

110TH CONGRESS
1ST SESSION

H. R. 3543

To amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2007

Mrs. MALONEY of New York (for herself, Mr. NADLER, Mr. FOSSELLA, Mr. ACKERMAN, Mr. ARCURI, Mr. BISHOP of New York, Mrs. CAPPs, Ms. CLARKE, Mr. CROWLEY, Mr. ENGEL, Mr. FERGUSON, Mr. FORTUÑO, Mr. GARRETT of New Jersey, Mrs. GILLIBRAND, Mr. HALL of New York, Mr. HARE, Mr. HIGGINS, Mr. HINCHEY, Mr. HOLDEN, Mr. HOLT, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. KING of New York, Mr. KUHL of New York, Mr. LEWIS of Georgia, Mrs. LOWEY, Mr. LYNCH, Mrs. MCCARTHY of New York, Mr. MCHUGH, Mr. McNULTY, Mr. MEEKS of New York, Mr. GEORGE MILLER of California, Mr. PASCRELL, Mr. RANGEL, Mr. REYNOLDS, Mr. RUPPERSBERGER, Mr. RUSH, Ms. LINDA T. SÁNCHEZ of California, Mr. SERRANO, Mr. SHAYS, Ms. SHEA-PORTER, Ms. SLAUGHTER, Mr. SMITH of New Jersey, Mr. TOWNS, Ms. VELÁZQUEZ, Mr. WALSH of New York, Mr. WEINER, Ms. WOOLSEY, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “James Zadroga 9/11 Health and Compensation Act of
 6 2007”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Emergency funding.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

Sec. 101. World Trade Center Health Program.

“TITLE XXX—WORLD TRADE CENTER HEALTH PROGRAM

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

“Sec. 3001. Establishment of World Trade Center Health Program within
 NIOSH.

“Sec. 3002. WTC Health Program Steering Committee.

“Sec. 3003. WTC Health Program Scientific/Technical Advisory Com-
 mittee.

“Sec. 3004. Community education and outreach.

“Sec. 3005. Uniform data collection.

“Sec. 3006. Centers of Excellence.

“Sec. 3007. Programs regarding attack at Pentagon.

“Sec. 3008. Entitlement authorities.

“Sec. 3009. Definitions.

“Subtitle B—Program of Monitoring and Treatment

“PART 1—FOR WTC RESPONDERS

“Sec. 3011. Identification of eligible WTC responders and provision of
 WTC-related monitoring services.

“Sec. 3012. Treatment of eligible WTC responders for WTC-related health
 conditions.

“PART 2—COMMUNITY PROGRAM

“Sec. 3021. Identification of eligible WTC residents and other non-re-
 sponders and provision of WTC-related monitoring serv-
 ices.

“Sec. 3022. Treatment of eligible WTC residents and other non-responders
 for WTC-related health conditions.

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

“Sec. 3031. National arrangement for benefits for eligible individuals outside New York.

“Subtitle C—Research Into Conditions

“Sec. 3041. Research regarding certain health conditions related to September 11 terrorist attacks in New York City.

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

“Sec. 3051. World Trade Center Health Registry.

“Sec. 3052. Mental health services.

TITLE II—SEPTEMBER 11 VICTIM COMPENSATION FUND OF 2001

Sec. 201. Deadline extension for certain claims under September 11 Victim Compensation Fund of 2001.

Sec. 202. Exception to single claim requirement in certain circumstances.

Sec. 203. Eligibility of claimants suffering from psychological harm.

Sec. 204. Immediate aftermath defined.

Sec. 205. Eligible individuals to include eligible WTC responders and eligible WTC residents and other non-responders.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Thousands of rescue workers who responded
4 to the areas devastated by the terrorist attacks of
5 September 11, local residents, office and area work-
6 ers, and school children continue to suffer significant
7 medical problems as a result of compromised air
8 quality and the release of other toxins from the at-
9 tack sites.

10 (2) In a September 2006 peer-reviewed study
11 conducted by the World Trade Center Medical Moni-
12 toring Program, of 9,500 World Trade Center re-
13 sponders, almost 70 percent of World Trade Center
14 responders had a new or worsened respiratory symp-

1 tom that developed during or after their time work-
2 ing at the World Trade Center; among the respond-
3 ers who were asymptomatic before 9/11, 61 percent
4 developed respiratory symptoms while working at the
5 World Trade Center; close to 60 percent still had a
6 new or worsened respiratory symptom at the time of
7 their examination; one-third had abnormal pul-
8 monary function tests; and severe respiratory condi-
9 tions including pneumonia were significantly more
10 common in the 6 months after 9/11 than in the
11 prior 6 months.

12 (3) An April 2006 study documented that, on
13 average, a New York City firefighter who responded
14 to the World Trade Center has experienced a loss of
15 12 years of lung capacity.

16 (4) A peer-reviewed study of residents who lived
17 near the World Trade Center titled “The World
18 Trade Center Residents’ Respiratory Health Study:
19 New Onset Respiratory Symptoms and Pulmonary
20 Function”, found that data demonstrated a three
21 fold increase in new-onset, persistent lower res-
22 piratory symptoms in residents near the former
23 World Trade Center as compared to a control popu-
24 lation.

1 (5) Previous research on the health impacts of
2 the devastation caused by the September 11 terrorist
3 attacks has shown relationships between the air
4 quality from Ground Zero and a host of health im-
5 pacts, including lower pregnancy rates, higher rates
6 of respiratory and lung disorders, and a variety of
7 post-disaster mental health conditions (including
8 posttraumatic stress disorder) in workers and resi-
9 dents near Ground Zero.

10 (6) Launched in December 2001 by researchers
11 at Columbia University's Center for Children's Envi-
12 ronmental Health, the World Trade Center Preg-
13 nancy Study is ongoing. Thus far, the results of the
14 study show that babies born to women living within
15 2 miles of the World Trade Center in the month fol-
16 lowing 9/11 were significantly smaller and lighter
17 than babies born to women who lived farther away,
18 and that in utero exposure to WTC-derived
19 Polycyclic Aromatic Hydrocarbons may have in-
20 creased the carcinogenic risk to cohort children and
21 contributed to a modest reduction in their cognitive
22 development.

23 (7) Federal funding allocated for the moni-
24 toring of rescue workers' health is not sufficient to

1 ensure the long-term study of health impacts of Sep-
2 tember 11.

3 (8) The Federal funding allocated for medical
4 monitoring does not provide for the medical moni-
5 toring of New York City area residents, office and
6 area workers, schoolchildren, or Federal employees
7 who responded to the terrorist attacks of September
8 11, 2001.

9 (9) A significant portion of those who re-
10 sponded to the September 11 aftermath have no
11 health insurance, lost their health insurance as a re-
12 sult of the attacks, or have inadequate health insur-
13 ance for the medical conditions they developed as a
14 result of recovery work at the World Trade Center
15 site.

16 (10) The Federal program to provide medical
17 treatments to those who responded to the September
18 11 aftermath, and who continue to experience health
19 problems as a result, was finally established more
20 than five years after the attacks, but is not ade-
21 quately funded and is projected to exhaust all Fed-
22 eral funding before the end of fiscal year 2007.

23 (11) Rescue workers and volunteers seeking
24 workers compensation have reported that their appli-
25 cations have been denied, delayed for months, or re-

1 directed, instead of receiving assistance in a timely
2 and supportive manner.

3 (12) A February 2007 report released by the
4 City of New York estimated that approximately
5 410,000 people were the most heavily exposed to the
6 environmental hazards and trauma of the September
7 11 terrorist attacks. More than 30 percent of the
8 Fire Department of the City of New York first re-
9 sponders were still experiencing some respiratory
10 symptoms more than five years after the attacks and
11 according to the report, 59 percent of those seen by
12 the WTC Environmental Health Center at Bellevue
13 Hospital (which serves non-responders) are without
14 insurance and 65 percent have incomes less than
15 \$15,000 per year. The report also found a need to
16 continue and expand mental health services.

17 (13) Since the 5th anniversary of the attack
18 (September 11, 2006), about 500 workers a month
19 have been signing up with the monitoring and treat-
20 ment programs, more than at any time since early
21 2004.

22 (14) According to press reports, documents pre-
23 pared by the National Institute for Occupational
24 Safety and Health reveal that the number of recov-
25 ery workers getting sick is increasing, and their ill-

1 nesses are becoming more severe. More than 6,500
2 responders are receiving treatment for physical
3 health conditions.

4 (15) The September 11 Victim Compensation
5 Fund of 2001 was established to provide compensa-
6 tion to individuals who were physically injured or
7 killed as a result of the terrorist-related aircraft
8 crashes of September 11, 2001.

9 (16) The deadline for filing claims for com-
10 pensation under the Victim Compensation Fund was
11 December 22, 2003.

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

17 (18) Further research is needed to evaluate
18 more comprehensively the extent of the health im-
19 pacts of September 11, including research for
20 emerging health problems such as cancer, which
21 have been predicted.

22 (19) Research is needed regarding possible
23 treatment for the illnesses and injuries of September
24 11.

1 (20) The Federal response to medical and fi-
2 nancial issues arising from the September 11 re-
3 sponse efforts needs a comprehensive, coordinated
4 long-term response in order to meet the needs of all
5 the individuals who were exposed to the toxins of
6 Ground Zero and are suffering health problems from
7 the disaster.

8 **SEC. 3. EMERGENCY FUNDING.**

9 Amounts appropriated pursuant to this Act (other
10 than amounts appropriated for the WTC Health Program
11 Steering Committee or for the WTC Health Program Sci-
12 entific/Technical Advisory Committee) are designated as
13 emergency requirements and necessary to meet emergency
14 needs pursuant to subsections (a) and (b) of section 204
15 of S. Con. Res. 21 (110th Congress), the concurrent reso-
16 lution on the budget for fiscal year 2008.

17 **TITLE I—WORLD TRADE CENTER**
18 **HEALTH PROGRAM**

19 **SEC. 101. WORLD TRADE CENTER HEALTH PROGRAM.**

20 The Public Health Service Act is amended by adding
21 at the end the following new title:

1 **“TITLE XXX—WORLD TRADE**
2 **CENTER HEALTH PROGRAM**
3 **“Subtitle A—Establishment of Pro-**
4 **gram; Steering and Advisory**
5 **Committees**

6 **“SEC. 3001. ESTABLISHMENT OF WORLD TRADE CENTER**
7 **HEALTH PROGRAM WITHIN NIOSH.**

8 “(a) IN GENERAL.—There is hereby established with-
9 in the National Institute for Occupational Safety and
10 Health a program to be known as the ‘World Trade Center
11 Health Program’ (in this title referred to as the ‘WTC
12 program’) to provide medical monitoring and treatment
13 benefits—

14 “(1) to eligible emergency responders and re-
15 covery and clean-up workers (including those who
16 are Federal employees) who responded to the 9/11
17 NYC terrorist attacks; and

18 “(2) to residents and other building occupants
19 and area workers in New York City who were di-
20 rectly impacted and adversely affected by such at-
21 tacks.

22 “(b) COMPONENTS OF PROGRAM.—The WTC pro-
23 gram includes the following components:

24 “(1) MEDICAL MONITORING.—Medical moni-
25 toring under sections 3011 and 3021, including

1 screening, clinical examinations, and long-term
2 health monitoring and analysis for individuals who
3 were likely to have been exposed to airborne toxins
4 that were released as a result of the 9/11 NYC ter-
5 rorist attacks.

6 “(2) TREATMENT FOR WTC-RELATED CONDI-
7 TIONS.—Provision under sections 3012 and 3022 of
8 treatment and payment, without any cost-sharing,
9 for all medically necessary health and mental health
10 care expenses (including necessary prescription
11 drugs) of individuals with a WTC-related health con-
12 dition.

13 “(3) OUTREACH.—Establishment under section
14 3004 of an outreach program to potentially eligible
15 individuals concerning the benefits under this title.

16 “(4) UNIFORM DATA COLLECTION.—Collection
17 under section 3005 of health and mental health data
18 on individuals receiving monitoring or treatment
19 benefits, using a uniform system of data collection.

20 “(5) RESEARCH ON WTC CONDITIONS.—Estab-
21 lishment under subtitle C of a research program on
22 health conditions resulting from the 9/11 NYC ter-
23 rorist attacks.

1 “(c) NO COST-SHARING.—Monitoring and treatment
2 benefits are provided under subtitle B without any
3 deductibles, co-payments, or other cost-sharing.

4 “(d) PRIMARY PAYER.—

5 “(1) IN GENERAL.—Subject to paragraph (2),
6 monitoring and treatment benefits are provided
7 under subtitle B without regard to whether an indi-
8 vidual may have coverage for some or all of such
9 benefits through health insurance or otherwise.

10 “(2) WORKERS’ COMPENSATION EXCEPTION.—

11 Payment for treatment under subtitle B of a WTC-
12 related health condition of an individual shall be re-
13 duced or recouped to the extent that payment is
14 made under a workers’ compensation law or plan of
15 the United States or a State for such treatment.

16 “(e) WTC PROGRAM ADMINISTRATION.—The WTC
17 program shall be administered by the Director of the Na-
18 tional Institute for Occupational Safety and Health, or a
19 designee of such Director.

20 **“SEC. 3002. WTC HEALTH PROGRAM STEERING COMMITTEE.**

21 “(a) ESTABLISHMENT.—The WTC program adminis-
22 trator shall establish an advisory committee to be known
23 as the WTC Health Program Steering Committee (in this
24 section referred to as the ‘Steering Committee’) for the

1 purpose of providing the administrator with advice and
2 oversight on the WTC program.

3 “(b) MEMBERSHIP.—

4 “(1) INITIAL MEMBERSHIP.—The Steering
5 Committee shall initially be composed of the fol-
6 lowing:

7 “(A) WTC MONITORING AND TREATMENT
8 PROGRAM STEERING COMMITTEE.—The mem-
9 bers of the WTC Monitoring and Treatment
10 Program Steering Committee (as in existence
11 on the day before the date of the enactment of
12 this title).

13 “(B) APPOINTMENTS BY INITIAL MEM-
14 BERS.—The following members, appointed by
15 the Steering Committee described under sub-
16 paragraph (A) and subject to the approval of
17 the WTC program administrator:

18 “(i) One representative of the World
19 Trade Center Environmental Health Cen-
20 ter at Bellevue Hospital.

21 “(ii) Two representatives of the resi-
22 dent and other non-responder population.

23 “(2) ADDITIONAL APPOINTMENTS.—The Steer-
24 ing Committee may appoint additional members to

1 the Committee, subject to the approval of the WTC
2 program administrator.

3 “(3) VACANCIES.—A vacancy in the Steering
4 Committee shall be filled by the Steering Committee,
5 subject to the approval of the WTC program admin-
6 istrator, so long as the composition of the Com-
7 mittee includes representatives of affected workers
8 and residents, representatives described in para-
9 graph (1)(B), representatives of the Clinical Centers
10 of Excellence, and a representative of each Coordi-
11 nating Center of Excellence.

12 “(c) RELATION TO FACCA.—The Steering Committee
13 shall not be subject to the Federal Advisory Committee
14 Act.

15 “(d) MEETINGS.—The Steering Committee shall
16 meet at such frequency necessary to carry out its duties,
17 but not less than 4 times each calendar year.

18 “(e) REPORTS.—Not less than once each calendar
19 year, the Steering Committee shall submit to the Congress
20 a report on the recommendations of the Committee.

21 “(f) DURATION.—Notwithstanding any other provi-
22 sion of law, the Steering Committee shall continue in oper-
23 ation during the period in which the WTC program is in
24 operation.

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated such sums as may be necessary for
4 each fiscal year beginning with fiscal year 2008.

5 **“SEC. 3003. WTC HEALTH PROGRAM SCIENTIFIC/TECH-**
6 **NICAL ADVISORY COMMITTEE.**

7 “(a) ESTABLISHMENT.—The WTC program adminis-
8 trator shall establish an advisory committee to be known
9 as the WTC Health Program Scientific/Technical Advisory
10 Committee (in this section referred to as the ‘Advisory
11 Committee’) to review scientific and medical evidence and
12 to make recommendations to the administrator on addi-
13 tional WTC program eligibility criteria and on additional
14 WTC-related health conditions.

15 “(b) COMPOSITION.—The WTC program adminis-
16 trator shall appoint the members of the Advisory Com-
17 mittee and shall include at least—

18 “(1) 4 occupational physicians, at least two of
19 whom have experience treating WTC rescue and re-
20 covery workers;

21 “(2) 2 representatives of WTC responders;

22 “(3) 2 representatives of WTC residents and
23 other non-responders;

24 “(4) an industrial hygienist;

25 “(5) a toxicologist;

1 “(6) an epidemiologist; and

2 “(7) a mental health professional.

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

6 “(d) REPORTS.—The WTC program administrator
7 shall provide for publication of recommendations of the
8 Advisory Committee on the public website established for
9 the WTC program.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each fiscal year beginning with fiscal year 2008.

14 “(f) DURATION.—Notwithstanding any other provi-
15 sion of law, the Advisory Committee shall continue in op-
16 eration during the period in which the WTC program is
17 in operation.

18 “(g) APPLICATION OF FACCA.—Except as otherwise
19 specifically provided, the Advisory Committee shall be sub-
20 ject to the Federal Advisory Committee Act.

21 **“SEC. 3004. COMMUNITY EDUCATION AND OUTREACH.**

22 “(a) IN GENERAL.—The WTC program adminis-
23 trator shall institute a program that provides education
24 and outreach on the existence and availability of services

1 under the WTC program. The outreach and education
2 program—

3 “(1) shall include the establishment of a public
4 website with information about the WTC program;
5 and

6 “(2) shall be conducted in a manner intended—

7 “(A) to reach all affected populations; and

8 “(B) to include materials for culturally and
9 linguistically diverse populations.

10 “(b) PARTNERSHIPS.—To the greatest extent pos-
11 sible, in carrying out this section, the WTC program ad-
12 ministrator shall enter into partnerships with local govern-
13 ments and organizations with experience performing out-
14 reach to the affected populations, including community
15 and labor-based organizations.

16 **“SEC. 3005. UNIFORM DATA COLLECTION.**

17 “(a) IN GENERAL.—The WTC program adminis-
18 trator shall provide for the uniform collection of data (and
19 analysis of data and regular reports to the administrator)
20 on the utilization of monitoring and treatment benefits
21 provided to eligible WTC responders and eligible WTC
22 residents and other non-responders, the prevalence of
23 WTC-related health conditions, and the identification of
24 new WTC-related medical conditions. Such data shall be
25 collected for all individuals provided monitoring or treat-

1 ment benefits under subtitle B and regardless of their
2 place of residence or Clinical Center of Excellence through
3 which the benefits are provided.

4 “(b) COORDINATING THROUGH CENTERS OF EXCEL-
5 LENCE.—Each Clinical Center of Excellence shall, under
6 section 3006(d)(3), collect data described in subsection (a)
7 and report such data to the corresponding Coordinating
8 Center of Excellence for analysis by such Coordinating
9 Center of Excellence under section 3006(a)(2)(A).

10 “(c) PRIVACY.—The data collection and analysis
11 under this section shall be conducted in a manner that
12 protects the confidentiality of individually identifiable
13 health information consistent with applicable legal require-
14 ments.

15 **“SEC. 3006. CENTERS OF EXCELLENCE.**

16 “(a) IN GENERAL.—The WTC program adminis-
17 trator shall enter into contracts—

18 “(1) with Clinical Centers of Excellence speci-
19 fied in subsection (b)(1)—

20 “(A) for the provision of monitoring and
21 treatment benefits under subtitle B;

22 “(B) for the provision of outreach activities
23 to individuals eligible for such monitoring and
24 treatment benefits;

1 “(C) for the provision of counseling for
2 benefits under subtitle B, with respect to WTC-
3 related health conditions, for individuals eligible
4 for such benefits; and

5 “(D) for the credentialing of other medical
6 providers participating in the national network;
7 and

8 “(2) with Coordinating Centers of Excellence
9 specified in subsection (b)(2)—

10 “(A) for receiving, analyzing, and report-
11 ing to the WTC program administrator on data,
12 in accordance with section 3005, that has been
13 collected and reported to such Coordinating
14 Centers by the corresponding Clinical Centers
15 of Excellence under subsection (d)(3);

16 “(B) for the development of medical moni-
17 toring and treatment protocols, with respect to
18 WTC-related health conditions; and

19 “(C) for coordinating the outreach activi-
20 ties conducted under paragraph (1)(B) by each
21 corresponding Clinical Center of Excellence.

22 “(b) CENTERS OF EXCELLENCE DEFINED.—

23 “(1) CLINICAL CENTER OF EXCELLENCE.—In
24 this title, the term ‘Clinical Center of Excellence’
25 means the following:

1 “(A) FOR FDNY RESPONDERS IN NEW
2 YORK.—With respect to an eligible WTC re-
3 sponder who responded to the 9/11 attacks as
4 an employee of the Fire Department of the City
5 of New York and who resides in the New York
6 Metropolitan area, such Fire Department (or
7 such entity as has entered into a contract with
8 the Fire Department for monitoring or treat-
9 ment of such responders).

10 “(B) OTHER WTC RESPONDERS IN NEW
11 YORK.—With respect to other eligible WTC re-
12 sponders who reside in the New York Metro-
13 politan area, the Mt. Sinai coordinated consor-
14 tium, Queens College, State University of New
15 York at Stony Brook, University of Medicine
16 and Dentistry of New Jersey, and Bellevue
17 Hospital.

18 “(C) WTC RESIDENTS AND OTHER NON-
19 RESPONDERS IN NEW YORK.—With respect to
20 eligible WTC residents and other non-respond-
21 ers who reside in the New York Metropolitan
22 area, the World Trade Center Environmental
23 Health Center at Bellevue Hospital and such
24 hospitals or other facilities, including but not
25 limited to those within the New York City

1 Health and Hospitals Corporation, as are iden-
2 tified by the WTC program administrator.

3 “(D) ALL WTC RESPONDERS AND NON-RE-
4 SPONDERS.—With respect to all eligible WTC
5 responders and non-responders, such other hos-
6 pitals or other facilities as are identified by the
7 WTC program administrator.

8 “(2) COORDINATING CENTER OF EXCEL-
9 LENCE.—In this title, the term ‘Coordinating Center
10 of Excellence’ means the following:

11 “(A) FOR FDNY RESPONDERS.—With re-
12 spect to an eligible WTC responder who re-
13 sponded to the 9/11 attacks as an employee of
14 the Fire Department of the City of New York,
15 such Fire Department.

16 “(B) OTHER WTC RESPONDERS.—With re-
17 spect to other eligible WTC responders, the Mt.
18 Sinai coordinated consortium.

19 “(C) WTC RESIDENTS AND OTHER NON-
20 RESPONDERS.—With respect to eligible WTC
21 residents and other non-responders, the World
22 Trade Center Environmental Health Center at
23 Bellevue Hospital.

24 “(3) CORRESPONDING CENTERS.—In this title,
25 a Clinical Center of Excellence and a Coordinating

1 Center of Excellence shall be treated as ‘cor-
2 responding’ to the extent that such Clinical Center
3 and Coordinating Center serve the same population
4 group.

5 “(c) ENTITLEMENT.—A Clinical or Coordinating
6 Center of Excellence with a contract under this section
7 is entitled to payment of the costs of such Center in car-
8 rying out the activities described in subsection (a).

9 “(d) REQUIREMENTS.—The WTC program adminis-
10 trator shall not enter into a contract with a Clinical Center
11 of Excellence under subsection (a)(1) unless—

12 “(1) the Center establishes a formal mechanism
13 for consulting with and receiving input from rep-
14 resentatives of eligible populations receiving moni-
15 toring and treatment benefits under subtitle B from
16 such Center;

17 “(2) the Center provides for the coordination of
18 monitoring and treatment benefits under subtitle B
19 with routine medical care provided for the treatment
20 of conditions other than WTC-related health condi-
21 tions; and

22 “(3) the Center collects and reports to the cor-
23 responding Coordinating Center of Excellence data
24 in accordance with section 3005.

1 **“SEC. 3007. PROGRAMS REGARDING ATTACK AT PENTAGON.**

2 “The Secretary may, to the extent determined appro-
3 priate by the Secretary, establish with respect to the ter-
4 rorist attack at the Pentagon on September 11, 2001, pro-
5 grams similar to the programs that are established in sub-
6 titles B and C with respect to the 9/11 NYC terrorist at-
7 tacks.

8 **“SEC. 3008. ENTITLEMENT AUTHORITIES.**

9 “Subtitle B constitutes budget authority in advance
10 of appropriations Acts and represents the obligation of the
11 Federal Government to provide for the payment of costs
12 of monitoring and treatment in accordance with such sub-
13 title and section 3006(c) constitutes such budget authority
14 and represents the obligation of the Federal Government
15 to provide for the payment of costs described in such sec-
16 tion.

17 **“SEC. 3009. DEFINITIONS.**

18 “In this title:

19 “(1) The terms ‘Clinical Center of Excellence’
20 and ‘Coordinating Center of Excellence’ have the
21 meanings given such terms in section 3006(b).

22 “(2) The term ‘current consortium arrange-
23 ments’ means the arrangements as in effect on the
24 date of the enactment of this title between the Na-
25 tional Institute for Occupational Safety and Health

1 and the Mt. Sinai-coordinated consortium and the
2 Fire Department of the City of New York.

3 “(3) The terms ‘eligible WTC responder’ and
4 ‘eligible WTC resident or other non-responder’ are
5 defined in sections 3011(a) and 3021(a), respec-
6 tively.

7 “(4) The term ‘Mt.-Sinai-coordinated consor-
8 tium’ means the consortium coordinated by Mt.
9 Sinai hospital in New York City that coordinates the
10 monitoring and treatment under the current consor-
11 tium arrangements for WTC responders other than
12 with respect to those covered under the arrangement
13 with the Fire Department for the City of New York.

14 “(5) The term ‘New York City disaster area’
15 means an area, specified by the WTC program ad-
16 ministrator, within which individuals who resided,
17 worked, or otherwise were regularly present during
18 the period beginning on September 11, 2001, and
19 ending on July 31, 2002, were likely to have been
20 exposed to airborne toxins that were released as a
21 result of the 9/11 NYC terrorist attacks, and in-
22 cludes the area within 2 miles of the perimeter of
23 the former World Trade Center site. In determining
24 the boundaries of the New York City disaster area,
25 the administrator shall take into consideration peer-

1 reviewed research that has demonstrated potential
2 exposure to such toxins at a distance of within 5
3 miles from the former World Trade Center.

4 “(6) The term ‘New York metropolitan area’
5 means an area, specified by the WTC program ad-
6 ministrator, within which eligible WTC responders
7 and eligible WTC residents and other non-respond-
8 ers who reside in such area are reasonably able to
9 access monitoring and treatment benefits under this
10 title through a Clinical Centers of Excellence de-
11 scribed in subparagraphs (A), (B), or (C) of section
12 3006(b)(1).

13 “(7) The term ‘9/11 NYC terrorist attacks’
14 means the terrorist attacks that occurred on Sep-
15 tember 11, 2001, in New York City and includes the
16 aftermath of such attacks.

17 “(8) The term ‘WTC Health Program Steering
18 Committee’ means such Committee established
19 under section 3002.

20 “(9) The term ‘WTC program administrator’
21 means the individual responsible under section
22 3001(d) for the administration of the WTC pro-
23 gram.

24 “(10) The term ‘WTC-related health condition’
25 is defined in section 3012(a).

1 “(11) The term ‘WTC Scientific/Technical Ad-
2 visory Committee’ means such Committee estab-
3 lished under section 3003.

4 **“Subtitle B—Program of**
5 **Monitoring and Treatment**

6 **“PART 1—FOR WTC RESPONDERS**

7 **“SEC. 3011. IDENTIFICATION OF ELIGIBLE WTC RESPOND-**
8 **ERS AND PROVISION OF WTC-RELATED MONI-**
9 **TORING SERVICES.**

10 “(a) ELIGIBLE WTC RESPONDER DEFINED.—

11 “(1) IN GENERAL.—For purposes of this title,
12 the term ‘eligible WTC responder’ means any of the
13 following individuals:

14 “(A) CURRENTLY IDENTIFIED RE-
15 SPONDER.—An individual who has been identi-
16 fied as eligible for medical monitoring under the
17 current consortium arrangements (as defined in
18 section 3009(2)).

19 “(B) RESPONDER WHO MEETS CURRENT
20 ELIGIBILITY CRITERIA.—An individual who
21 meets the current eligibility criteria described in
22 paragraph (2).

23 “(C) RESPONDER WHO MEETS MODIFIED
24 ELIGIBILITY CRITERIA.—An individual who—

1 “(i) performed rescue, recovery, demo-
2 lition, debris cleanup, or other related serv-
3 ices in the New York City disaster area in
4 response to the 9/11 NYC terrorist at-
5 tacks, regardless of whether such services
6 were performed by a State or Federal em-
7 ployee or member of the National Guard or
8 otherwise; and

9 “(ii) meets such eligibility criteria re-
10 lating to exposure to airborne toxins, other
11 hazards, or adverse conditions resulting
12 from the 9/11 NYC terrorist attacks as the
13 WTC program administrator, after con-
14 sultation with the WTC Health Program
15 Steering Committee and the WTC Sci-
16 entific/Technical Advisory Committee, de-
17 termines appropriate.

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

22 “(A) FIRE FIGHTERS AND RELATED PER-
23 SONNEL.—All members of the Fire Department
24 of the City of New York (whether fire or emer-
25 gency personnel, active or retired) who partici-

1 pated at least one day in the rescue and recov-
2 ery effort at any of the former World Trade
3 sites (including Ground Zero, Staten Island
4 land fill, and the NYC Chief Medical Exam-
5 iner’s office) for any time during the period be-
6 ginning on September 11, 2001, and ending on
7 July 31, 2002.

8 “(B) OTHER WTC RESCUE, RECOVERY,
9 AND CLEAN-UP WORKERS.—The individual—

10 “(i) worked or volunteered on-site in
11 rescue, recovery, debris-cleanup or related
12 support services in lower Manhattan (south
13 of Canal St.), the Staten Island Landfill,
14 or the barge loading piers, for at least 4
15 hours during the period beginning on Sep-
16 tember 11, 2001, and ending on Sep-
17 tember 14, 2001, for at least 24 hours
18 during the period beginning on September
19 11, 2001, and ending on September 30,
20 2001, or for at least 80 hours during the
21 period beginning on September 11, 2001,
22 and ending on July 31, 2002;

23 “(ii) was an employee of the Office of
24 the Chief Medical Examiner of the City of
25 New York involved in the examination and

1 processing of human remains, or other
2 morgue worker who performed similar
3 post- September 11 functions for such Of-
4 fice staff;

5 “(iii) was a worker in the Port Au-
6 thority Trans-Hudson Corporation tunnel
7 for at least 24 hours during the period be-
8 ginning on February 1, 2002, and ending
9 on July 1, 2002; or

10 “(iv) was a vehicle-maintenance work-
11 er who was exposed to debris from the
12 former World Trade Center while retriev-
13 ing, driving, cleaning, repairing, and main-
14 taining vehicles contaminated by airborne
15 toxins from the 9/11 NYC terrorist attacks
16 during a duration and period described in
17 subparagraph (A).

18 “(3) APPLICATION PROCESS.—The Coordi-
19 nating Centers of Excellence shall establish a proc-
20 ess for individuals, other than eligible WTC respon-
21 ders described in paragraph (1)(A), to apply to be de-
22 termined to be eligible WTC responders.

23 “(4) CERTIFICATION.—

24 “(A) IN GENERAL.—In the case of an indi-
25 vidual described in paragraph (1)(A) or who is

1 determined under paragraph (3) to be an eligi-
2 ble WTC responder, the WTC program admin-
3 istrator shall provide an appropriate certifi-
4 cation of such fact and of eligibility for moni-
5 toring and treatment benefits under this part.
6 The administrator shall not deny such a certifi-
7 cation to an individual who is an eligible WTC
8 responder.

9 “(B) TIMING.—In the case of an individual
10 who is determined under paragraph (3) to be
11 an eligible WTC responder, the WTC program
12 administrator shall provide the certification
13 under subparagraph (A) within 60 days of such
14 determination.

15 “(b) MONITORING BENEFITS.—

16 “(1) IN GENERAL.—In the case of an eligible
17 WTC responder, the WTC program shall provide for
18 monitoring benefits that include medical monitoring
19 consistent with protocols approved by the WTC pro-
20 gram administrator and including screening, clinical
21 examinations, and long-term health monitoring and
22 analysis. In the case of an eligible WTC responder
23 who is an active member of the Fire Department of
24 the City of New York, the responder shall receiving

1 such benefits as part of the individual’s periodic
2 company medical exams.

3 “(2) PROVISION OF MONITORING BENEFITS.—

4 The monitoring benefits under paragraph (1) shall
5 be provided through the Clinical Center of Excel-
6 lence for the type of individual involved or, in the
7 case of an individual residing outside the New York
8 metropolitan area, under an arrangement under sec-
9 tion 3031.

10 **“SEC. 3012. TREATMENT OF ELIGIBLE WTC RESPONDERS**

11 **FOR WTC-RELATED HEALTH CONDITIONS.**

12 “(a) WTC-RELATED HEALTH CONDITION DE-
13 FINED.—

14 “(1) IN GENERAL.—For purposes of this title,
15 the term ‘WTC-related health condition’ means—

16 “(A) an illness or health condition for
17 which exposure to airborne toxins, any other
18 hazard, or any other adverse condition resulting
19 from the 9/11 NYC terrorist attacks is at least
20 as likely as not to be a significant factor in ag-
21 gravating, contributing to, or causing the illness
22 or health condition;

23 “(B) a mental health condition for which
24 such attacks are at least as likely as not to be

1 a significant factor in aggravating, contributing
2 to, or causing the condition; and

3 “(C) any presumed WTC-related health
4 condition (as defined in paragraph (2)).

5 “(2) PRESUMED WTC-RELATED HEALTH CONDI-
6 TION.—For purposes of this title, the term ‘pre-
7 sumed WTC-related health condition’ means any of
8 the following health conditions, and any condition
9 specified under paragraph (3):

10 “(A) AERODIGESTIVE DISORDERS.—

11 “(i) Interstitial lung diseases.

12 “(ii) Chronic respiratory disorder—
13 fumes/vapors.

14 “(iii) Asthma.

15 “(iv) Reactive airways dysfunction
16 syndrome (RADS).

17 “(v) WTC-exacerbated chronic ob-
18 structive pulmonary disease (COPD).

19 “(vi) Chronic cough syndrome.

20 “(vii) Upper airway hyperreactivity.

21 “(viii) Chronic rhinosinusitis.

22 “(ix) Chronic nasopharyngitis.

23 “(x) Chronic laryngitis.

24 “(xi) Gastro-esophageal reflux dis-
25 order (GERD).

1 “(xii) Sleep apnea exacerbated by or
2 related to a condition described in a pre-
3 vious clause.

4 “(B) MENTAL HEALTH CONDITIONS.—

5 “(i) Post traumatic stress disorder
6 (PTSD).

7 “(ii) Major depressive disorder.

8 “(iii) Panic disorder.

9 “(iv) Generalized anxiety disorder.

10 “(v) Anxiety disorder (not otherwise
11 specified).

12 “(vi) Depression (not otherwise speci-
13 fied).

14 “(vii) Acute stress disorder.

15 “(viii) Dysthymic disorder.

16 “(ix) Adjustment disorder.

17 “(x) Substance abuse.

18 “(xi) V codes (treatments not specifi-
19 cally related to psychiatric disorders, such
20 as marital problems, parenting problems
21 etc.)

22 “(C) MUSCULOSKELETAL DISORDERS.—

23 “(i) Low back pain.

24 “(ii) Carpal tunnel syndrome (CTS).

25 “(iii) Other musculoskeletal disorders.

1 “(3) APPLICATION FOR ADDITIONAL PRESUMED
2 WTC-RELATED HEALTH CONDITIONS.—

3 “(A) APPLICATION.—Any individual or or-
4 ganization can apply to the WTC program ad-
5 ministrator for an illness or health condition
6 not described in paragraph (2) to be added to
7 the list of presumed WTC-related conditions.

8 “(B) REVIEW.—The administrator shall
9 establish a public process for receiving public
10 input and comments on any application under
11 subparagraph (A).

12 “(C) CONSIDERATIONS.—In making deter-
13 minations on such applications, the findings
14 and recommendations of Clinical Centers of Ex-
15 cellence published in peer reviewed journals
16 should be given deference in the determination
17 of whether an additional illness or health condi-
18 tion, such as cancer, should be added to the list
19 of presumed WTC-related health conditions.

20 “(D) CONSULTATION.—The WTC program
21 administrator shall consult with the WTC
22 Health Program Steering Committee and the
23 WTC Scientific/Technical Advisory Committee
24 in making a determination on whether an addi-

1 tional health condition should be added to the
2 list of presumed WTC-related conditions.

3 “(E) DETERMINATION.—The WTC pro-
4 gram administrator shall add an illness or
5 health condition to the list of presumed WTC-
6 related health conditions if, based on a review
7 of the evidence and consultations conducted
8 under subparagraphs (B), (C), and (D), the ad-
9 ministrator determines that exposure to air-
10 borne toxins, other hazards, or other adverse
11 conditions resulting from the 9/11 NYC ter-
12 rorist attacks is at least as likely as not to be
13 a significant factor in aggravating, contributing
14 to, or causing the illness or health condition.

15 “(b) COVERAGE OF TREATMENT FOR WTC-RELATED
16 HEALTH CONDITIONS.—

17 “(1) DETERMINATION BASED ON PRESUMED
18 WTC-RELATED HEALTH CONDITION.—

19 “(A) IN GENERAL.—If a physician at a
20 Clinical Center of Excellence that is providing
21 monitoring benefits under section 3011 for an
22 eligible WTC responder determines that the re-
23 sponder has a presumed WTC-related health
24 condition, and the physician makes a clinical
25 determination that exposure to airborne toxins,

1 other hazards, or adverse conditions resulting
2 from the 9/11 terrorist attacks is at least as
3 likely as not to be a significant factor in aggra-
4 vating, contributing to, or causing the condi-
5 tion—

6 “(i) the physician shall promptly
7 transmit such determination to the WTC
8 program administrator and provide the ad-
9 ministrator with the medical facts sup-
10 porting such determination; and

11 “(ii) on and after the date of such
12 transmittal and subject to paragraph (2),
13 the WTC program shall provide for pay-
14 ment under subsection (c) of the costs of
15 medically necessary treatment for such
16 condition.

17 “(B) REVIEW; CERTIFICATION; AP-
18 PEALS.—

19 “(i) REVIEW.—A Federal employee
20 designated by the WTC program adminis-
21 trator shall review determinations made
22 under subparagraph (A)(i) of a WTC-re-
23 lated health condition.

24 “(ii) CERTIFICATION.—The adminis-
25 trator shall provide a certification of cov-

1 erage of the treatment of such condition
2 based upon reviews conducted under clause
3 (i). Such a certification shall be provided
4 unless the administrator determines that
5 the responder's condition is not a pre-
6 sumed WTC-related health condition or
7 that exposure to airborne toxins, other
8 hazards, or adverse conditions resulting
9 from the 9/11 terrorist attacks is not at
10 least as likely as not to be a significant
11 factor in aggravating, contributing to, or
12 causing the condition.

13 “(iii) APPEAL PROCESS.—The admin-
14 istrator shall provide a process for the ap-
15 peal of determinations under clause (ii).

16 “(2) DETERMINATION BASED ON OTHER WTC-
17 RELATED HEALTH CONDITION.—

18 “(A) IN GENERAL.—If a physician at a
19 Clinical Center of Excellence that is providing
20 monitoring benefits under section 3011 for an
21 eligible WTC responder determines that the re-
22 sponder has a WTC-related health condition
23 that is not a presumed WTC-related health con-
24 dition—

1 “(i) the physician shall promptly
2 transmit such determination to the WTC
3 program administrator and provide the ad-
4 ministrator with the facts supporting such
5 determination; and

6 “(ii) on and after the date of such
7 transmittal and pending a determination
8 by the administrator under subparagraph
9 (B), the WTC program shall provide for
10 payment under subsection (c) of the costs
11 of medically necessary services to treat
12 such condition.

13 “(B) REVIEW; CERTIFICATION.—

14 “(i) USE OF PHYSICIAN PANEL.—The
15 WTC program administrator shall provide
16 for the review of each determination made
17 under subparagraph (A)(i) of a WTC-re-
18 lated health condition to be made by a
19 physician panel with appropriate expertise
20 appointed by the WTC program adminis-
21 trator. Such a panel shall make rec-
22 ommendations to the administrator on the
23 evidence supporting such determination.

24 “(ii) REVIEW OF RECOMMENDATIONS
25 OF PANEL; CERTIFICATION.—The adminis-

1 trator, based on such recommendations
2 shall determine whether or not the condi-
3 tion is a WTC-related health condition
4 and, if it is, provide for a certification
5 under paragraph (1)(B)(ii) of coverage of
6 such condition. The administrator shall
7 provide a process for the appeal of deter-
8 minations that the responder's condition is
9 not a WTC-related health condition.

10 “(3) REQUIREMENT OF MEDICAL NECESSITY.—

11 The determination under paragraphs (1)(A)(ii) and
12 (2)(A)(ii) of whether treatment is medically nec-
13 essary for a WTC-related health condition shall be
14 made by physicians at the appropriate Clinical Cen-
15 ter of Excellence, taking into account, for presumed
16 WTC-related health conditions, medical treatment
17 protocols established under subsection (d).

18 “(4) SCOPE OF TREATMENT COVERED.—The

19 scope of treatment covered under such paragraphs
20 includes physician services, diagnostic and laboratory
21 tests, prescription drugs, inpatient and outpatient
22 hospital services, and other medically necessary
23 treatment.

24 “(5) CONTINUATION OF TREATMENT WHILE

25 BEING ENROLLED IN MEDICAL MONITORING PRO-

1 GRAM.—In the case of a WTC responder receiving
2 medical treatment under the current consortium ar-
3 rangements but who has not been determined to be
4 an eligible WTC responder or enrolled in the medical
5 monitoring program under section 3011, while the
6 individual is being enrolled in such program the
7 treatment shall be considered to be treatment under
8 this subsection for which payment may be made
9 under subsection (c).

10 “(c) PAYMENT FOR COSTS OF TREATMENT OF WTC-
11 RELATED HEALTH CONDITIONS.—

12 “(1) IN GENERAL.—The WTC program shall
13 provide for payment of the costs of medically nec-
14 essary treatment of WTC-related health conditions
15 of eligible WTC responders. The WTC program ad-
16 ministrator shall establish methods for determining
17 the costs for such treatment.

18 “(2) ADMINISTRATIVE ARRANGEMENT AUTHOR-
19 ITY.—The WTC program administrator may enter
20 into arrangements with other government agencies,
21 insurance companies, or other third-party adminis-
22 trators to provide for timely and accurate processing
23 of claims under this section.

24 “(d) MEDICAL TREATMENT PROTOCOLS.—

1 “(1) DEVELOPMENT.—The Coordinating Cen-
2 ters of Excellence shall develop medical treatment
3 protocols for the treatment of eligible WTC respon-
4 ders and eligible WTC residents and other non-re-
5 sponders for presumed WTC-related health condi-
6 tions under subsection (b).

7 “(2) APPROVAL.—The WTC program adminis-
8 trator shall approve the medical treatment protocols,
9 in consultation with the WTC Health Program
10 Steering Committee.

11 **“PART 2—COMMUNITY PROGRAM**

12 **“SEC. 3021. IDENTIFICATION OF ELIGIBLE WTC RESIDENTS**
13 **AND OTHER NON-RESPONDERS AND PROVI-**
14 **SION OF WTC-RELATED MONITORING SERV-**
15 **ICES.**

16 “(a) ELIGIBLE WTC RESIDENT AND OTHER NON-
17 RESPONDER DEFINED.—

18 “(1) IN GENERAL.—For purposes of this title,
19 the term ‘eligible WTC resident and other non-re-
20 sponder’ means an individual who—

21 “(A) is a WTC non-responder (as defined
22 in paragraph (2));

23 “(B) is not an eligible WTC responder;
24 and

1 “(C) meets such eligibility criteria relating
2 to exposure to airborne toxins, any other haz-
3 ard, or any other adverse condition resulting
4 from the 9/11 NYC terrorist attacks as the
5 WTC program administrator, after consultation
6 with the WTC Health Program Steering Com-
7 mittee and the WTC Scientific/Technical Advi-
8 sory Committee, determines appropriate.

9 “(2) WTC RESIDENT AND OTHER NON-RE-
10 SPONDER DEFINED.—In this title, the term ‘WTC
11 resident and other non-responder’ means an indi-
12 vidual who is described in any of the following sub-
13 paragraphs:

14 “(A) A person whose place of residence at
15 any time during the period beginning on Sep-
16 tember 11, 2001, and ending on July 31, 2002,
17 was in the New York City disaster area.

18 “(B) A person who was working at any
19 time during such period in the New York City
20 disaster area.

21 “(C) A person who attended school, child
22 care, or adult day care at any time during such
23 period in a building located in the New York
24 City disaster area.

1 “(D) A person who was present in the New
2 York City disaster area on September 11, 2001.

3 “(E) A person who was deemed eligible to
4 receive a grant from the Lower Manhattan De-
5 velopment Corporation Residential Grant Pro-
6 gram, who possessed a lease for a residence or
7 purchased a residence in the New York City
8 disaster area, and who resided in such residence
9 after September 11, 2001 and prior to May 31,
10 2003.

11 “(F) A person whose place of employ-
12 ment—

13 “(i) at any time during the period be-
14 ginning on September 11, 2001, and end-
15 ing on May 31, 2003, was in the New
16 York City disaster area; and

17 “(ii) was deemed eligible to receive a
18 grant from the Lower Manhattan Develop-
19 ment Corporation WTC Small Firms At-
20 traction and Retention Act program or
21 other government incentive program de-
22 signed to revitalize the Lower Manhattan
23 economy after the 9/11 NYC terrorist at-
24 tacks.

1 “(G) Any other person whom the WTC
2 program administrator determines to be appro-
3 priate.

4 “(3) ELIGIBILITY CRITERIA.—In establishing
5 eligibility criteria under paragraph (1)(C), the WTC
6 program administrator shall—

7 “(A) with respect to clause (i) of such
8 paragraph, take into account the period, and, to
9 the extent feasible, intensity, of exposure to air-
10 borne toxins, other hazard, or other adverse
11 condition;

12 “(B) base such criteria on best available
13 evidence of exposure and related adverse health
14 effects; and

15 “(C) consult with the WTC Health Pro-
16 gram Steering Committee, Coordinating Cen-
17 ters of Excellence described in section
18 3006(b)(1)(C), and affected populations.

19 The administrator shall first establish such criteria
20 not later than 90 days after the date of the enact-
21 ment of this title.

22 “(b) MONITORING BENEFITS.—

23 “(1) IN GENERAL.—In the case of an eligible
24 WTC resident or other non-responder, the WTC pro-
25 gram shall provide for monitoring benefits that in-

1 include medical monitoring consistent with protocols
2 approved by the WTC program administrator, in
3 consultation with the World Trade Center Environ-
4 mental Health Center at Bellevue Hospital and the
5 WTC Health Program Steering Committee, and in-
6 cluding screening, clinical examinations, and long-
7 term health monitoring and analysis.

8 “(2) SOURCE OF BENEFITS.—The monitoring
9 benefits under paragraph (1) shall be provided
10 through a Clinical Center of Excellence with respect
11 to the individual involved.

12 **“SEC. 3022. TREATMENT OF ELIGIBLE WTC RESIDENTS AND**
13 **OTHER NON-RESPONDERS FOR WTC-RE-**
14 **LATED HEALTH CONDITIONS.**

15 “(a) IN GENERAL.—Subject to subsection (b), the
16 provisions of section 3012 shall apply to the treatment of
17 WTC-related health conditions for eligible WTC residents
18 and other non-responders in the same manner as such pro-
19 visions apply to the treatment of WTC-related health con-
20 ditions for eligible WTC responders.

21 “(b) SUBSTITUTION OF LIST OF HEALTH CONDI-
22 TIONS FOR PRESUMED WTC-RELATED HEALTH CONDI-
23 TIONS.—

24 “(1) IN GENERAL.—In applying subsection (a),
25 instead of applying the presumed WTC-related

1 health conditions described in section 3102(a)(2),
2 the WTC program administrator shall establish,
3 with input from the Coordinating Center of Excel-
4 lence described in section 3006(b)(2)(C), a list of
5 WTC-related health conditions and associated expo-
6 sure criteria for which treatment benefits are pre-
7 sumptively available for eligible WTC residents and
8 other non-responders, or subgroups of eligible WTC
9 residents or other non-responders. In establishing
10 such list, the WTC program administrator shall re-
11 view the presumed WTC-related health conditions
12 listed in paragraph (2) of section 3012(a) to deter-
13 mine which of the conditions meets the criteria for
14 a WTC-related health condition, as defined in para-
15 graph (1) of such section, for eligible WTC residents
16 and other non-responders or sub-groups of eligible
17 WTC residents or other non-responders.

18 “(2) CONSIDERATIONS.—The list of health con-
19 ditions and associated exposure criteria under para-
20 graph (1) shall, with respect to airborne toxins,
21 other hazards, and other adverse conditions, be
22 based upon the best available scientific and clinical
23 evidence on adverse health effects related to expo-
24 sures to such toxins, hazards, or adverse conditions,

1 respectively, in the eligible WTC resident and other
2 non-responder populations.

3 “(3) CONSULTATION.—The WTC program ad-
4 ministrator shall consult with and receive input from
5 the WTC Health Program Steering Committee and
6 affected populations, and shall provide an oppor-
7 tunity for public comment, in establishing the list
8 under paragraph (1).

9 “(4) DEADLINE.—The WTC program adminis-
10 trator shall first establish and publish the list under
11 paragraph (1) in the Federal Register not later than
12 180 days after the date of the enactment of this
13 title.

14 “(5) TREATMENT DURING INTERIM PERIOD.—
15 Until the date on which WTC program adminis-
16 trator first publishes under paragraph (4) the list
17 under paragraph (1) for eligible WTC residents and
18 other non-responder populations, the Clinical Cen-
19 ters of Excellence described in section 3006(b)(1)(C)
20 may provide medical treatment to such a resident or
21 member of such a population, if a physician at the
22 Clinical Center of Excellence involved determines
23 that the resident or member, respectively, has a
24 WTC-related health condition. Such treatment shall

1 be provided, without regard to the requirements of
2 section 3012(b)(2).

3 **“PART 3—NATIONAL ARRANGEMENT FOR BENE-**
4 **FITS FOR ELIGIBLE INDIVIDUALS OUTSIDE**
5 **NEW YORK**

6 **“SEC. 3031. NATIONAL ARRANGEMENT FOR BENEFITS FOR**
7 **ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.**

8 “(a) IN GENERAL.—In order to ensure reasonable ac-
9 cess to monitoring and treatment benefits under this sub-
10 title for individuals who reside in any State, as defined
11 in section 2(f), outside the New York metropolitan area,
12 the WTC program administrator shall establish a nation-
13 wide network of health care providers to provide such
14 monitoring and treatment benefits near such individuals’
15 areas of residence in such States, or to establish a mecha-
16 nism whereby individuals who are entitled to benefits for
17 such monitoring or treatment can be reimbursed for the
18 cost of such monitoring or treatment.

19 “(b) NETWORK REQUIREMENTS.—Any health care
20 provider participating in the network under subsection (a)
21 shall—

22 “(1) meet criteria for credentialing established
23 by the Coordinating Centers of Excellence;

24 “(2) follow the monitoring and treatment proto-
25 cols developed under section 3006(a)(1); and

1 “(c) APPLICATION OF PRIVACY AND HUMAN SUB-
2 JECT PROTECTIONS.—The privacy and human subject
3 protections applicable to research conducted under this
4 section shall not be less than such protections applicable
5 to research otherwise conducted by the National Institutes
6 of Health.

7 “(d) ANNUAL REPORT.—The WTC program admin-
8 istrator shall annually submit to the Congress a report de-
9 scribing the findings of research under subsection (a).

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of fiscal years 2008 through 2026, in addition to any
14 other authorizations of appropriations that are available
15 for such purpose.

16 **“Subtitle D—Programs of the New**
17 **York City Department of Health**
18 **and Mental Hygiene**

19 **“SEC. 3051. WORLD TRADE CENTER HEALTH REGISTRY.**

20 “(a) PROGRAM EXTENSION.—For the purpose of en-
21 suring on-going data collection for victims of the 9/11
22 NYC terrorist attacks, the WTC program administrator,
23 shall extend and expand the arrangements in effect as of
24 January 1, 2007, with the New York City Department of

1 Health and Mental Hygiene that provide for the World
2 Trade Center Health Registry.

3 “(b) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there are authorized to be appro-
5 priated such sums as may be necessary.

6 **“SEC. 3052. MENTAL HEALTH SERVICES.**

7 “The WTC program administrator may make grants
8 to the New York City Department of Health and Mental
9 Hygiene to provide mental health services to address men-
10 tal health needs relating to the 9/11 NYC terrorist at-
11 tacks.”.

12 **TITLE II—SEPTEMBER 11 VICTIM**
13 **COMPENSATION FUND OF 2001**

14 **SEC. 201. DEADLINE EXTENSION FOR CERTAIN CLAIMS**
15 **UNDER SEPTEMBER 11 VICTIM COMPENSA-**
16 **TION FUND OF 2001.**

17 Section 405(a)(3) of the Air Transportation Safety
18 and System Stabilization Act (49 U.S.C. 40101 note) is
19 amended to read as follows:

20 “(3) LIMITATION.—

21 “(A) IN GENERAL.—Except as provided by
22 subparagraph (B), no claim may be filed under
23 paragraph (1) after December 22, 2003.

24 “(B) EXCEPTIONS.—

1 “(i) IN GENERAL.—A claim may be
2 filed under paragraph (1) by an individual
3 (or by a personal representative on behalf
4 of a deceased individual) during the period
5 described in clause (ii), if the Special Mas-
6 ter determines that—

7 “(I) the individual first knew
8 that the individual had suffered a
9 physical or psychological harm as a
10 result of the terrorist-related aircraft
11 crashes of September 11, 2001, or the
12 aftermath of such attacks, after De-
13 cember 22, 2003, and before the date
14 that is 5 years after the date of the
15 enactment of the James Zadroga 9/11
16 Health and Compensation Act of
17 2007;

18 “(II) the individual did not for
19 any reason other than as described in
20 subclause (I) know that the individual
21 was eligible to file a claim under para-
22 graph (1) until after December 22,
23 2003;

24 “(III) the individual filed a claim
25 under this title before, on, or after

1 December 22, 2003, and suffered a
2 significantly greater physical or psy-
3 chological harm as a result of the ter-
4 rorist-related aircraft crashes of Sep-
5 tember 11, 2001, or the aftermath of
6 such attacks, than was known to the
7 individual as of the date the most re-
8 cent previous claim was filed, and be-
9 fore the date that is 5 years after the
10 date of the enactment of the James
11 Zadroga 9/11 Health and Compensa-
12 tion Act of 2007; or

13 “(IV) the individual was not eli-
14 gible to file a claim under this title be-
15 fore December 22, 2003, but who be-
16 comes so eligible because of the
17 amendments made by the James
18 Zadroga 9/11 Health and Compensa-
19 tion Act of 2007.

20 “(ii) PERIOD.—

21 “(I) IN GENERAL.—Except as
22 provided in subclause (II), the period
23 described in this clause is the two-
24 year period beginning on the date of
25 the enactment of the James Zadroga

1 9/11 Health and Compensation Act of
2 2007.

3 “(II) EXCEPTION.—In the case
4 of an individual who first knew on a
5 date after such date of enactment that
6 the individual had suffered physical or
7 psychological harm described in sub-
8 clause (I) of clause (i) or a signifi-
9 cantly greater harm, described in sub-
10 clause (III) of such clause, the period
11 described in this clause is the two-
12 year period beginning on the date the
13 individual first acquired such knowl-
14 edge.”.

15 **SEC. 202. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN**
16 **CERTAIN CIRCUMSTANCES.**

17 Section 405(c)(3)(A) of the Air Transportation Safe-
18 ty and System Stabilization Act (49 U.S.C. 40101 note)
19 is amended to read as follows:

20 “(A) SINGLE CLAIM.—

21 “(i) IN GENERAL.—Except as pro-
22 vided by clause (ii), not more than 1 claim
23 may be submitted under this title by an in-
24 dividual or on behalf of a deceased indi-
25 vidual.

1 “(ii) EXCEPTION.—A second claim
2 may be filed under subsection (a)(1) by an
3 individual (or by a personal representative
4 on behalf of a deceased individual) if the
5 individual is an individual described in
6 clause (i)(II), (i)(III), or (ii)(II) of sub-
7 section (a)(3)(B).”.

8 **SEC. 203. ELIGIBILITY OF CLAIMANTS SUFFERING FROM**
9 **PSYCHOLOGICAL HARM.**

10 (a) IN GENERAL.—Section 405(c)(2)(A)(ii) of the Air
11 Transportation Safety and System Stabilization Act (49
12 U.S.C. 40101 note) is amended by inserting “, psycho-
13 logical harm,” before “or death”.

14 (b) CONFORMING AMENDMENTS.—

15 (1) Section 403 of such Act is amended by
16 striking “physically injured” and inserting “phys-
17 ically or psychologically injured”.

18 (2) Section 405(a)(2)(B)(i) of such Act is
19 amended by striking “physical harm” and inserting
20 “physical or psychological harm”.

21 **SEC. 204. IMMEDIATE AFTERMATH DEFINED.**

22 Section 402 of the Air Transportation Safety and
23 System Stabilization Act (49 U.S.C. 40101 note) is
24 amended by adding at the end the following new para-
25 graph:

1 “(11) IMMEDIATE AFTERMATH.—In section
2 405(c)(2)(A)(i), the term ‘immediate aftermath’
3 means any period beginning with the terrorist-re-
4 lated aircraft crashes of September 11, 2001, and
5 ending on July 31, 2002.”.

6 **SEC. 205. ELIGIBLE INDIVIDUALS TO INCLUDE ELIGIBLE**
7 **WTC RESPONDERS AND ELIGIBLE WTC RESI-**
8 **DENTS AND OTHER NON-RESPONDERS.**

9 Section 405(c)(2) of the Air Transportation Safety
10 and System Stabilization Act (49 U.S.C. 40101 note) is
11 amended—

12 (1) in subparagraph (A)(i), by striking “at the
13 World Trade Center, (New York, New York), the
14 Pentagon (Arlington, Virginia), or” and inserting
15 “in the New York City disaster area, as defined in
16 section 3009(5) of the Public Health Service Act,
17 (including at the World Trade Center, (New York,
18 New York)), at the Pentagon (Arlington, Virginia),
19 or at”;

20 (2) in subparagraph (B), at the end by striking
21 “or”;

22 (3) in subparagraph (C), by striking “subpara-
23 graph (A) or (B)” and inserting “subparagraph (A),
24 (B), or (C)”;

1 (4) by redesignating subparagraph (C) as sub-
2 paragraph (D); and

3 (5) by adding after subparagraph (B) the fol-
4 lowing new subparagraph:

5 “(C) an individual who is an eligible WTC
6 responder or an eligible WTC resident or other
7 non-responder, as defined in sections 3011(a)
8 and 3021(a), respectively, of the Public Health
9 Service Act; or”.

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