

**Section-by-Section Summary of
Amendment in the Nature of a Substitute (AINS) to
H.R. 847
James Zadroga 9/11 Health and Compensation Act of 2010
(May 24, 2010, 2:41 p.m. version)**

Title I of H.R. 847 as introduced amends the Public Health Service Act to create the World Trade Center Health Program. This is the exclusive jurisdiction of the Committee on Energy and Commerce. Title II amends the Victim Compensation Fund of 2001; it falls within the jurisdiction of the Judiciary Committee. The amendment in the nature of a substitute affects only the provisions of Title I.

SUBTITLE A—ESTABLISHMENT OF PROGRAM ADVISORY COMMITTEE

SECTION 3301. ESTABLISHMENT OF WORLD TRADE CENTER HEALTH PROGRAM. Establishes a World Trade Center Health Program (the WTC Program) within the Department of Health and Human Services (HHS) with the following elements: (1) medical monitoring and treatment for firefighters, police, recovery and clean-up workers, and volunteers who responded to the terrorist attacks on the WTC in New York City on September 11, 2001; (2) initial health evaluation, monitoring, and treatment to survivors (i.e., residents and other building occupants and area workers in the affected neighborhoods); (3) outreach and education to eligible responders and survivors; (4) clinical data collection and analysis; and (5) research on WTC-health related conditions. Directs the Inspector General of HHS to develop and implement a program to detect fraudulent billing and unreasonable administrative costs. It directs the WTC Program Administrator to establish a quality assurance program for services delivered by Centers of Excellence and other participating providers. Requires the WTC Program Administrator to submit an annual report to Congress on the operation of the program.

SECTION 3302. WTC HEALTH PROGRAM SCIENTIFIC/TECHNICAL ADVISORY COMMITTEE, WTC HEALTH PROGRAM STEERING COMMITTEES. Requires the WTC Program Administrator to establish the WTC Health Program Scientific/Technical Advisory Committee to review scientific and medical evidence and make recommendations to the Administrator on additional WTC Program eligibility criteria and additional WTC-related health conditions. Requires the Administrator to establish the WTC Responders Steering Committee and the WTC Community Program Steering Committee to facilitate the coordination of initial health evaluation, medical monitoring, and treatment programs for eligible WTC responders and survivors.

SECTION 3303. EDUCATION AND OUTREACH. Requires the WTC Program Administrator to institute a program to provide education and outreach regarding services available under the WTC Program, including the development of a public website and phone information services, meetings with potentially eligible populations, and the dissemination of outreach materials for culturally and linguistically diverse populations.

SECTION 3304. UNIFORM DATA COLLECTION AND ANALYSIS. Requires the WTC Program Administrator to provide for the uniform collection, analysis, and reporting of data, consistent with applicable privacy requirements, on the utilization of monitoring and treatment benefits

provided throughout the WTC Program, the prevalence of WTC-related health conditions, and the identification of new WTC-related health conditions. Directs Clinical Centers of Excellence to collect and report data to a Data Center for analysis. Requires the Administrator to ensure collaboration between Data Centers and World Trade Center Health Registry.

SECTION 3305. CLINICAL CENTERS OF EXCELLENCE AND DATA CENTERS. Requires the WTC Program Administrator to enter into contracts or cooperative agreements with the Clinical Centers of Excellence and Data Centers. Clinical Centers of Excellence are required to provide monitoring, initial health evaluation, and treatment benefits; conduct outreach activities and benefits counseling to eligible individuals; provide translational and interpretive services for eligible individuals, if needed; and collect and report data to the corresponding Data Centers. Requires Data Centers to receive and analyze data for the purposes of developing monitoring, initial health evaluation and treatment protocols for WTC health conditions; conducting outreach activities; establishing criteria for credentialing providers in the nationwide network; and coordinating the activities of the WTC Health Program Steering Committees.

SECTION 3306. DEFINITIONS (INCLUDING “WTC PROGRAM ADMINISTRATOR”). Provides definitions for Title I. In the case of the term “WTC Program Administrator,” authorizes the Secretary of HHS to designate one or more officials in the Department to carry the following responsibilities: enrollment of WTC responders; payment for initial health evaluation monitoring and treatment; determination of eligibility; and administering secondary payor provisions. Specifies that the Director NIOSH, or a designee, is responsible for all other activities of the WTC Health Program, including education and outreach, selection of Clinical Centers of Excellence and Data Centers, establishment of national program provider network, data collection and analysis, and operation of registry.

SUBTITLE B. PROGRAM OF MONITORING, INITIAL HEALTH EVALUATIONS, AND TREATMENT

PART 1—WTC RESPONDERS

SECTION 3311. IDENTIFICATION OF WTC RESPONDERS AND PROVISION OF WTC-RELATED MONITORING SERVICES. Defines eligibility criteria for WTC responders including firefighters and emergency personnel; law enforcement officers; rescue, recovery, and cleanup workers; and immediate family members of firefighters or emergency personnel who were killed as a result of the September 11 terrorist attack on the WTC. Directs the WTC Program Administrator to establish an enrollment process for WTC responders. Limits enrollment in the WTC responder program at any time to 25,000 eligible responders in addition to those identified as eligible on the day of enactment. Requires the WTC responder program to provide monitoring all enrolled WTC responders consistent with protocols approved by the Administrator.

SECTION 3312. TREATMENT OF ENROLLED WTC RESPONDERS FOR WTC-RELATED HEALTH CONDITIONS. Sets forth a list of WTC-related health conditions for which treatment is furnished to WTC responders through Centers of Excellence and the national program. Establishes a process for the addition of conditions to the list that includes formal rulemaking. Requires the WTC Program Administrator to periodically review all available scientific and medical evidence

related to cancer to determine if particular types of cancers should be added to the list. Requires as a condition of payment that treatments for WTC-related health conditions must be medically necessary and in accordance with medical treatment protocols approved by the Administrator. Establishes a process for a physician at a Clinical Center of Excellence to be paid for treating a condition not on the list of WTC-related health conditions for a specific patient.

SECTION. 3313. NATIONAL ARRANGEMENT FOR BENEFITS FOR ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK. Requires WTC Program Administrator to establish a nationwide network of health care providers to provide monitoring and treatment benefits and initial health evaluations to serve eligible individual who reside outside of the New York City area.

PART 2—WTC SURVIVORS

SECTION 3321. IDENTIFICATION AND INTIAL HEALTH EVALUATION OF SCREENING-ELIGIBLE AND CERTIFIED ELIGIBLE WTC SURVIVORS. Defines eligibility criteria for WTC survivors who lived or worked in the New York City disaster area affected by the dust cloud resulting from the September 11 terrorist attack. Provides for a single initial health evaluation for WTC survivors consistent with protocols approved by the WTC Program Administrator. Establishes a process for certifying WTC survivors who are eligible for monitoring and treatment through the Centers of Excellence. Limits enrollment in the WTC survivor program at any time to 25,000 certified WTC survivors in addition to those receiving monitoring or treatment as of the day of enactment.

SECTION 3322. FOLLOWUP MONITORING AND TREATMENT OF CERTIFIED-ELIGIBLE WTC SURVIVORS FOR WTC-RELATED HEALTH CONDITIONS. Sets forth a list of WTC-related health conditions for which treatment is furnished to WTC survivors through Centers of Excellence. Provides that the process for the addition of conditions to the list used in the case of WTC responders also applies. Requires as a condition of payment that treatments for WTC-related health conditions must be medically necessary and in accordance with medical treatment protocols approved by the Administrator.

SECTION 3323. FOLLOWUP MONITORING AND TREATMENT OF OTHER INDIVIDUALS WITH WTC-RELATED HEALTH CONDITIONS. Authorizes the provision of monitoring and treatment services to individuals who are not enrolled WTC responders or certified-eligible WTC survivors in certain circumstances. Limits the funds available for this purpose for each fiscal year.

PART 3—PAYOR PROVISIONS

SECTION 3331. PAYMENT OF CLAIMS. Establishes the general rule that the WTC Health Program pays the costs of furnishing monitoring and treatment and initial health evaluations, subject to certain exceptions. In the case of an approved worker's compensation claim, the worker's compensation program is the primary payor. In the case of a WTC survivor with private health insurance or Medicaid coverage, the health insurance or Medicaid program is the primary payor. Beginning in July 2014, WTC responders or survivors who are subject to requirements for minimum essential health insurance coverage must have such coverage in order to receive monitoring and treatment under the WTC Health Program.

Provides that no federal funds for the WTC Health Program may be disbursed until New York City enters into a contract with the WTC Program Administrator to contribute 10% of WTC Health Program expenditures in each calendar quarter. This 10% contribution is subject to specified limits in each fiscal year through FY 2020 totaling \$510 million. Specifies interest penalties for late payments and provides that amounts owed to the WTC Administrator under the contract are recoverable by the U.S. Specifies that New York City may not satisfy this 10% contribution using federal funds, payments made prior to enactment, or payments to satisfy a judgment or settlement related to injuries or illnesses related to the WTC terrorist attacks.

SECTION 3332. ADMINISTRATIVE ARRANGEMENT AUTHORITY. Authorizes the WTC Administrator to enter into arrangements with government agencies, insurance companies, or other third-party administrators for processing of provider claims for payment for services furnished under the WTC Health Program.

SUBTITLE C—RESEARCH INTO CONDITIONS

SECTION 3341. RESEARCH REGARDING CERTAIN HEALTH CONDITIONS RELATED TO SEPTEMBER 11 TERRORIST ATTACKS IN NEW YORK CITY. Requires the WTC Program Administrator to develop a research program on physical and mental health conditions that may be related to the September 11 terrorist attacks on the World Trade Center, as well as research into diagnosing and treating WTC-related health conditions.

SECTION. 3342. WORLD TRADE CENTER HEALTH REGISTRY. Directs the WTC Program Administrator to ensure the maintenance of a registry of victims of the September 11 terrorist attacks as comprehensive as the WTC Health Registry in effect as of April 20, 2009 with the New York City Department of Health and Mental Hygiene.

SUBTITLE D—FUNDING

SECTION 3351. WORLD TRADE CENTER HEALTH PROGRAM FUND. Establishes the World Trade Center Health Program Fund for payment of costs of carrying out the WTC Health Program. Limits the duration of the program to 10 years, from the last calendar quarter of FY 2011 (beginning July 1, 2011) through FY 2020. Provides mandatory funding for the federal contribution to the Fund. Specifies that the federal contribution may not exceed 90 percent of program expenditures in any fiscal year, subject to a specified annual cap. The annual caps on federal contributions total \$4.59 billion over the 10-year period of the program. (The remaining 10 percent of program costs, up to \$510 million, is the contribution required of New York City under its contract with the WTC Program Administrator). Specifies limits on annual funding for WTC Health Program Scientific/Technical Advisory Committee, community education and outreach, uniform data collection, research on WTC-related health conditions, and the World Trade Center Health Registry.