | (1-24) |
| Texas | 28 | Cuellar | 0 | 0 | 0 |
| Texas | 29 | Green | 0 | 0 | 0 |
| Texas | 30 | Johnson | (1-24) | (1-24) | (1-24) |
| Texas | 31 | Carter | (1-24) | (1-24) | (1-24) |
| Texas | 32 | Sessions | 0 | 0 | 0 |
| Texas | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 267 | 154 | 421 |

| | | | | | |
|---|---|---|---|---|---|
| Utah | 1 | Bishop | (1-24) | (1-24) | (1-24) |
| Utah | 2 | Matheson | (1-24) | (1-24) | (1-24) |
| Utah | 3 | Chaffetz | 0 | 0 | 0 |
| state total | | | (1-24) | (1-24) | 31 |

| | | | | | |
|---|---|---|---|---|---|
| Vermont | at large | Welch | 43 | (1-24) | 65 |
| state total | | | 43 | (1-24) | 65 |

| | | | | | |
|---|---|---|---|---|---|
| Virginia | 1 | Wittman | 27 | (1-24) | 40 |
| Virginia | 2 | Nye | (1-24) | (1-24) | 30 |
| Virginia | 3 | Scott | (1-24) | (1-24) | (1-24) |
| Virginia | 4 | Forbes | 30 | (1-24) | 38 |
| Virginia | 5 | Perriello | 32 | (1-24) | 37 |
| Virginia | 6 | Goodlatte | (1-24) | (1-24) | (1-24) |
| Virginia | 7 | Cantor | (1-24) | (1-24) | 40 |
| Virginia | 8 | Moran | 43 | 47 | 90 |
| Virginia | 9 | Boucher | (1-24) | 0 | (1-24) |
| Virginia | 10 | Wolf | 37 | (1-24) | 53 |
| Virginia | 11 | Connolly | (1-24) | (1-24) | (1-24) |
| Virginia | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 265 | 135 | 400 |

| | | | | | |
|---|---|---|---|---|---|
| Washington | 1 | Inslee | (1-24) | (1-24) | 31 |
| Washington | 2 | Larsen | (1-24) | (1-24) | (1-24) |
| Washington | 3 | Baird | (1-24) | (1-24) | 26 |

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| | | | | | |
|---|---|---|---|---|---|
| Washington | 4 | Hastings | (1-24) | (1-24) | (1-24) |
| Washington | 5 | McMorris Rodgers | 29 | (1-24) | 31 |
| Washington | 6 | Dicks | (1-24) | (1-24) | (1-24) |
| Washington | 7 | McDermott | 25 | (1-24) | 47 |
| Washington | 8 | Reichert | 38 | (1-24) | 43 |
| Washington | 9 | Smith | (1-24) | (1-24) | (1-24) |
| Washington | Unknown CD | | (1-24) | (1-24) | (1-24) |
| state total | | | 210 | 51 | 261 |

| | | | | | |
|---|---|---|---|---|---|
| West Virginia | 1 | Mollohan | (1-24) | (1-24) | (1-24) |
| West Virginia | 2 | Moore Capito | (1-24) | (1-24) | (1-24) |
| West Virginia | 3 | Rahall | (1-24) | (1-24) | (1-24) |
| West Virginia | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 34 | (1-24) | 39 |

| | | | | | |
|---|---|---|---|---|---|
| Wisconsin | 1 | Ryan | (1-24) | 0 | (1-24) |
| Wisconsin | 2 | Baldwin | (1-24) | (1-24) | 25 |
| Wisconsin | 3 | Kind | (1-24) | 0 | (1-24) |
| Wisconsin | 4 | Moore | (1-24) | (1-24) | (1-24) |
| Wisconsin | 5 | Sensenbrenner | (1-24) | (1-24) | (1-24) |
| Wisconsin | 6 | Petri | (1-24) | 0 | (1-24) |
| Wisconsin | 7 | Obey | (1-24) | (1-24) | (1-24) |
| Wisconsin | 8 | Kagen | (1-24) | 0 | (1-24) |
| Wisconsin | Unknown CD | | (1-24) | 0 | (1-24) |
| state total | | | 75 | (1-24) | 96 |

| | | | | | |
|---|---|---|---|---|---|
| Wyoming | at large | Lummis | (1-24) | (1-24) | (1-24) |
| state total | | | (1-24) | (1-24) | (1-24) |

| | | | | | |
|---|---|---|---|---|---|
| Puerto Rico | | Pierluisi | 30 | (1-24) | 47 |
| Virgin Islands | | Christensen | (1-24) | (1-24) | (1-24) |
| Foreign Country | | — | 240 | 147 | 387 |
| Unknown States | | — | 248 | 331 | 579 |

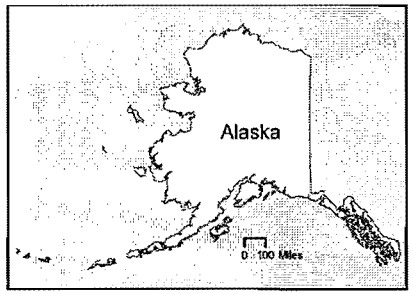
| | | | | | |
|---|---|---|---|---|---|
| | Total | | 30,665 | 40,772 | 71,437 |

*** All congressional districts reported as "(1-24)" to protect confidentiality have at least one but fewer than 25 registrants.**
**Unknown CD – address information is insufficient to be determined at the Congressional District level however the State is known.**
***New York City Department of Health and Mental Hygiene, World Trade Center Health Registry (09/13/2010 – dwu)***

# World Trade Center Health Registry

## Rescue and Recovery Workers and Volunteers by State

NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

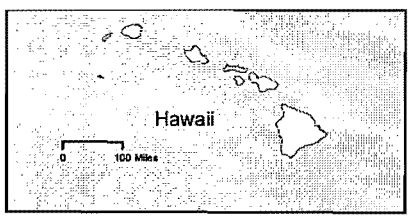


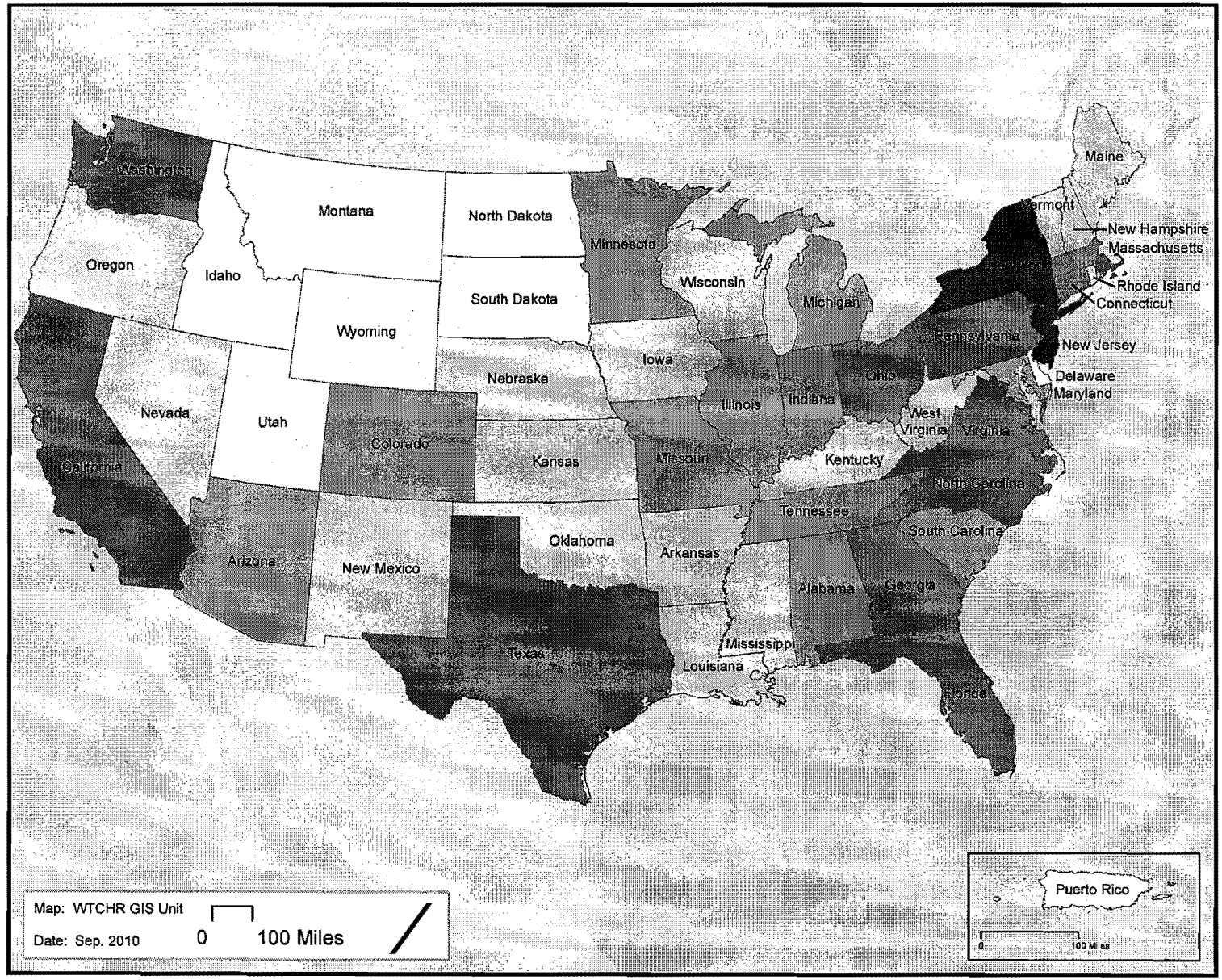

Total Rescue and Recovery Workers Enrolled - 30,665

- 1 - 24 Workers
- 25 - 99 Workers
- 100 - 199 Workers
- 200 - 999 Workers
- 1,000 or More Workers

Residence of Rescue and Recovery Workers and Volunteers (as of September 2010)

Total Counts:
USA - 30,140
Other - 525

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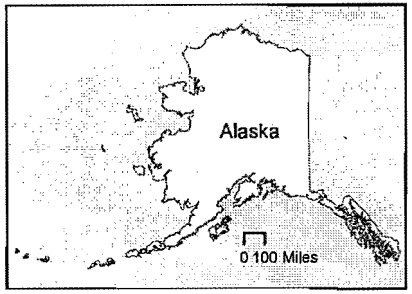
# World Trade Center Health Registry

## Enrollment By State

NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

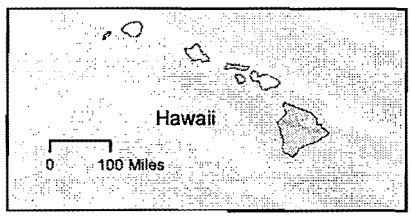


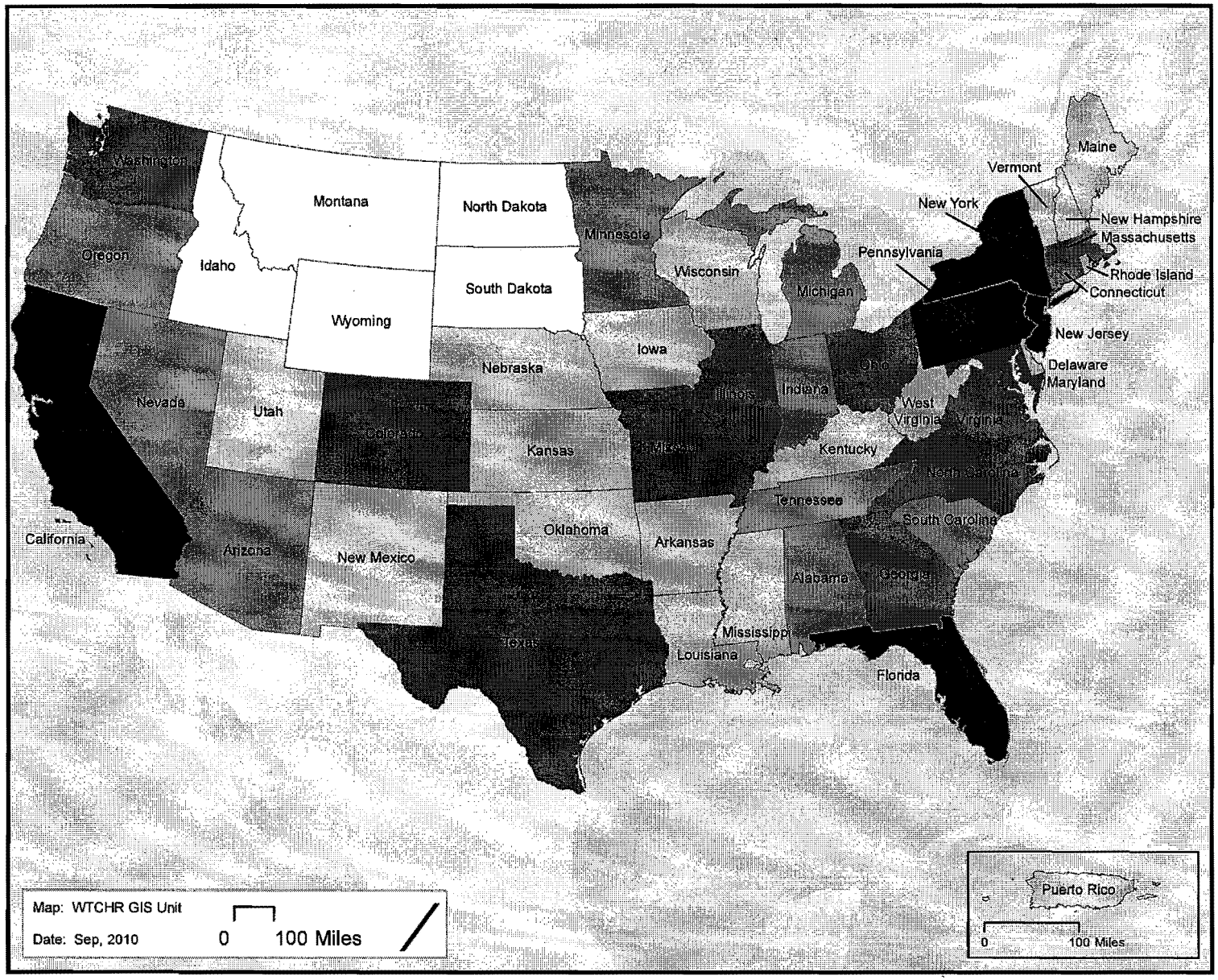

**Total Enrollees - 71,437**

- 1 - 24 Enrollees
- 25 - 99 Enrollees
- 100 - 199 Enrollees
- 200 - 999 Enrollees
- 1,000 or More Enrollees

Residence status of enrollees
(as of September 2010)

Total Enrollment:
USA - 70,414
Other - 1,023

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