

Congress of the United States

Washington, DC 20515

Summary of H.R. 3543, the Maloney-Nadler-Fossella 9/11 Health and Compensation Act

In general, the 9/11 Health and Compensation Act would:

- Ensure that everyone exposed to the Ground Zero toxins has a right to be medically monitored and all who are sick as a result have a right to treatment;
- Build on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring on-going data collection and analysis;
- Expand care to the entire exposed community, which includes residents, area workers and school children as well as the thousands of people from across the country who assisted with the recovery and clean-up effort; and
- Provide compensation for economic damages by reopening the 9/11 Victim Compensation Fund.

Specifically, the 9/11 Health and Compensation Act would:

Establish the World Trade Center Health Program, within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC Responders and WTC-area Residents and other non-responders, with no cost sharing. The program will be administered by the Director of NIOSH or his designee. The bill would also establish the WTC Health Program Steering Committee and the WTC Health Program Scientific/Technical Advisory Committee.

Define “Clinical Centers of Excellence” and “Coordinating Centers of Excellence” with which the program administrator enters into contracts.

Clinical Centers of Excellence provide monitoring and treatment. They are FDNY, all members of the Mt. Sinai coordinated consortium (currently Mt. Sinai, Bellevue, Queens College, SUNY Stony Brook, University of Medicine and Dentistry of New Jersey), the WTC Environmental Health Center at Bellevue Hospital, and other facilities identified by the program administrator in the future.

Coordinating Centers of Excellence collect and analyze uniform data; coordinate outreach, and develop the medical monitoring and treatment protocols. They are FDNY, Mt. Sinai, and the WTC Environmental Health Center at Bellevue Hospital.

Provide Monitoring and Treatment for WTC Responders in NY area: If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program. Once a responder is in monitoring, if a physician at a Clinical Center

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of Excellence diagnoses a condition that is on the list of presumed WTC-related health conditions in the bill and the physician makes a clinical determination that condition, in that person, is at least as likely as not to be related to exposure at Ground Zero, then that responder has a right to treatment for that condition that is paid for by the program. NIOSH reviews these determinations and provides certification of eligibility for ongoing treatment. The WTC program administrator may add a condition to the list of presumed WTC-related health conditions, taking into account published findings and recommendations of the Clinical Centers of Excellence, with the input of the WTC Health program Steering Committee and the public. In addition, if the physician diagnoses a condition that is not on the current list of presumed conditions, and makes a clinical determination that the condition is at least as likely as not to be related to exposure at Ground Zero, then the program administrator, after review by an independent expert physician panel, can determine if the condition can be treated as a WTC-related condition.

Provide Monitoring and Treatment for WTC Responders outside of NY area: The program administrator will establish a nationwide network of providers so that eligible responders who live outside of the NY area can reasonable access monitoring and treatment benefits near where they live.

Provide Monitoring and Treatment for the WTC area residents and other non-responders: Sets up the same framework for monitoring and treatment eligibility and benefits as for Responders in NY area, but provides for the program administrator and the WTC Environmental Health Center at Bellevue Hospital to develop the appropriate monitoring eligibility criteria and list of presumed WTC-related conditions, based on scientific and clinical evidence.

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

Extend support for NYC Department of Health and Mental Hygiene programs: NIOSH would extend and expand support for the World Trade Center Health Registry and provide grants for the mental health needs of individuals who are not otherwise eligible for services under this bill.

Reopen the September 11 Victim Compensation Fund to provide compensation for economic damages and loss for individuals who did not file before or became ill after the original December 22, 2003 deadline. The bill would allow for adjustment of previous awards if the Special Master of the fund determines the medical conditions of the claimant warrants an adjustment and amend eligibility rules so that responders to the 9/11 attacks who arrived later than the first 96 hours could be eligible if they experienced illness or injury from their work at the site.