

110TH CONGRESS  
2D SESSION

# H. R. 6594

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.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2008

Mrs. MALONEY of New York (for herself, Mr. NADLER, Mr. FOSSELLA, Mr. KING of New York, Mr. RANGEL, Mr. ENGEL, Mr. TOWNS, and Mr. WEINER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To 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 2008”.

1 (b) TABLE OF CONTENTS.—The table of contents of  
 2 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; Advisory and Steering Committees

- “Sec. 3001. Establishment of World Trade Center Health Program within NIOSH.  
 “Sec. 3002. WTC Health Program Scientific/Technical Advisory Committee.  
 “Sec. 3003. WTC Health Program Steering Committees.  
 “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-responders and provision of WTC-related monitoring services.  
 “Sec. 3022. Treatment of eligible WTC residents and other non-responders for WTC-related health conditions.  
 “Sec. 3023. Treatment of other individuals with 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. Immediate aftermath defined.

Sec. 204. Eligible individuals to include eligible WTC responders and eligible  
WTC residents and other non-responders.

Sec. 205. Limited coverage for additional individuals.

Sec. 206. World Trade Center collapse and disaster rescue, recovery, debris re-  
moval, cleanup, remediation, and response indemnification.

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-  
15 tom that developed during or after their time work-  
16 ing at the World Trade Center; among the respon-  
17 ders who were asymptomatic before 9/11, 61 percent  
18 developed respiratory symptoms while working at the

1 World Trade Center; close to 60 percent still had a  
2 new or worsened respiratory symptom at the time of  
3 their examination; one-third had abnormal pul-  
4 monary function tests; and severe respiratory condi-  
5 tions including pneumonia were significantly more  
6 common in the 6 months after 9/11 than in the  
7 prior 6 months.

8 (3) An April 2006 study documented that, on  
9 average, a New York City firefighter who responded  
10 to the World Trade Center has experienced a loss of  
11 12 years of lung capacity.

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

21 (5) Previous research on the health impacts of  
22 the devastation caused by the September 11 terrorist  
23 attacks has shown relationships between the air  
24 quality from Ground Zero and a host of health im-  
25 pacts, including lower pregnancy rates, higher rates

1 of respiratory and lung disorders, and a variety of  
2 post-disaster mental health conditions (including  
3 posttraumatic stress disorder) in workers and resi-  
4 dents near Ground Zero.

5 (6) A variety of tests conducted by independent  
6 scientists have concluded that significant WTC con-  
7 tamination settled in indoor environments sur-  
8 rounding the disaster site. The Environmental Pro-  
9 tection Agency's (EPA) cleanup programs for indoor  
10 residential spaces, in 2003 and 2005, though lim-  
11 ited, are an acknowledgement that indoor contami-  
12 nation continued after the WTC attacks.

13 (7) The United States Geological Survey  
14 (USGS) reported on November 27, 2001 that cer-  
15 tain outdoor dust samples collected by the agency in  
16 September 2001 at Varick and Houston Streets (ap-  
17 proximately 1.2 miles north of Ground Zero) reg-  
18 istered higher than 11 on the pH scale, a level the  
19 USGS characterized as being "as caustic as liquid  
20 drain cleaners".

21 (8) According to both the EPA's own Inspector  
22 General's (EPA IG) report of August 21, 2003 and  
23 General Accountability Offices's (GAO) report of  
24 September 2007, no comprehensive program has  
25 ever been conducted in order to characterize the full

1 extent of WTC contamination, and therefore the full  
2 impact of that contamination—geographic or other-  
3 wise—remains unknown.

4 (9) Such reports found that there has never  
5 been a comprehensive program to remediate WTC  
6 toxins from indoor spaces. Thus, area residents,  
7 workers and students may continued to be exposed  
8 to WTC contamination in their homes, workplaces  
9 and schools.

10 (10) Because of the failure to release federally  
11 appropriated funds for community care, a lack of  
12 sufficient outreach, the fact that many community  
13 members are receiving care from physicians outside  
14 the current City-funded World Trade Center Envi-  
15 ronmental Health Center program and thus fall out-  
16 side data collection efforts, and other factors, the  
17 number of community members being treated at the  
18 World Trade Center Environmental Health Center  
19 underrepresents the total number in the community  
20 that have been affected by exposure to Ground Zero  
21 toxins.

22 (11) Research by Columbia University’s Center  
23 for Children’s Environmental Health has shown neg-  
24 ative health effects on babies born to women living

1 within 2 miles of the World Trade Center in the  
2 month following 9/11.

3 (12) Federal funding allocated for the moni-  
4 toring of rescue workers' health is not sufficient to  
5 ensure the long-term study of health impacts of Sep-  
6 tember 11.

7 (13) A significant portion of those who have de-  
8 veloped health problems as result of exposures to  
9 airborne toxins or other hazards resulting from the  
10 September 11, 2001, attacks on the World Trade  
11 Center have no health insurance, have lost their  
12 health insurance as a result of the attacks, or have  
13 inadequate health insurance.

14 (14) The Federal program to provide medical  
15 treatments to those who responded to the September  
16 11 aftermath, and who continue to experience health  
17 problems as a result, was finally established more  
18 than five years after the attacks, but has no certain  
19 long-term funding.

20 (15) Rescue workers and volunteers seeking  
21 workers compensation have reported that their appli-  
22 cations have been denied, delayed for months, or re-  
23 directed, instead of receiving assistance in a timely  
24 and supportive manner.

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

15          (17) Since the 5th anniversary of the attack  
16          (September 11, 2006), hundreds of workers a month  
17          have been signing up with the monitoring and treat-  
18          ment programs.

19          (18) In April 2008, the Department of Health  
20          and Human Services reported to Congress that in  
21          fiscal year 2007 11,359 patients received medical  
22          treatment in the existing WTC Responder Medical  
23          and Treatment program for WTC-related health  
24          problems, and that number of responders who need



1 treatment and the severity of health problems is ex-  
2 pected to increase.

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

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

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

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

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

24 (24) The Federal response to medical and fi-  
25 nancial issues arising from the September 11 re-

1        sponse efforts needs a comprehensive, coordinated  
2        long-term response in order to meet the needs of all  
3        the individuals who were exposed to the toxins of  
4        Ground Zero and are suffering health problems from  
5        the disaster.

6            (25) The failure to extend the appointment of  
7        Dr. John Howard as Director of the National Insti-  
8        tute for Occupational Safety and Health in July  
9        2008 is not in the interests of the administration of  
10       such Institute nor the continued operation of the  
11       World Trade Center Medical Monitoring and Treat-  
12       ment Program which he has headed, and the Sec-  
13       retary of Health and Human Services should recon-  
14       sider extending such appointment.

15   **SEC. 3. EMERGENCY FUNDING.**

16        Amounts appropriated pursuant to this Act (other  
17        than amounts appropriated for the WTC Health Program  
18        Steering Committees or for the WTC Health Program Sci-  
19        entific/Technical Advisory Committee) are designated as  
20        emergency requirements and necessary to meet emergency  
21        needs pursuant to section 204(a) of S. Con. Res. 21  
22        (110th Congress) and section 301(b)(2) of S. Con. Res.  
23        70 (110th Congress), the concurrent resolutions on the  
24        budget for fiscal years 2008 and 2009.

1 **TITLE I—WORLD TRADE CENTER**  
2 **HEALTH PROGRAM**

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

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

6 **“TITLE XXX—WORLD TRADE**  
7 **CENTER HEALTH PROGRAM**

8 **“Subtitle A—Establishment of Pro-**  
9 **gram; Advisory and Steering**  
10 **Committees**

11 **“SEC. 3001. ESTABLISHMENT OF WORLD TRADE CENTER**  
12 **HEALTH PROGRAM WITHIN NIOSH.**

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

19 “(1) to eligible emergency responders and re-  
20 covery and clean-up workers (including those who  
21 are Federal employees) who responded to the Sep-  
22 tember 11, 2001, terrorist attacks on the World  
23 Trade Center; and

24 “(2) to residents and other building occupants  
25 and area workers in New York City who were di-

1       rectly impacted and adversely affected by such at-  
2       tacks.

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

5               “(1) MEDICAL MONITORING.—Medical moni-  
6       toring under sections 3011 and 3021, including  
7       screening, clinical examinations, and long-term  
8       health monitoring and analysis for individuals who  
9       were likely to have been exposed to airborne toxins  
10      that were released, or to other hazards, as a result  
11      of the September 11, 2001, terrorist attacks on the  
12      World Trade Center.

13              “(2) TREATMENT FOR WTC-RELATED CONDI-  
14      TIONS.—Provision under sections 3012, 3022, and  
15      3023 of treatment and payment, subject to the pro-  
16      visions of subsection (d), for all medically necessary  
17      health and mental health care expenses (including  
18      necessary prescription drugs) of individuals with a  
19      WTC-related health condition.

20              “(3) OUTREACH.—Establishment under section  
21      3004 of an outreach program to potentially eligible  
22      individuals concerning the benefits under this title.

23              “(4) UNIFORM DATA COLLECTION.—Collection  
24      under section 3005 of health and mental health data

1 on individuals receiving monitoring or treatment  
2 benefits, using a uniform system of data collection.

3 “(5) RESEARCH ON WTC CONDITIONS.—Estab-  
4 lishment under subtitle C of a research program on  
5 health conditions resulting from the September 11,  
6 2001, terrorist attacks on the World Trade Center.

7 “(c) NO COST-SHARING.—Monitoring and treatment  
8 benefits are provided under subtitle B without any  
9 deductibles, copayments, or other cost-sharing to an eligi-  
10 ble WTC responder or any eligible WTC resident or other  
11 non-responder.

12 “(d) PAYOR.—

13 “(1) IN GENERAL.—Except as provided in para-  
14 graphs (2) and (3), the cost of monitoring and treat-  
15 ment benefits provided under subtitle B shall be  
16 paid for by the WTC program.

17 “(2) WORKERS’ COMPENSATION PAYMENT.—  
18 Payment for treatment under subtitle B of a WTC-  
19 related condition in an individual that is work-re-  
20 lated shall be reduced or recouped to the extent that  
21 a payment is made under a workers’ compensation  
22 law or plan of the United States or a State for such  
23 treatment.

24 “(3) HEALTH INSURANCE COVERAGE.—

1           “(A) IN GENERAL.—If an individual has a  
2           WTC-related condition that is not work-related  
3           and has health coverage for such condition  
4           through any public or private health plan, the  
5           WTC program shall be secondary payor with  
6           respect to the payment for items and services  
7           for such condition to the extent such items and  
8           services are covered under such plan and such  
9           plan has an arrangement with the health care  
10          provider or facility allowing such payment.

11          “(B) BILLING HEALTH PLAN.—In the case  
12          described in subparagraph (A), the Clinical  
13          Center of Excellence providing the items or  
14          services involved shall bill the public or private  
15          health plan for such items or services. The  
16          health plan shall be responsible for payment for  
17          such items or services to the extent that the  
18          health plan has or had a responsibility under  
19          the terms of coverage of that health plan to  
20          make such payment with respect to such items  
21          or services. If the health plan refuses to make  
22          such payment to such Clinical Center, the WTC  
23          Program Administrator shall seek to recover  
24          such payment with respect to the item or serv-  
25          ice involved to the extent it is demonstrated

1           that the health plan has or had a responsibility  
2           to make payment with respect to such item or  
3           service.

4           “(C) REMAINING COSTS UNDER TITLE.—  
5           Any costs for such covered items and services  
6           that are not reimbursed by such health plan,  
7           due to the application of deductibles, copay-  
8           ments, coinsurance, other cost-sharing, or oth-  
9           erwise, are reimbursable under this title to the  
10          extent that they are covered under the WTC  
11          program.

12          “(4) WORK-RELATED DESCRIBED.—For the  
13          purposes of this subsection, a WTC-related condition  
14          diagnosed in an eligible WTC responder, or in an in-  
15          dividual who qualifies as an eligible WTC resident or  
16          other non-responder on the basis of being a rescue,  
17          recovery, clean-up worker, or area worker, shall be  
18          treated as a condition that is work-related.

19          “(e) QUALITY ASSURANCE AND MONITORING OF  
20          CLINICAL EXPENDITURES.—

21          “(1) QUALITY ASSURANCE.—The WTC Pro-  
22          gram Administrator working with the Clinical Cen-  
23          ters of Excellence shall develop and implement a  
24          quality assurance program for the medical moni-  
25          toring and treatment delivered by such Centers of

1 Excellence and any other participating health care  
2 providers.

3 “(2) FRAUD PREVENTION.—The WTC Program  
4 Administrator shall develop and implement a pro-  
5 gram to review the program’s health care expendi-  
6 tures to detect fraudulent or duplicate billing and  
7 payment for inappropriate services. Such program  
8 shall be similar to current methods used in connec-  
9 tion with the Medicare program under title XVIII of  
10 the Social Security Act. This title is a Federal  
11 health care program (as defined in section 1128B(f)  
12 of such Act) and is a health plan (as defined in sec-  
13 tion 1128C(e) of such Act) for purposes of applying  
14 sections 1128 through 1128E of such Act.

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

19 “(g) ANNUAL PROGRAM REPORT.—

20 “(1) IN GENERAL.—Not later than 6 months  
21 after the end of each fiscal year in which the WTC  
22 program is in operation, the WTC Program Admin-  
23 istrator shall submit an annual report to the Con-  
24 gress on the operations of this title for such fiscal



1 year and for the entire period of operation of the  
2 program.

3 “(2) CONTENTS OF REPORT.—Each annual re-  
4 port under paragraph (1) shall include the following:

5 “(A) ELIGIBLE INDIVIDUALS.—Informa-  
6 tion for each clinical program described in para-  
7 graph (3)—

8 “(i) on the number of individuals who  
9 applied for certification under subtitle B  
10 and the number of such individuals who  
11 were so certified;

12 “(ii) of the individuals who were cer-  
13 tified, on the number who received medical  
14 monitoring under the program and the  
15 number of such individuals who received  
16 medical treatment under the program;

17 “(iii) with respect to individuals so  
18 certified who received such treatment, on  
19 the WTC-related health conditions for  
20 which they were treated; and

21 “(iv) on the projected number of indi-  
22 viduals who will be certified under subtitle  
23 B in the succeeding fiscal year.

1           “(B) MONITORING AND TREATMENT  
2 COSTS.—For each clinical program so de-  
3 scribed—

4           “(i) information on the costs of moni-  
5 toring and the costs of treatment and on  
6 the estimated costs of such monitoring and  
7 treatment in the succeeding fiscal year;  
8 and

9           “(ii) an estimate of the cost of med-  
10 ical treatment for WTC-related conditions  
11 that have been paid for or reimbursed by  
12 workers’ compensation, by public or private  
13 health plans, or by the City of New York  
14 under section 3012(e)(4).

15           “(C) ADMINISTRATIVE COSTS.—Informa-  
16 tion on the cost of administering the program,  
17 including costs of program support, data collec-  
18 tion and analysis, and research conducted under  
19 the program.

20           “(D) ADMINISTRATIVE EXPERIENCE.—In-  
21 formation on the administrative performance of  
22 the program, including—

23           “(i) the performance of the program  
24 in providing timely evaluation of and treat-  
25 ment to eligible individuals; and

1           “(ii) a list of the Clinical Centers of  
2           Excellence and other providers that are  
3           participating in the program.

4           “(E) SCIENTIFIC REPORTS.—A summary  
5           of the findings of any new scientific reports or  
6           studies on the health effects associated with  
7           WTC center exposures.

8           “(F) ADVISORY COMMITTEE REC-  
9           COMMENDATIONS.—A list of recommendations by  
10          the WTC Scientific/Technical Advisory Com-  
11          mittee on additional WTC program eligibility  
12          criteria and on additional WTC-related health  
13          conditions and the action of the WTC Program  
14          Administrator concerning each such rec-  
15          ommendation.

16          “(G) RESEARCH RESULTS.—The findings  
17          research conducted under section 3041(a).

18          “(3) SEPARATE CLINICAL PROGRAMS DE-  
19          SCRIBED.—In paragraph (2), each of the following  
20          shall be treated as a separate clinical program of the  
21          WTC program:

22                 “(A) FDNY RESPONDERS.—The benefits  
23                 provided for eligible WTC responders described  
24                 in section 3006(b)(1)(A).



1 Committee’) to review scientific and medical evidence and  
2 to make recommendations to the Administrator on addi-  
3 tional WTC program eligibility criteria and on additional  
4 WTC-related health conditions.

5 “(b) COMPOSITION.—The WTC Program Adminis-  
6 trator shall appoint the members of the Advisory Com-  
7 mittee and shall include at least—

8 “(1) 4 occupational physicians, at least two of  
9 whom have experience treating WTC rescue and re-  
10 covery workers;

11 “(2) 2 environmental medicine or environmental  
12 health specialists;

13 “(3) 2 representatives of eligible WTC respond-  
14 ers;

15 “(4) 2 representatives of WTC residents and  
16 other non-responders;

17 “(5) an industrial hygienist;

18 “(6) a toxicologist;

19 “(7) an epidemiologist; and

20 “(8) a mental health professional.

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

24 “(d) REPORTS.—The WTC Program Administrator  
25 shall provide for publication of recommendations of the

1 Advisory Committee on the public website established for  
2 the WTC program.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated such sums as may be necessary, not  
6 to exceed \$100,000, for each fiscal year beginning with  
7 fiscal year 2009.

8 “(f) DURATION.—Notwithstanding any other provi-  
9 sion of law, the Advisory Committee shall continue in op-  
10 eration during the period in which the WTC program is  
11 in operation.

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

15 **“SEC. 3003. WTC HEALTH PROGRAM STEERING COMMIT-**  
16 **TEES.**

17 “(a) ESTABLISHMENT.—The WTC Program Admin-  
18 istrator shall establish two steering committees (each in  
19 this section referred to as a ‘Steering Committee’) as fol-  
20 lows:

21 “(1) WTC RESPONDERS STEERING COM-  
22 MITTEE.—One steering committee, to be known as  
23 the WTC Responders Steering Committee, for the  
24 purpose of facilitating the coordination of medical

1 monitoring and treatment programs for the eligible  
2 WTC responders under part 1 of subtitle B.

3 “(2) WTC COMMUNITY PROGRAM STEERING  
4 COMMITTEE.—One steering committee, to be known  
5 as the WTC Community Program Steering Com-  
6 mittee, for the purpose of facilitating the coordina-  
7 tion of medical monitoring and treatment programs  
8 for eligible WTC residents and other non-responders  
9 under part 2 of subtitle B.

10 “(b) MEMBERSHIP.—

11 “(1) INITIAL MEMBERSHIP OF WTC RESPOND-  
12 ERS STEERING COMMITTEE.—The WTC Responders  
13 Steering Committee shall initially be composed of  
14 members of the WTC Monitoring and Treatment  
15 Program Steering Committee (as in existence on the  
16 day before the date of the enactment of this title).

17 “(2) INITIAL MEMBERSHIP OF WTC COMMUNITY  
18 PROGRAM STEERING COMMITTEE.—

19 “(A) IN GENERAL.—The WTC Community  
20 Program Steering Committee shall initially be  
21 composed of the following:

22 “(i) The Medical Director of the WTC  
23 Environmental Health Center.

24 “(ii) The Executive Director of the  
25 WTC Environmental Health Center.

1           “(iii) Three physicians, one each rep-  
2           resenting the three WTC Environmental  
3           Health Center treatment sites of Bellevue  
4           Hospital Center, Gouverneur Healthcare  
5           Services, and Elmhurst Hospital Center.

6           “(iv) Three physicians or specialists,  
7           including a pediatrician, an epidemiologist,  
8           a psychiatrist or psychologist, with experi-  
9           ence with non-responder WTC diseases.

10          “(v) One environmental/occupational  
11          specialist with WTC experience.

12          “(vi) One social worker with experi-  
13          ence treating non-responders at a WTC  
14          Environmental Health Center treatment  
15          site.

16          “(vii) 10 representatives of the af-  
17          fected populations of residents, students,  
18          area workers, and other non-responders.

19          Such Committee shall also include, as nonvoting  
20          members, members of the WTC Environmental  
21          Health Center Community Advisory Committee  
22          (as in existence on the day before the date of  
23          the enactment of this title) who are not other-  
24          wise appointed under clause (vii).

25          “(B) APPOINTMENTS.—



1           “(i) NYC HEALTH AND HOSPITALS  
2 CORPORATION.—The New York City  
3 Health and Hospitals Corporation shall  
4 nominate members for positions described  
5 in clauses (iii) through (vi) of subpara-  
6 graph (A).

7           “(ii) WTC EHC COMMUNITY ADVISORY  
8 COMMITTEE.—The WTC Environmental  
9 Health Center Community Advisory Com-  
10 mittee as in existence on the date of the  
11 enactment of this title shall nominate  
12 members for positions described in sub-  
13 paragraph (A)(vii).

14           “(iii) TIMING.—Nominations under  
15 clauses (i) and (ii) shall be recommended  
16 to the WTC Program Administrator not  
17 later than 60 days after the date of the en-  
18 actment of this title.

19           “(iv) APPOINTMENT.—The WTC Pro-  
20 gram Administrator shall appoint members  
21 of the WTC Community Program Steering  
22 Committee not later than 90 days after the  
23 date of the enactment of this title.

1                   “(v) GENERAL REPRESENTATIVES.—  
2                   Of the members appointed under subpara-  
3                   graph (A)(vii)—

4                   “(I) the representation shall re-  
5                   flect the broad and diverse WTC-af-  
6                   fected populations and constituencies  
7                   and the diversity of impacted neigh-  
8                   borhoods, including residents, hard-to-  
9                   reach populations, students, area  
10                  workers, school parents, community-  
11                  based organizations, Community  
12                  Boards, WTC Environmental Health  
13                  Center patients, labor unions, and  
14                  labor advocacy organizations; and

15                  “(II) no one individual organiza-  
16                  tion can have more than one rep-  
17                  resentative.

18                  “(3) ADDITIONAL APPOINTMENTS.—Each  
19                  Steering Committee may appoint additional mem-  
20                  bers to the Committee, subject to the approval of the  
21                  WTC Program Administrator.

22                  “(4) VACANCIES.—A vacancy in a Steering  
23                  Committee shall be filled by the Steering Committee,  
24                  subject to the approval of the WTC Program Ad-  
25                  ministrator, so long as—

1           “(A) in the case of the WTC Responders  
2           Steering Committee, the composition of the  
3           Committee includes representatives of eligible  
4           WTC responders and representatives of each  
5           Clinical Center of Excellence and each Coordinating  
6           Center of Excellence that serves eligible  
7           WTC responders; or

8           “(B) in the case of the WTC Community  
9           Program Steering Committee, the composition  
10          of the Committee includes representatives in-  
11          cludes representatives of eligible WTC residents  
12          and other non-responders and representatives of  
13          each Clinical Center of Excellence and each Co-  
14          ordinating Center of Excellence that serves eli-  
15          gible WTC residents and other non-responders.

16          “(5) CO-CHAIRS OF WTC COMMUNITY PROGRAM  
17          STEERING COMMITTEE.—The WTC Community Pro-  
18          gram Steering Committee shall have two Co-Chairs  
19          as follows:

20                 “(A) ENVIRONMENTAL HEALTH CLINIC CO-  
21                 CHAIR.—A WTC Environmental Health Clinic  
22                 Co-Chair who shall be chosen by the WTC En-  
23                 vironmental Health Center members on the  
24                 Steering Committee.

1                   “(B) COMMUNITY/LABOR CO-CHAIR.—A  
2                   Community/Labor Co-Chair who shall be chosen  
3                   by the community and labor-based members of  
4                   the Steering Committee.

5                   “(c) RELATION TO FACCA.—Each Steering Com-  
6                   mittee shall not be subject to the Federal Advisory Com-  
7                   mittee Act.

8                   “(d) MEETINGS.—Each Steering Committee shall  
9                   meet at such frequency necessary to carry out its duties,  
10                  but not less than 4 times each calendar year and at least  
11                  two such meetings each year shall be a joint meeting with  
12                  the other Steering Committee for the purpose of exchang-  
13                  ing information regarding the WTC program.

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

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

19                  “(a) IN GENERAL.—The WTC Program Adminis-  
20                  trator shall institute a program that provides education  
21                  and outreach on the existence and availability of services  
22                  under the WTC program. The outreach and education  
23                  program—

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

4           “(2) shall be conducted in a manner intended—  
5           “(A) to reach all affected populations; and  
6           “(B) to include materials for culturally and  
7 linguistically diverse populations.

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

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

15           “(a) IN GENERAL.—The WTC Program Adminis-  
16 trator shall provide for the uniform collection of data (and  
17 analysis of data and regular reports to the Administrator)  
18 on the utilization of monitoring and treatment benefits  
19 provided to eligible WTC responders and eligible WTC  
20 residents and other non-responders, the prevalence of  
21 WTC-related health conditions, and the identification of  
22 new WTC-related medical conditions. Such data shall be  
23 collected for all individuals provided monitoring or treat-  
24 ment benefits under subtitle B and regardless of their

1 place of residence or Clinical Center of Excellence through  
2 which the benefits are provided.

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

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

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

15 “(a) IN GENERAL.—

16 “(1) CONTRACTS WITH CLINICAL CENTERS OF  
17 EXCELLENCE.—The WTC Program Administrator  
18 shall enter into contracts with Clinical Centers of  
19 Excellence specified 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 and follow-up to individuals  
25 who are enrolled in the program;

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;

5           “(D) for the provision of counseling for  
6           benefits for WTC-related health conditions that  
7           may be available under Workers’ Compensation,  
8           health insurance, disability insurance, or other  
9           insurance plans or through public or private so-  
10          cial service agencies and assisting eligible indi-  
11          viduals in applying for such benefits;

12          “(E) for the provision of translational and  
13          interpretive services as for program participants  
14          who are not English language proficient; and

15          “(F) for the collection and reporting of  
16          data in accordance with section 3005.

17          “(2) CONTRACTS WITH COORDINATING CEN-  
18          TERS OF EXCELLENCE.—The WTC Program Ad-  
19          ministrator shall enter into contracts with Coordi-  
20          nating Centers of Excellence specified in subsection  
21          (b)(2)—

22                 “(A) for receiving, analyzing, and report-  
23                 ing to the WTC Program Administrator on  
24                 data, in accordance with section 3005, that has  
25                 been collected and reported to such Coordi-

1 nating Centers by the corresponding Clinical  
2 Centers of Excellence under subsection (d)(3);

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

6 “(C) for coordinating the outreach activi-  
7 ties conducted under paragraph (1)(B) by each  
8 corresponding Clinical Center of Excellence;

9 “(D) for establishing criteria for the  
10 credentialing of medical providers participating  
11 in the nationwide network under section 3031;  
12 and

13 “(E) for coordinating and administrating  
14 the activities of the WTC Health Program  
15 Steering Committees established under section  
16 3003(a).

17 The medical providers under subparagraph (D) shall  
18 be selected by the WTC Program Administrator on  
19 the basis of their experience treating or diagnosing  
20 the medical conditions included in the list of identi-  
21 fied WTC-related conditions for responders and of  
22 identified WTC-related conditions for residents and  
23 other non-responders.

24 “(b) CENTERS OF EXCELLENCE DEFINED.—



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

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

13           “(B) OTHER ELIGIBLE WTC RESPONDERS  
14 IN NEW YORK.—With respect to other eligible  
15 WTC responders who reside in the New York  
16 Metropolitan area, the Mt. Sinai coordinated  
17 consortium, Queens College, State University of  
18 New York at Stony Brook, University of Medi-  
19 cine and Dentistry of New Jersey, and Bellevue  
20 Hospital.

21           “(C) WTC RESIDENTS AND OTHER NON-  
22 RESPONDERS IN NEW YORK.—With respect to  
23 eligible WTC residents and other non-respond-  
24 ers who reside in the New York Metropolitan  
25 area, the World Trade Center Environmental

1 Health Center at Bellevue Hospital and such  
2 hospitals or other facilities, including but not  
3 limited to those within the New York City  
4 Health and Hospitals Corporation, as are iden-  
5 tified by the WTC Program Administrator.

6 “(D) ALL ELIGIBLE WTC RESPONDERS  
7 AND ELIGIBLE WTC RESIDENTS AND OTHER  
8 NON-RESPONDERS.—With respect to all eligible  
9 WTC responders and eligible WTC residents  
10 and other non-responders, such other hospitals  
11 or other facilities as are identified by the WTC  
12 Program Administrator.

13 The WTC Program Administrator shall limit the  
14 number of additional Centers of Excellence identified  
15 under subparagraph (D) to ensure that the partici-  
16 pating centers have adequate experience in the treat-  
17 ment and diagnosis of identified WTC-related med-  
18 ical conditions.

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

22 “(A) FOR FDNY RESPONDERS.—With re-  
23 spect to an eligible WTC responder who re-  
24 sponded to the 9/11 attacks as an employee of

1 the Fire Department of the City of New York,  
2 such Fire Department.

3 “(B) OTHER WTC RESPONDERS.—With re-  
4 spect to other eligible WTC responders, the Mt.  
5 Sinai coordinated consortium.

6 “(C) WTC RESIDENTS AND OTHER NON-  
7 RESPONDERS.—With respect to eligible WTC  
8 residents and other non-responders, the World  
9 Trade Center Environmental Health Center at  
10 Bellevue Hospital.

11 “(3) CORRESPONDING CENTERS.—In this title,  
12 a Clinical Center of Excellence and a Coordinating  
13 Center of Excellence shall be treated as ‘cor-  
14 responding’ to the extent that such Clinical Center  
15 and Coordinating Center serve the same population  
16 group.

17 “(c) REIMBURSEMENT FOR NON-TREATMENT, NON-  
18 MONITORING PROGRAM COSTS.—A Clinical or Coordi-  
19 nating Center of Excellence with a contract under this sec-  
20 tion shall be reimbursed for the costs of such Center in  
21 carrying out the activities described in subsection (a),  
22 other than those described in subsection (a)(1)(A), subject  
23 to the provisions of section 3001(d), as follows:

1           “(1) CLINICAL CENTERS OF EXCELLENCE.—  
2 For carrying out subparagraphs (B) through (F) of  
3 subsection (a)(1)—

4           “(A) CLINICAL CENTER FOR FDNY RE-  
5 SPONDERS IN NEW YORK.—The Clinical Center  
6 of Excellence for FDNY Responders in New  
7 York specified in subsection (b)(1)(A) shall be  
8 reimbursed—

9           “(i) in the first year of the contract  
10 under this section, \$900 per participant in  
11 the medical treatment program, and \$400  
12 per participant in the monitoring program;  
13 and

14           “(ii) in each subsequent contract year,  
15 subject to paragraph (3), at the rates spec-  
16 ified in this subparagraph for the previous  
17 contract year adjusted by the WTC Pro-  
18 gram Administrator to reflect the rate of  
19 medical care inflation during the previous  
20 contract year.

21           “(B) CLINICAL CENTERS SERVING OTHER  
22 ELIGIBLE WTC RESPONDERS IN NEW YORK.—A  
23 Clinical Center of Excellence for other WTC re-  
24 sponders in New York specified in subsection

1 (b)(1)(B) shall be reimbursed the amounts  
2 specified in subparagraph (A).

3 “(C) CLINICAL CENTERS SERVING WTC  
4 RESIDENTS AND OTHER NON-RESPONDERS.—A  
5 Clinical Center of Excellence for eligible WTC  
6 residents and other non-responders in New  
7 York specified in subsection (b)(1)(C) shall be  
8 reimbursed—

9 “(i) for each participant in a medical  
10 treatment program enrolled at a non-hos-  
11 pital-based facility, the amount specified in  
12 subparagraph (A) per participant in a  
13 medical treatment program; and

14 “(ii) for each participant in a medical  
15 treatment program enrolled at a hospital-  
16 based facility,  $\frac{2}{3}$  of the amount specified  
17 in clause (i).

18 “(D) OTHER CLINICAL CENTERS.—A Clin-  
19 ical Center of Excellence or other providers not  
20 described in a previous subparagraph shall be  
21 reimbursed at a rate set by the WTC Program  
22 Administrator.

23 “(E) REIMBURSEMENT RULES.—The reim-  
24 bursement provided under subparagraphs (A),  
25 (B) and (C) shall be made for each participant

1 in the WTC program per year, regardless of the  
2 volume or cost of services required.

3 “(2) COORDINATING CENTERS OF EXCEL-  
4 LENCE.—A Coordinating Centers of Excellence spec-  
5 ified in section (a)(2) shall be reimbursed for the  
6 provision of services set forth in this section at such  
7 levels as are established by the WTC Program Ad-  
8 ministrator.

9 “(3) REVIEW OF RATES.—

10 “(A) INITIAL REVIEW.—Before the end of  
11 the fifth contract year of the WTC program,  
12 the WTC Program Administrator shall conduct  
13 a review to determine whether the reimburse-  
14 ment rates set forth in this subsection provide  
15 fair and appropriate reimbursement for such  
16 program services. Based on such review, the  
17 Administrator may, by rule beginning with the  
18 sixth contract year, may modify such rates, tak-  
19 ing into account a reasonable and fair rate for  
20 the services being provided.

21 “(B) SUBSEQUENT REVIEWS.—After the  
22 sixth contract year, the WTC Program Admin-  
23 istrator shall conduct periodic reviews to deter-  
24 mine whether the reimbursement rates in effect  
25 under this subsection provide fair and appro-

1           appropriate reimbursement for such program serv-  
2           ices. Based upon such a review, the Adminis-  
3           trator may by rule modify such rates, taking  
4           into account a reasonable and fair rate for the  
5           services being provided.

6           “(C) GAO REVIEW.—The Comptroller  
7           General of the United States shall review the  
8           Secretary’s determinations regarding fair and  
9           appropriate reimbursement for program services  
10          under this paragraph.

11          “(d) REQUIREMENTS.—The WTC Program Adminis-  
12         trator shall not enter into a contract with a Clinical Center  
13         of Excellence under subsection (a)(1) unless—

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

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

1           “(3) the Center collects and reports to the cor-  
2           responding Coordinating Center of Excellence data  
3           in accordance with section 3005;

4           “(4) the Center has in place safeguards against  
5           fraud that are satisfactory to the Administrator;

6           “(5) the Center agrees to treat or refer for  
7           treatment all individuals who are eligible WTC re-  
8           sponders or eligible WTC residents and other non-  
9           responders with respect to such Center who present  
10          themselves for treatment of a WTC-related health  
11          condition; and

12          “(6) the Center agrees to meet all the other ap-  
13          plicable requirements of this title, including regula-  
14          tions implementing such requirements.

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

16          “The Secretary may, to the extent determined appro-  
17          priate by the Secretary, establish with respect to the ter-  
18          rorist attack at the Pentagon on September 11, 2001, pro-  
19          grams similar to the programs that are established in sub-  
20          titles B and C with respect to the September 11, 2001,  
21          terrorist attacks on the World Trade Center.

22 **“SEC. 3008. ENTITLEMENT AUTHORITIES.**

23          “Subtitle B constitutes budget authority in advance  
24          of appropriations Acts and represents the obligation of the  
25          Federal Government to provide for the payment for moni-



1 toring and treatment in accordance with such subtitle and  
2 section 3006(c) constitutes such budget authority and rep-  
3 resents the obligation of the Federal Government to pro-  
4 vide for the payment described in such section.

5 **“SEC. 3009. DEFINITIONS.**

6 “In this title:

7 “(1) The term ‘aggravating’ means, with re-  
8 spect to a health condition, a health condition that  
9 existed on September 11, 2001, and that, as a result  
10 of exposure to airborne toxins, any other hazard, or  
11 any other adverse condition resulting from the Sep-  
12 tember 11, 2001, terrorist attacks on the World  
13 Trade Center requires medical treatment that is (or  
14 will be) in addition to, more frequent than, or of  
15 longer duration than the medical treatment that  
16 would have been required for such condition in the  
17 absence of such exposure.

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

21 “(3) The term ‘current consortium arrange-  
22 ments’ means the arrangements as in effect on the  
23 date of the enactment of this title between the Na-  
24 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 “(4) 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 “(5) The term ‘list of identified WTC-related  
8 health conditions’ means—

9 “(A) for eligible WTC responders, the  
10 identified WTC-related health condition for eli-  
11 gible WTC responders under section  
12 3012(a)(3); or

13 “(B) for eligible WTC residents and other  
14 non-responders, the identified WTC-related  
15 health condition for WTC residents and other  
16 responders under section 3022(b)(1).

17 “(6) The term ‘Mt.-Sinai-coordinated consor-  
18 tium’ means the consortium coordinated by Mt.  
19 Sinai hospital in New York City that coordinates the  
20 monitoring and treatment under the current consor-  
21 tium arrangements for eligible WTC responders  
22 other than with respect to those covered under the  
23 arrangement with the Fire Department for the City  
24 of New York.

1           “(7) The term ‘New York City disaster area’  
2 means the area within New York City that is—

3           “(A) the area of Manhattan that is south  
4 of Houston Street; and

5           “(B) any block in Brooklyn that is wholly  
6 or partially contained within a 1.5-mile radius  
7 of the former World Trade Center site.

8           “(8) The term ‘New York metropolitan area’  
9 means an area, specified by the WTC Program Ad-  
10 ministrator, within which eligible WTC responders  
11 and eligible WTC residents and other non-respond-  
12 ers who reside in such area are reasonably able to  
13 access monitoring and treatment benefits under this  
14 title through a Clinical Centers of Excellence de-  
15 scribed in subparagraphs (A), (B), or (C) of section  
16 3006(b)(1).

17           “(9) The term ‘September 11, 2001, terrorist  
18 attacks on the World Trade Center’ means the ter-  
19 rorist attacks that occurred on September 11, 2001,  
20 in New York City and includes the aftermath of  
21 such attacks.

22           “(10) The term ‘WTC Health Program Steer-  
23 ing Committee’ means such a Steering Committee  
24 established under section 3003.

1           “(11) The term ‘WTC Program Administrator’  
2 means the individual responsible under section  
3 3001(d) for the administration of the WTC pro-  
4 gram.

5           “(12) The term ‘WTC-related health condition’  
6 is defined in section 3012(a).

7           “(13) The term ‘WTC Scientific/Technical Ad-  
8 visory Committee’ means such Committee estab-  
9 lished under section 3002.

## 10           **“Subtitle B—Program of** 11           **Monitoring and Treatment**

### 12           **“PART 1—FOR WTC RESPONDERS**

#### 13           **“SEC. 3011. IDENTIFICATION OF ELIGIBLE WTC RESPOND-** 14           **ERS AND PROVISION OF WTC-RELATED MONI-** 15           **TORING SERVICES.**

16           “(a) ELIGIBLE WTC RESPONDER DEFINED.—

17           “(1) IN GENERAL.—For purposes of this title,  
18 the term ‘eligible WTC responder’ means any of the  
19 following individuals, subject to paragraph (5):

20           “(A) CURRENTLY IDENTIFIED RE-  
21 SPONDER.—An individual who has been identi-  
22 fied as eligible for medical monitoring under the  
23 current consortium arrangements (as defined in  
24 section 3009(3)).

1           “(B) RESPONDER WHO MEETS CURRENT  
2 ELIGIBILITY CRITERIA.—An individual who  
3 meets the current eligibility criteria described in  
4 paragraph (2).

5           “(C) RESPONDER WHO MEETS MODIFIED  
6 ELIGIBILITY CRITERIA.—An individual who—

7                   “(i) performed rescue, recovery, demo-  
8 lition, debris cleanup, or other related serv-  
9 ices in the New York City disaster area in  
10 response to the September 11, 2001, ter-  
11 rorist attacks on the World Trade Center,  
12 regardless of whether such services were  
13 performed by a State or Federal employee  
14 or member of the National Guard or other-  
15 wise; and

16                   “(ii) meets such eligibility criteria re-  
17 lating to exposure to airborne toxins, other  
18 hazards, or adverse conditions resulting  
19 from the September 11, 2001, terrorist at-  
20 tacks on the World Trade Center as the  
21 WTC Program Administrator, after con-  
22 sultation with the WTC Responders Steer-  
23 ing Committee and the WTC Scientific/  
24 Technical Advisory Committee, determines  
25 appropriate.

1           “(2) CURRENT ELIGIBILITY CRITERIA.—The  
2           eligibility criteria described in this paragraph for an  
3           individual is that the individual is described in either  
4           of the following categories:

5                   “(A) FIRE FIGHTERS AND RELATED PER-  
6                   SONNEL.—All members of the Fire Department  
7                   of the City of New York (whether fire or emer-  
8                   gency personnel, active or retired) who partici-  
9                   pated at least one day in the rescue and recov-  
10                  ery effort at any of the former World Trade  
11                  sites (including Ground Zero, Staten Island  
12                  land fill, and the NYC Chief Medical Exam-  
13                  iner’s office) for any time during the period be-  
14                  ginning on September 11, 2001, and ending on  
15                  July 31, 2002.

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

18                          “(i) worked or volunteered on-site in  
19                          rescue, recovery, debris-cleanup or related  
20                          support services in lower Manhattan (south  
21                          of Canal St.), the Staten Island Landfill,  
22                          or the barge loading piers, for at least 4  
23                          hours during the period beginning on Sep-  
24                          tember 11, 2001, and ending on Sep-  
25                          tember 14, 2001, for at least 24 hours

1 during the period beginning on September  
2 11, 2001, and ending on September 30,  
3 2001, or for at least 80 hours during the  
4 period beginning on September 11, 2001,  
5 and ending on July 31, 2002;

6 “(ii) was an employee of the Office of  
7 the Chief Medical Examiner of the City of  
8 New York involved in the examination and  
9 processing of human remains, or other  
10 morgue worker who performed similar  
11 post-September 11 functions for such Of-  
12 fice staff;

13 “(iii) was a worker in the Port Au-  
14 thority Trans-Hudson Corporation tunnel  
15 for at least 24 hours during the period be-  
16 ginning on February 1, 2002, and ending  
17 on July 1, 2002; or

18 “(iv) was a vehicle-maintenance work-  
19 er who was exposed to debris from the  
20 former World Trade Center while retriev-  
21 ing, driving, cleaning, repairing, and main-  
22 taining vehicles contaminated by airborne  
23 toxins from the September 11, 2001, ter-  
24 rorist attacks on the World Trade Center

1           during a duration and period described in  
2           subparagraph (A).

3           “(3) APPLICATION PROCESS.—The WTC Pro-  
4           gram Administrator in consultation with the Coordinating Centers of Excellence shall establish a process for individuals, other than eligible WTC responders described in paragraph (1)(A), to apply to be determined to be eligible WTC responders. Under such process—

10           “(A) there shall be no fee charged to the  
11           applicant for making an application for such  
12           determination; and

13           “(B) the Administrator shall make a determination on such an application not later than  
14           60 days after the date of filing the application.

16           “(4) CERTIFICATION.—

17           “(A) IN GENERAL.—In the case of an individual who is described in paragraph (1)(A) or  
18           who is determined under paragraph (3) (consistent with paragraph (5)) to be an eligible  
19           WTC responder, the WTC Program Administrator shall provide an appropriate certification  
20           of such fact and of eligibility for monitoring and treatment benefits under this part. The Administrator shall make determinations of eligi-  
21             
22             
23             
24             
25



1 bility relating to an applicant’s compliance with  
2 this title, including the verification of informa-  
3 tion submitted in support of the application,  
4 and shall not deny such a certification to an in-  
5 dividual unless the Administrator determines  
6 that—

7 “(i) based on the application sub-  
8 mitted, the individual does not meet the  
9 eligibility criteria; or

10 “(ii) the numerical limitation on eligi-  
11 ble WTC responders set forth in paragraph  
12 (5) has been met.

13 “(B) TIMING.—In the case of an individual  
14 who is determined under paragraph (3) and  
15 consistent with paragraph (5) to be an eligible  
16 WTC responder, the WTC Program Adminis-  
17 trator shall provide the certification under sub-  
18 paragraph (A) at the time of the determination.

19 “(5) NUMERICAL LIMITATION ON ELIGIBLE  
20 WTC RESPONDERS.—

21 “(A) IN GENERAL.—Notwithstanding any  
22 other provision of this title, the total number of  
23 individuals not described in subparagraph (C)  
24 who may qualify as eligible WTC responders for  
25 purposes of this title, and be certified as eligible

1 WTC responders under paragraph (4), shall not  
2 exceed 35,000.

3 “(B) PROCESS.—In implementing subpara-  
4 graph (A), the WTC Program Administrator  
5 shall—

6 “(i) limit the number of certifications  
7 provided under paragraph (4) in accord-  
8 ance with such subparagraph; and

9 “(ii) provide priority in such certifi-  
10 cations in the order in which individuals  
11 apply for a determination under paragraph  
12 (3).

13 “(C) CURRENTLY IDENTIFIED RESPOND-  
14 ERS NOT COUNTED.—Individuals described in  
15 this subparagraph are individuals who are de-  
16 scribed in paragraph (1)(A).

17 “(b) MONITORING BENEFITS.—

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

1 the City of New York, the responder shall receive  
2 such benefits as part of the individual's periodic  
3 company medical exams.

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

11 **“SEC. 3012. TREATMENT OF ELIGIBLE WTC RESPONDERS**  
12 **FOR WTC-RELATED HEALTH CONDITIONS.**

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

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

17 “(A) an illness or health condition for  
18 which exposure to airborne toxins, any other  
19 hazard, or any other adverse condition resulting  
20 from the September 11, 2001, terrorist attacks  
21 on the World Trade Center, based on an exam-  
22 ination by a medical professional with experi-  
23 ence in treating or diagnosing the medical con-  
24 ditions included in the applicable list of identi-  
25 fied WTC-related conditions, is substantially

1 likely to be a significant factor in aggravating,  
2 contributing to, or causing the illness or health  
3 condition, as determined under paragraph (2);  
4 or

5 “(B) a mental health condition for which  
6 such attacks, based on an examination by a  
7 medical professional with experience in treating  
8 or diagnosing the medical conditions included in  
9 the applicable list of identified WTC-related  
10 conditions, is substantially likely be a signifi-  
11 cant factor in aggravating, contributing to, or  
12 causing the condition, as determined under  
13 paragraph (2).

14 “(2) DETERMINATION.—The determination of  
15 whether the September 11, 2001, terrorist attacks  
16 on the World Trade Center were substantially likely  
17 to be a significant factor in aggravating, contrib-  
18 uting to, or causing an individual’s illness or health  
19 condition shall be made based on an assessment of  
20 the following:

21 “(A) The individual’s exposure to airborne  
22 toxins, any other hazard, or any other adverse  
23 condition resulting from the terrorist attacks.  
24 Such exposure shall be—

1           “(i) evaluated and characterized  
2           through the use of a standardized, popu-  
3           lation appropriate questionnaire approved  
4           by the Director of the National Institute  
5           for Occupational Safety and Health; and

6           “(ii) assessed and documented by a  
7           medical professional with experience in  
8           treating or diagnosing medical conditions  
9           included on the list of identified WTC-re-  
10          lated conditions.

11          “(B) The type of symptoms and temporal  
12          sequence of symptoms. Such symptoms shall  
13          be—

14               “(i) assessed through the use of a  
15               standardized, population appropriate med-  
16               ical questionnaire approved by Director of  
17               the National Institute for Occupational  
18               Safety and Health and a medical examina-  
19               tion; and

20               “(ii) diagnosed and documented by a  
21               medical professional described in subpara-  
22               graph (A)(ii).

23          “(3) LIST OF IDENTIFIED WTC-RELATED  
24          HEALTH CONDITIONS FOR ELIGIBLE WTC RESPOND-  
25          ERS.—For purposes of this title, the term ‘identified

1 WTC-related health condition for eligible WTC re-  
2 sponders' means any of the following health condi-  
3 tions, and any condition specified under paragraph  
4 (4):

5 “(A) AERODIGESTIVE DISORDERS.—

6 “(i) Interstitial lung diseases.

7 “(ii) Chronic respiratory disorder-  
8 fumes/vapors.

9 “(iii) Asthma.

10 “(iv) Reactive airways dysfunction  
11 syndrome (RADS).

12 “(v) WTC-exacerbated chronic ob-  
13 structive pulmonary disease (COPD).

14 “(vi) Chronic cough syndrome.

15 “(vii) Upper airway hyperreactivity.

16 “(viii) Chronic rhinosinusitis.

17 “(ix) Chronic nasopharyngitis.

18 “(x) Chronic laryngitis.

19 “(xi) Gastro-esophageal reflux dis-  
20 order (GERD).

21 “(xii) Sleep apnea exacerbated by or  
22 related to a condition described in a pre-  
23 vious clause.

24 “(B) MENTAL HEALTH CONDITIONS.—

1                   “(i) Post traumatic stress disorder  
2                   (PTSD).

3                   “(ii) Major depressive disorder.

4                   “(iii) Panic disorder.

5                   “(iv) Generalized anxiety disorder.

6                   “(v) Anxiety disorder (not otherwise  
7                   specified).

8                   “(vi) Depression (not otherwise speci-  
9                   fied).

10                  “(vii) Acute stress disorder.

11                  “(viii) Dysthymic disorder.

12                  “(ix) Adjustment disorder.

13                  “(x) Substance abuse.

14                  “(xi) V codes (treatments not specifi-  
15                  cally related to psychiatric disorders, such  
16                  as marital problems, parenting problems,  
17                  etc.)

18                  “(C) MUSCULOSKELETAL DISORDERS.—

19                   “(i) Low back pain.

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

21                   “(iii) Other musculoskeletal disorders.

22                  “(4) APPLICATION FOR ADDITIONAL IDENTI-  
23                  FIED WTC-RELATED HEALTH CONDITIONS FOR ELI-  
24                  GIBLE WTC RESPONDERS.—

1           “(A) APPLICATION.—Any individual or or-  
2           ganization can apply to the WTC Program Ad-  
3           ministrators for an illness or health condition  
4           not described in paragraph (3) to be added to  
5           the list of identified WTC-related conditions for  
6           eligible WTC responders.

7           “(B) REVIEW.—The WTC Program Ad-  
8           ministrators shall establish a public process for  
9           receiving public input and comments on any ap-  
10          plication under subparagraph (A).

11          “(C) CONSIDERATIONS.—In making deter-  
12          minations on such applications, the WTC Pro-  
13          gram Administrator shall give deference to the  
14          findings and recommendations of Clinical Cen-  
15          ters of Excellence published in peer reviewed  
16          journals in the determination of whether an ad-  
17          ditional illness or health condition, such as can-  
18          cer, should be added to the list of identified  
19          WTC-related health conditions for eligible WTC  
20          responders.

21          “(D) CONSULTATION.—The WTC Pro-  
22          gram Administrator shall consult with the WTC  
23          Responders Steering Committee and the WTC  
24          Scientific/Technical Advisory Committee in  
25          making a determination on whether an addi-



1           tional health condition should be added to the  
2           list of identified WTC-related conditions for eli-  
3           gible WTC responders.

4           “(E) DETERMINATION.—The WTC Pro-  
5           gram Administrator shall add an illness or  
6           health condition to the list of identified WTC-  
7           related health conditions for eligible WTC re-  
8           sponders if, based on a review of the evidence  
9           and consultations conducted under subpara-  
10          graphs (B), (C), and (D), the Administrator de-  
11          termines that exposure to airborne toxins, other  
12          hazards, or other adverse conditions resulting  
13          from the September 11, 2001, terrorist attacks  
14          on the World Trade Center is substantially like-  
15          ly to be a significant factor in aggravating, con-  
16          tributing to, or causing the illness or health  
17          condition.

18          “(b) COVERAGE OF TREATMENT FOR WTC-RELATED  
19          HEALTH CONDITIONS.—

20                 “(1) DETERMINATION BASED ON AN IDENTI-  
21                 FIED WTC-RELATED HEALTH CONDITION FOR ELIGI-  
22                 BLE WTC RESPONDERS.—

23                         “(A) IN GENERAL.—If a physician at a  
24                         Clinical Center of Excellence that is providing  
25                         monitoring benefits under section 3011 for an

1 eligible WTC responder determines that the re-  
2 sponder has an identified WTC-related health  
3 condition, and the physician makes a clinical  
4 determination that exposure to airborne toxins,  
5 other hazards, or adverse conditions resulting  
6 from the 9/11 terrorist attacks is substantially  
7 likely to be a significant factor in aggravating,  
8 contributing to, or causing the condition—

9 “(i) the physician shall promptly  
10 transmit such determination to the WTC  
11 Program Administrator and provide the  
12 Administrator with the medical facts sup-  
13 porting such determination; and

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

19 “(B) REVIEW; CERTIFICATION; AP-  
20 PEALS.—

21 “(i) REVIEW.—A Federal employee  
22 designated by the WTC Program Adminis-  
23 trator shall review determinations made  
24 under subparagraph (A)(i) of a WTC-re-  
25 lated health condition.

1           “(ii) CERTIFICATION.—The Adminis-  
2           trator shall provide a certification of cov-  
3           erage of the treatment of such condition  
4           based upon reviews conducted under clause  
5           (i). Such a certification shall be provided  
6           unless the Administrator determines that  
7           the responder’s condition is not an identi-  
8           fied WTC-related health condition or that  
9           exposure to airborne toxins, other hazards,  
10          or adverse conditions resulting from the 9/  
11          11 terrorist attacks is not substantially  
12          likely to be a significant factor in signifi-  
13          cantly aggravating, contributing to, or  
14          causing the condition.

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

18          “(2) DETERMINATION BASED ON OTHER WTC-  
19          RELATED HEALTH CONDITION.—

20           “(A) IN GENERAL.—If a physician at a  
21          Clinical Center of Excellence determines pursu-  
22          ant to subsection (a) that the eligible WTC re-  
23          sponder has a WTC-related health condition  
24          that is not an identified WTC-related health  
25          condition for eligible WTC responders—

1           “(i) the physician shall promptly  
2           transmit such determination to the WTC  
3           Program Administrator and provide the  
4           Administrator with the facts supporting  
5           such 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) for medically  
11          necessary treatment for such condition.

12          “(B) REVIEW; CERTIFICATION.—

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

23                 “(ii) REVIEW OF RECOMMENDATIONS  
24                 OF PANEL; CERTIFICATION.—The Adminis-  
25                 trator, based on such recommendations

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

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

17 “(4) SCOPE OF TREATMENT COVERED.—

18 “(A) IN GENERAL.—The scope of treat-  
19 ment covered under such paragraphs includes  
20 services of physicians and other health care pro-  
21 viders, diagnostic and laboratory tests, prescrip-  
22 tion drugs, inpatient and outpatient hospital  
23 services, and other medically necessary treat-  
24 ment.

1           “(B) PHARMACEUTICAL COVERAGE.—With  
2           respect to ensuring coverage of medically nec-  
3           essary outpatient prescription drugs, such drugs  
4           shall be provided, under arrangements made by  
5           the WTC Program Administrator, directly  
6           through participating Clinical Centers of Excel-  
7           lence or through one or more outside vendors.

8           “(5) PROVISION OF TREATMENT PENDING CER-  
9           TIFICATION.—In the case of an eligible WTC re-  
10          sponder who has been determined by an examining  
11          physician under subsection (b)(1) to have an identi-  
12          fied WTC-related health condition, but for whom a  
13          certification of the determination has not yet been  
14          made by the WTC Program Administrator, medical  
15          treatment may be provided under this subsection  
16          until the Administrator makes a decision on such  
17          certification. Medical treatment provided under this  
18          paragraph shall be considered to be medical treat-  
19          ment for which payment may be made under sub-  
20          section (c).

21          “(c) PAYMENT FOR MEDICAL MONITORING AND  
22          TREATMENT OF WTC-RELATED HEALTH CONDITIONS.—

23                 “(1) MEDICAL TREATMENT.—

24                         “(A) USE OF MEDICARE PAYMENT  
25                         RATES.—

1           “(i) IN GENERAL.—Subject to sub-  
2           paragraph (B), the WTC Program Admin-  
3           istrator shall reimburse costs for medically  
4           necessary treatment under this title for  
5           WTC-related health conditions provided  
6           under this title in a facility for which a  
7           payment rate is established under the  
8           Medicare program under title XVIII of the  
9           Social Security Act at the applicable per-  
10          centage of such Medicare payment rate.

11          “(ii) APPLICABLE PERCENTAGE.—For  
12          purposes of this subparagraph, the term  
13          ‘applicable percentage’ means—

14                 “(I) 115 percent for treatment  
15                 provided by a hospital or an ambula-  
16                 tory care facility; or

17                 “(II) 130 percent for other treat-  
18                 ment.

19          “(B) PHARMACEUTICALS.—

20                 “(i) IN GENERAL.—The WTC Pro-  
21                 gram Administrator shall establish a pro-  
22                 gram for paying for the medically nec-  
23                 essary outpatient prescription pharma-  
24                 ceuticals prescribed under this title for

1 WTC-related conditions through one or  
2 more contracts with outside vendors.

3 “(ii) COMPETITIVE BIDDING.—Under  
4 such program the Administrator shall—

5 “(I) select one or more appro-  
6 priate vendors through a Federal com-  
7 petitive bid process; and

8 “(II) select the lowest bidder (or  
9 bidders) meeting the requirements for  
10 providing pharmaceutical benefits for  
11 participants in the WTC program.

12 “(iii) TREATMENT OF FDNY PARTICI-  
13 PANTS.—Under such program the Admin-  
14 istrator may enter select a separate vendor  
15 to provide pharmaceutical benefits to eligi-  
16 ble WTC responders for whom the Clinical  
17 Center of Excellence is described in section  
18 3006(b)(1)(A) if such an arrangement is  
19 deemed necessary and beneficial to the  
20 program by the WTC Program Adminis-  
21 trator.

22 “(C) OTHER TREATMENT.—For treatment  
23 not covered under a preceding subparagraph,  
24 the WTC Program Administrator shall des-  
25 ignate a reimbursement rate for each such serv-



1           ice based upon the rates of reimbursement spec-  
2           ified in the preceding subparagraphs.

3           “(2) MEDICAL MONITORING.—The WTC Pro-  
4           gram Administrator shall reimburse the costs of  
5           medical monitoring provided under this title at a  
6           rate set by the Administrator.

7           “(3) ADMINISTRATIVE ARRANGEMENT AUTHOR-  
8           ITY.—The WTC Program Administrator may enter  
9           into arrangements with other government agencies,  
10          insurance companies, or other third-party adminis-  
11          trators to provide for timely and accurate processing  
12          of claims under this section.

13          “(4) PARTICIPATION BY NEW YORK CITY IN  
14          TREATMENT COSTS.—

15                 “(A) IN GENERAL.—The amount of the  
16                 covered treatment payment (as defined in sub-  
17                 paragraph (B)) for a fiscal year shall be re-  
18                 duced by an amount equal to 5 percent of the  
19                 amount of the covered treatment payment that  
20                 would be made for the fiscal year but for this  
21                 paragraph.

22                 “(B) COVERED TREATMENT PAYMENT DE-  
23                 FINED.—For purposes of this paragraph, the  
24                 term ‘covered treatment payment’ means pay-  
25                 ment under paragraph (1), including under

1           such paragraph as applied under section  
2           3022(a), for items and services furnished by a  
3           Clinical Center of Excellence within the New  
4           York City Health and Hospitals Corporation to  
5           eligible WTC responders and to eligible WTC  
6           residents or other non-responders. Such pay-  
7           ment shall be determined after the application  
8           of paragraphs (2) and (3) of section 3001(d).

9           “(d) MEDICAL TREATMENT PROTOCOLS.—

10           “(1) DEVELOPMENT.—The Coordinating Cen-  
11           ters of Excellence shall develop medical treatment  
12           protocols for the treatment of eligible WTC respond-  
13           ers and eligible WTC residents and other non-re-  
14           sponders for identified WTC-related health condi-  
15           tions under subsection (b).

16           “(2) APPROVAL.—The WTC Program Adminis-  
17           trator shall approve the medical treatment protocols,  
18           in consultation with the WTC Health Program  
19           Steering Committees.

1                   **“PART 2—COMMUNITY PROGRAM**

2   **“SEC. 3021. IDENTIFICATION OF ELIGIBLE WTC RESIDENTS**  
3                   **AND OTHER NON-RESPONDERS AND PROVI-**  
4                   **SION OF WTC-RELATED MONITORING SERV-**  
5                   **ICES.**

6           “(a) ELIGIBLE WTC RESIDENT AND OTHER NON-  
7 RESPONDER DEFINED.—

8                   “(1) IN GENERAL.—In this title, the term ‘eligi-  
9 ble WTC resident and other non-responder’ means,  
10 subject to paragraph (3), an individual who is not an  
11 eligible WTC responder and is described in any of  
12 the following subparagraphs:

13                   “(A) A person who was present in the New  
14 York City disaster area in the dust or dust  
15 cloud on September 11, 2001.

16                   “(B) A person who worked, resided or at-  
17 tended school, child care or adult day care in  
18 the New York City disaster area for—

19                           “(i) at least four days during the 4-  
20 month period beginning on September 11,  
21 2001, and ending on January 10, 2002; or

22                           “(ii) at least 30 days during the pe-  
23 riod beginning on September 11, 2001,  
24 and ending on July 31, 2002.

25                   “(C) Any person who worked as a clean-up  
26 worker or performed maintenance work in the

1 New York City disaster area during the 4-  
2 month period described in subparagraph (B)(i)  
3 and had extensive exposure to WTC dust as a  
4 result of such work.

5 “(D) A person who was deemed eligible to  
6 receive a grant from the Lower Manhattan De-  
7 velopment Corporation Residential Grant Pro-  
8 gram, who possessed a lease for a residence or  
9 purchased a residence in the New York City  
10 disaster area, and who resided in such residence  
11 during the period beginning on September 11,  
12 2001, and ending on May 31, 2003.

13 “(E) A person whose place of employ-  
14 ment—

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

19 “(ii) was deemed eligible to receive a  
20 grant from the Lower Manhattan Develop-  
21 ment Corporation WTC Small Firms At-  
22 traction and Retention Act program or  
23 other government incentive program de-  
24 signed to revitalize the Lower Manhattan  
25 economy after the September 11, 2001,

1           terrorist attacks on the World Trade Cen-  
2           ter.

3           “(F) A person who was receiving treat-  
4           ment as of the date of the enactment of this  
5           title at the World Trade Center Environmental  
6           Health Center operated by the New York City  
7           Health and Hospitals Corporation.

8           “(2) ELIGIBILITY CRITERIA.—In establishing  
9           eligibility criteria for purposes of subparagraphs (A)  
10          through (C) of paragraph (1) and for purposes of  
11          section 3011(a)(1)(D), the WTC Program Adminis-  
12          trator shall—

13                 “(A) take into account the period, and, to  
14                 the extent feasible, intensity, of exposure to air-  
15                 borne toxins, other hazard, or other adverse  
16                 condition;

17                 “(B) base such criteria on best available  
18                 evidence of exposure and related adverse health  
19                 effects; and

20                 “(C) consult with the WTC Community  
21                 Program Steering Committee, Coordinating  
22                 Centers of Excellence described in section  
23                 3006(b)(1)(C), and affected populations.

1 The Administrator shall first establish such criteria  
2 not later than 90 days after the date of the enact-  
3 ment of this title.

4 “(3) APPLICATION PROCESS.—The WTC Pro-  
5 gram Administrator in consultation with the Coordin-  
6 ating Centers of Excellence shall establish a proc-  
7 ess for individuals to be determined eligible WTC  
8 residents and other non-responders. Under such  
9 process—

10 “(A) there shall be no fee charged to the  
11 applicant for making an application for such  
12 determination; and

13 “(B) the Administrator shall make a deter-  
14 mination on such an application not later than  
15 60 days after the date of filing the application.

16 “(4) CERTIFICATION.—

17 “(A) IN GENERAL.—In the case of an indi-  
18 vidual who is determined under paragraph (3)  
19 and consistent with paragraph (5) to be an eli-  
20 gible WTC resident or other non-responder, the  
21 WTC Program Administrator shall provide an  
22 appropriate certification of such fact and of eli-  
23 gibility for monitoring and treatment benefits  
24 under this part. The Administrator shall make  
25 determinations of eligibility relating to an appli-

1           cant’s compliance with this title, including the  
2           verification of information submitted in support  
3           of the application and shall not deny such a  
4           certification to an individual unless the Admin-  
5           istrator determines that—

6                   “(i) based on the application sub-  
7                   mitted, the individual does not meet the  
8                   eligibility criteria; or

9                   “(ii) the numerical limitation on eligi-  
10                  ble WTC residents and other non-respond-  
11                  ers set forth in paragraph (5) has been  
12                  met.

13               “(B) TIMING.—In the case of an individual  
14               who is determined under paragraph (3) and  
15               consistent with paragraph (5) to be an eligible  
16               WTC resident or other non-responder, the WTC  
17               Program Administrator shall provide the certifi-  
18               cation under subparagraph (A) at the time of  
19               such determination.

20               “(5) NUMERICAL LIMITATION ON ELIGIBLE  
21               WTC RESIDENTS AND OTHER NON-RESPONDERS.—

22                   “(A) IN GENERAL.—Notwithstanding any  
23                   other provision of this title, the total number of  
24                   individuals not described in subparagraph (C)  
25                   who may qualify as eligible WTC residents and

1 other non-responders for purposes of this title,  
2 and be certified as eligible WTC residents and  
3 other non-responders under paragraph (4),  
4 shall not exceed 35,000.

5 “(B) PROCESS.—In implementing subpara-  
6 graph (A), the WTC Program Administrator  
7 shall—

8 “(i) limit the number of certifications  
9 provided under paragraph (4) in accord-  
10 ance with such subparagraph; and

11 “(ii) provide priority in such certifi-  
12 cations in the order in which individuals  
13 apply for a determination under paragraph  
14 (3).

15 “(C) INDIVIDUALS CURRENTLY RECEIVING  
16 MONITORING OR TREATMENT NOT COUNTED.—  
17 Individuals described in this subparagraph are  
18 individuals who, before the date of the enact-  
19 ment of this title, have received any monitoring  
20 described in subsection (b)(1) or have received  
21 any treatment described in section 3022(a) for  
22 an identified WTC-related condition for eligible  
23 WTC residents and other non-responders.

24 “(b) MONITORING BENEFITS.—



1           “(1) IN GENERAL.—In the case of an eligible  
2           WTC resident or other non-responder, the WTC pro-  
3           gram shall provide for monitoring benefits that in-  
4           clude medical monitoring consistent with protocols  
5           approved by the WTC Program Administrator, in  
6           consultation with the World Trade Center Environ-  
7           mental Health Center at Bellevue Hospital and the  
8           WTC Community Program Steering Committee, and  
9           including screening, clinical examinations, and long-  
10          term health monitoring and analysis.

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

15   **“SEC. 3022. TREATMENT OF ELIGIBLE WTC RESIDENTS AND**  
16                   **OTHER NON-RESPONDERS FOR WTC-RE-**  
17                   **LATED HEALTH CONDITIONS.**

18           “(a) IN GENERAL.—Subject to subsection (b), the  
19          provisions of section 3012 shall apply to the treatment of  
20          WTC-related health conditions for eligible WTC residents  
21          and other non-responders in the same manner as such pro-  
22          visions apply to the treatment of identified WTC-related  
23          health conditions for eligible WTC responders, except that  
24          an eligible WTC resident or other non-responder need not  
25          be receiving monitoring benefits to receive treatment for

1 a WTC-related health condition for eligible WTC residents  
2 and other non-responders.

3 “(b) LIST OF IDENTIFIED WTC-RELATED HEALTH  
4 CONDITIONS FOR WTC RESIDENTS AND OTHER NON-RE-  
5 SPONDERS.—

6 “(1) IDENTIFIED WTC-RELATED HEALTH CON-  
7 DITIONS FOR WTC RESIDENTS AND OTHER NON-RE-  
8 SPONDERS.—For purposes of this title, the term  
9 ‘identified WTC-related health conditions for WTC  
10 residents and non-responder’ means any of the fol-  
11 lowing health conditions, and any condition specified  
12 under paragraph (2):

13 “(A) AERODIGESTIVE DISORDERS.—

14 “(i) Interstitial lung diseases.

15 “(ii) Chronic respiratory disorder—  
16 fumes/vapors.

17 “(iii) Asthma.

18 “(iv) Reactive airways dysfunction  
19 syndrome (RADS).

20 “(v) WTC-exacerbated chronic ob-  
21 structive pulmonary disease (COPD).

22 “(vi) Chronic cough syndrome.

23 “(vii) Upper airway hyperreactivity.

24 “(viii) Chronic rhinosinusitis.

25 “(ix) Chronic nasopharyngitis.

1 “(x) Chronic laryngitis.

2 “(xi) Gastro-esophageal reflux dis-  
3 order (GERD).

4 “(xii) Sleep apnea exacerbated by or  
5 related to a condition described in a pre-  
6 vious clause.

7 “(B) MENTAL HEALTH CONDITIONS.—

8 “(i) Post traumatic stress disorder  
9 (PTSD).

10 “(ii) Major depressive disorder.

11 “(iii) Panic disorder.

12 “(iv) Generalized anxiety disorder.

13 “(v) Anxiety disorder (not otherwise  
14 specified).

15 “(vi) Depression (not otherwise speci-  
16 fied).

17 “(vii) Acute stress disorder.

18 “(viii) Dysthymic disorder.

19 “(ix) Adjustment disorder.

20 “(x) Substance abuse.

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

1           “(2) APPLICATION FOR ADDITIONAL IDENTI-  
2 FIED WTC-RELATED HEALTH CONDITIONS FOR WTC  
3 RESIDENTS AND OTHER NON-RESPONDERS.—The  
4 provisions of paragraph (4) of section 3012(a) shall  
5 apply with respect to an addition to the list of iden-  
6 tified WTC-related conditions for eligible WTC resi-  
7 dents and other non-responders under paragraph (1)  
8 in the same manner as such provisions apply to the  
9 addition to the list of identified WTC-related condi-  
10 tions for eligible WTC responders under section  
11 3012(a)(3).

12 **“SEC. 3023. TREATMENT OF OTHER INDIVIDUALS WITH**  
13 **WTC-RELATED HEALTH CONDITIONS.**

14           “(a) IN GENERAL.—Subject to subsection (c), the  
15 provisions of section 3022 shall apply to the treatment of  
16 WTC-related health conditions for eligible WTC residents  
17 and other non-responders in the case of individuals de-  
18 scribed in subsection (b) in the same manner as such pro-  
19 visions apply to the treatment of WTC-related health con-  
20 ditions for WTC residents and other non-responders.

21           “(b) INDIVIDUALS DESCRIBED.—An individual de-  
22 scribed in this subsection is an individual who, regardless  
23 of location of residence—

24                   “(1) is not a eligible WTC responder or an eli-  
25 gible WTC resident or other non-responder; and

1           “(2) is diagnosed at a Clinical Center of Excel-  
2           lence (with respect to an eligible WTC resident or  
3           other non-responder) with an identified WTC-related  
4           health condition for WTC residents and other non-  
5           responders.

6           “(c) LIMITATION.—

7           “(1) IN GENERAL.—The WTC Program Admin-  
8           istrator shall limit benefits for any fiscal year under  
9           subsection (a) in a manner so that payments under  
10          this section for such fiscal year do not exceed the  
11          amount specified in paragraph (2) for such fiscal  
12          year.

13          “(2) LIMITATION.—The amount specified in  
14          this paragraph for—

15                 “(A) fiscal year 2009 is \$20,000,000; or

16                 “(B) a succeeding fiscal year is the  
17                 amount specified in this paragraph for the pre-  
18                 vious fiscal year increased by the annual per-  
19                 centage increase in the medical care component  
20                 of the consumer price index for all urban con-  
21                 sumers.

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

4 **“SEC. 3031. NATIONAL ARRANGEMENT FOR BENEFITS FOR**  
5 **ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.**

6 “(a) IN GENERAL.—In order to ensure reasonable ac-  
7 cess to monitoring and treatment benefits under this sub-  
8 title for individuals who are eligible WTC responders or  
9 eligible WTC residents or other nonresponders and who  
10 reside in any State, as defined in section 2(f), outside the  
11 New York metropolitan area, the WTC Program Adminis-  
12 trator shall establish a nationwide network of health care  
13 providers to provide such monitoring and treatment bene-  
14 fits near such individuals’ areas of residence in such  
15 States, or to establish a mechanism whereby individuals  
16 who are entitled to benefits for such monitoring or treat-  
17 ment can be reimbursed for the cost of such monitoring  
18 or treatment. Nothing in this subsection shall be construed  
19 as preventing such individuals from being provided such  
20 monitoring and treatment benefits through a Clinical Cen-  
21 ter of Excellence.

22 “(b) NETWORK REQUIREMENTS.—Any health care  
23 provider participating in the network under subsection (a)  
24 shall—

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

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

3           “(3) collect and report data in accordance with  
4           section 3005.

5           **“Subtitle C—Research Into**  
6           **Conditions**

7           **“SEC. 3041. RESEARCH REGARDING CERTAIN HEALTH CON-**  
8           **DITIONS RELATED TO SEPTEMBER 11 TER-**  
9           **RORIST ATTACKS IN NEW YORK CITY.**

10          “(a) IN GENERAL.—With respect to individuals, in-  
11          cluding eligible WTC responders and non-responders, re-  
12          ceiving monitoring under subtitle B, the WTC Program  
13          Administrator shall conduct or support—

14               “(1) research on physical and mental health  
15               conditions that may be related to the September 11,  
16               2001, terrorist attacks;

17               “(2) research on diagnosing WTC-related  
18               health conditions of such individuals, in the case of  
19               conditions for which there has been diagnostic un-  
20               certainty; and

21               “(3) research on treating WTC-related health  
22               conditions of such individuals, in the case of condi-  
23               tions for which there has been treatment uncer-  
24               tainty.

1 The Administrator may provide such support through con-  
2 tinuation and expansion of research that was initiated be-  
3 fore the date of the enactment of this title and through  
4 the World Trade Center Health Registry (referred to in  
5 section 3051).

6 “(b) TYPES OF RESEARCH.—The research under  
7 subsection (a)(1) shall include epidemiologic studies on  
8 WTC-related conditions or emerging conditions—

9 “(1) among WTC responders, residents, and  
10 non-responders under treatment; and

11 “(2) in sampled populations outside the New  
12 York City disaster area in Manhattan as far north  
13 as 14th Street and in Brooklyn, along with control  
14 populations, to identify potential for long-term ad-  
15 verse health effects in less exposed populations.

16 “(c) CONSULTATION.—The WTC Program Adminis-  
17 trator shall carry out this section in consultation with the  
18 WTC Health Program Steering Committees and the WTC  
19 Scientific/Technical Advisory Committee.

20 “(d) APPLICATION OF PRIVACY AND HUMAN SUB-  
21 JECT PROTECTIONS.—The privacy and human subject  
22 protections applicable to research conducted under this  
23 section shall not be less than such protections applicable  
24 to research otherwise conducted by the National Institutes  
25 of Health.



1       “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
2 purpose of carrying out this section, there are authorized  
3 to be appropriated \$15,000,000 for each fiscal year, in  
4 addition to any other authorizations of appropriations that  
5 are available for such purpose.

6       **“Subtitle D—Programs of the New**  
7       **York City Department of Health**  
8       **and Mental Hygiene**

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

10       “(a) PROGRAM EXTENSION.—For the purpose of en-  
11 suring on-going data collection for victims of the Sep-  
12 tember 11, 2001, terrorist attacks on the World Trade  
13 Center, the WTC Program Administrator, shall extend  
14 and expand the arrangements in effect as of January 1,  
15 2008, with the New York City Department of Health and  
16 Mental Hygiene that provide for the World Trade Center  
17 Health Registry.

18       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated \$7,000,000 for each fis-  
20 cal year to carry out this section.

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

22       “(a) IN GENERAL.—The WTC Program Adminis-  
23 trator may make grants to the New York City Department  
24 of Health and Mental Hygiene to provide mental health  
25 services to address mental health needs relating to the

1 September 11, 2001, terrorist attacks on the World Trade  
2 Center.

3 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated \$8,500,000 for each fis-  
5 cal year to carry out this section.”.

6 **TITLE II—SEPTEMBER 11 VICTIM**  
7 **COMPENSATION FUND OF 2001**

8 **SEC. 201. DEADLINE EXTENSION FOR CERTAIN CLAIMS**  
9 **UNDER SEPTEMBER 11 VICTIM COMPENSA-**  
10 **TION FUND OF 2001.**

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

14 “(3) LIMITATION.—

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

18 “(B) EXCEPTIONS.—

19 “(i) IN GENERAL.—A claim may be  
20 filed under paragraph (1) by an individual  
21 (or by a personal representative on behalf  
22 of a deceased individual) during the period  
23 described in clause (ii), if the Special Mas-  
24 ter determines that—

1           “(I) the individual first knew  
2           that the individual had suffered a  
3           physical 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, after December 22,  
7           2003, and before the date that is 5  
8           years after the date of the enactment  
9           of the James Zadroga 9/11 Health  
10          and Compensation Act of 2008;

11          “(II) the individual did not for  
12          any reason other than as described in  
13          subclause (I) know that the individual  
14          was eligible to file a claim under para-  
15          graph (1) until after December 22,  
16          2003;

17          “(III) the individual filed a claim  
18          under this title before, on, or after  
19          December 22, 2003, and suffered a  
20          significantly greater physical harm as  
21          a result of the terrorist-related air-  
22          craft crashes of September 11, 2001,  
23          or the aftermath of such attacks, than  
24          was known to the individual as of the  
25          date the most recent previous claim

1 was filed, and before the date that is  
2 5 years after the date of the enact-  
3 ment of the James Zadroga 9/11  
4 Health and Compensation Act of  
5 2008; or

6 “(IV) the individual was not eli-  
7 gible to file a claim under this title be-  
8 fore December 22, 2003, but who be-  
9 comes so eligible because of the  
10 amendments made by the James  
11 Zadroga 9/11 Health and Compensa-  
12 tion Act of 2008.

13 “(ii) PERIOD.—

14 “(I) IN GENERAL.—Except as  
15 provided in subclause (II), the period  
16 described in this clause is the two-  
17 year period beginning on the date of  
18 the enactment of the James Zadroga  
19 9/11 Health and Compensation Act of  
20 2008.

21 “(II) EXCEPTION.—In the case  
22 of an individual who first knew on a  
23 date after such date of enactment that  
24 the individual had suffered physical  
25 harm described in subclause (I) of

1 clause (i) or a significantly greater  
2 harm, described in subclause (III) of  
3 such clause, the period described in  
4 this clause is the two-year period be-  
5 ginning on the date the individual  
6 first acquired such knowledge.”.

7 **SEC. 202. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN**  
8 **CERTAIN CIRCUMSTANCES.**

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

12 “(A) SINGLE CLAIM.—

13 “(i) IN GENERAL.—Except as pro-  
14 vided by clause (ii), not more than 1 claim  
15 may be submitted under this title by an in-  
16 dividual or on behalf of a deceased indi-  
17 vidual.

18 “(ii) EXCEPTION.—A second claim  
19 may be filed under subsection (a)(1) by an  
20 individual (or by a personal representative  
21 on behalf of a deceased individual) if the  
22 individual is an individual described in  
23 clause (i)(II), (i)(III), or (ii)(II) of sub-  
24 section (a)(3)(B).”.

1 **SEC. 203. IMMEDIATE AFTERMATH DEFINED.**

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

6 “(11) IMMEDIATE AFTERMATH.—In section  
7 405(c)(2)(A)(i), the term ‘immediate aftermath’  
8 means any period beginning with the terrorist-re-  
9 lated aircraft crashes of September 11, 2001, and  
10 ending on July 31, 2002.”.

11 **SEC. 204. ELIGIBLE INDIVIDUALS TO INCLUDE ELIGIBLE**  
12 **WTC RESPONDERS AND ELIGIBLE WTC RESI-**  
13 **DENTS AND OTHER NON-RESPONDERS.**

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

17 (1) in subparagraph (A)(i), by striking “at the  
18 World Trade Center, (New York, New York), the  
19 Pentagon (Arlington, Virginia), or”and inserting  
20 “within the New York City disaster area (as defined  
21 in section 3009 of the Public Health Service Act) or  
22 any area (such as marine transport stations, barges,  
23 trucks in transit, and Fresh Kills in Staten Island,  
24 and including loading, unloading, sorting, and sifting  
25 areas) at which debris from the former World Trade

1 Center was handled, at the Pentagon (Arlington,  
2 Virginia), or at”;

3 (2) in subparagraph (A)(ii), by inserting “or  
4 the handling of such debris” after “such an air  
5 crash”;

6 (3) in subparagraph (B), at the end by striking  
7 “or”;

8 (4) in subparagraph (C), by striking “subpara-  
9 graph (A) or (B)” and inserting “subparagraph (A),  
10 (B), or (C)”;

11 (5) by redesignating subparagraph (C) as sub-  
12 paragraph (D); and

13 (6) by adding after subparagraph (B) the fol-  
14 lowing new subparagraph:

15 “(C) an individual who is an eligible WTC  
16 responder or an eligible WTC resident or other  
17 non-responder, as defined in sections 3011(a)  
18 and 3021(a), respectively, of the Public Health  
19 Service Act; or”.

20 **SEC. 205. LIMITED COVERAGE FOR ADDITIONAL INDIVID-**  
21 **UALS.**

22 (a) **ADDITIONAL INDIVIDUALS.**—Section 405(c) of  
23 the Air Transportation Safety and System Stabilization  
24 Act (49 U.S.C. 40101 note) is amended—

1           (1) in paragraph (2), by inserting “, or is de-  
2           scribed in paragraph (4)” before the semicolon at  
3           the end; and

4           (2) by adding at the end the following new  
5           paragraph:

6           “(4) ADDITIONAL INDIVIDUALS.—An individual  
7           described in this paragraph is an individual who—

8                   “(A) is diagnosed at a Clinical Center of  
9                   Excellence (with respect to an eligible WTC  
10                  resident or other non-responder) under title  
11                  XXX of the Public Health Service Act with an  
12                  identified WTC-related health condition for  
13                  residents and or other non-responders; and

14                   “(B) but for this paragraph would not be  
15                  a claimant described in paragraph (2).”.

16          (b) LIMITATION.—Section 406 of the Air Transpor-  
17          tation and Safety Stabilization Act (49 U.S.C. 40101  
18          note) is amended by adding at the end the following new  
19          subsection:

20          “(d) LIMITATION ON FUNDING FOR CERTAIN CLAIM-  
21          ANTS.—

22                   “(1) IN GENERAL.—Notwithstanding any other  
23                  provision of this title, in the case of claimants de-  
24                  scribed in section 405(c)(4)—



1           “(A) the total payments that may be made  
2           under this title for such claimants shall not ex-  
3           ceed \$50,000,000; and

4           “(B) no such payment shall be made to  
5           compensate for items and services for which  
6           payment is made under title XXX of the Public  
7           Health Service Act.

8           “(2) CRITERIA FOR DISTRIBUTION.—If the Spe-  
9           cial Master determines that the amount provided  
10          under paragraph (1)(A) is not adequate to pay  
11          claims under this title for all such claimants, the  
12          Special Master shall establish criteria for the dis-  
13          tribution of such amount among such claimants.”.

14 **SEC. 206. WORLD TRADE CENTER COLLAPSE AND DIS-**  
15 **ASTER RESCUE, RECOVERY, DEBRIS RE-**  
16 **MOVAL, CLEANUP, REMEDIATION, AND RE-**  
17 **SPONSE INDEMNIFICATION.**

18          Section 408 of the Air Transportation and Safety  
19          Stabilization Act (49 U.S.C. 40101 note) is amended by  
20          adding at the end the following new subsection:

21          “(d) INDEMNIFICATION.—

22                 “(1) IN GENERAL.—Notwithstanding any other  
23                 provision of Federal, State, local, or other law, the  
24                 United States hereby indemnifies and shall defend  
25                 and hold harmless all contractors and subcontractors

1 (at any tier), including any general contractor, con-  
2 struction manager, prime contractor, or any parent,  
3 subsidiary, affiliated company, or joint venture  
4 thereof, and the City of New York, for any and all  
5 pending or future claims and actions and for any  
6 and all liability arising from or related to the rescue  
7 and recovery efforts and the debris removal, cleanup,  
8 remediation, and response to the World Trade Cen-  
9 ter collapse and disaster subsequent to the terrorist-  
10 related aircraft crashes of September 11, 2001,  
11 whether such claims and actions and liability are for  
12 compensatory or punitive damages, for contribution  
13 or indemnity, or for any other form or type of relief.  
14 The indemnification provided herein shall apply to  
15 any and all liability, damages, or other obligation to  
16 pay any sums (including attorneys fees, other litiga-  
17 tion costs, fines, penalties, or other assessments) of  
18 the aforementioned parties, except conduct held to  
19 be intentionally tortious in nature, regardless of  
20 whether such liability, damages, or obligation to pay  
21 arises from a finding of liability by a court of com-  
22 petent jurisdiction, through arbitration or another  
23 method of dispute resolution, through settlement of  
24 claims, or any other method of resolution. No such  
25 indemnification payment shall be made to the extent

1 such payment would duplicate payments made under  
2 title XXX of the Public Health Service Act.

3 “(2) RECOVERY OF PAYMENTS.—To the extent  
4 that insurance coverage exists that is applicable and  
5 available to cover a claim, action, or liability for  
6 which the indemnification provided under paragraph  
7 (1) applies, the United States shall have the right to  
8 seek recovery for any payments made under this  
9 subsection from any insurer that provided such in-  
10 surance coverage.

11 “(3) CONTINGENCY.—Paragraph (1) shall not  
12 apply with respect to the City of New York unless,  
13 within 30 days after the date of the enactment of  
14 this subsection, the City provides for the dissolution  
15 of the WTC Captive Insurance Company and the  
16 payment to the Treasury of the United States of all  
17 remaining funds of such company. Payment of such  
18 funds shall be credited against expenditures made  
19 under this title as a result of amendments made by  
20 title II of the James Zadroga 9/11 Health and Com-  
21 pensation Act of 2008. The previous sentence shall  
22 not be construed to limit the funds available to carry  
23 out such amendments.”.

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