



(Original Signature of Member)

110TH CONGRESS
1ST SESSION

H. R. _____

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

IN THE HOUSE OF REPRESENTATIVES

Mr. Nadler, Mr. Fossella
Mrs. MALONEY of New York (for herself and [see ATTACHED LIST of cosponsors]) introduced the following bill; which was referred to the Committee on _____

A BILL

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

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

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

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

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; Steering and Advisory Committees

- “Sec. 3001. Establishment of World Trade Center Health Program within NIOSH.
- “Sec. 3002. WTC Health Program Steering Committee.
- “Sec. 3003. WTC Health Program Scientific/Technical Advisory Committee.
- “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.

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

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

“Subtitle C—Research Into Conditions

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

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

“Sec. 3051. World Trade Center Health Registry.

“Sec. 3052. Mental health services.

TITLE II—SEPTEMBER 11 VICTIM COMPENSATION FUND OF 2001

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

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

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

Sec. 204. Immediate aftermath defined.

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

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

10 (2) In a September 2006 peer-reviewed study
11 conducted by the World Trade Center Medical Moni-
12 toring Program, of 9,500 World Trade Center re-
13 sponders, almost 70 percent of World Trade Center
14 responders had a new or worsened respiratory symp-
15 tom that developed during or after their time work-
16 ing at the World Trade Center; among the respond-
17 ers who were asymptomatic before 9/11, 61 percent
18 developed respiratory symptoms while working at the
19 World Trade Center; close to 60 percent still had a
20 new or worsened respiratory symptom at the time of

1 their examination; one-third had abnormal pul-
2 monary function tests; and severe respiratory condi-
3 tions including pneumonia were significantly more
4 common in the 6 months after 9/11 than in the
5 prior 6 months.

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

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

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

1 posttraumatic stress disorder) in workers and resi-
2 dents near Ground Zero.

3 (6) Launched in December 2001 by researchers
4 at Columbia University's Center for Children's Envi-
5 ronmental Health, the World Trade Center Preg-
6 nancy Study is ongoing. Thus far, the results of the
7 study show that babies born to women living within
8 2 miles of the World Trade Center in the month fol-
9 lowing 9/11 were significantly smaller and lighter
10 than babies born to women who lived farther away,
11 and that in utero exposure to WTC-derived
12 Polycyclic Aromatic Hydrocarbons may have in-
13 creased the carcinogenic risk to cohort children and
14 contributed to a modest reduction in their cognitive
15 development.

16 (7) Federal funding allocated for the moni-
17 toring of rescue workers' health is not sufficient to
18 ensure the long-term study of health impacts of Sep-
19 tember 11.

20 (8) The Federal funding allocated for medical
21 monitoring does not provide for the medical moni-
22 toring of New York City area residents, office and
23 area workers, schoolchildren, or Federal employees
24 who responded to the terrorist attacks of September
25 11, 2001.

1 (9) A significant portion of those who re-
2 sponded to the September 11 aftermath have no
3 health insurance, lost their health insurance as a re-
4 sult of the attacks, or have inadequate health insur-
5 ance for the medical conditions they developed as a
6 result of recovery work at the World Trade Center
7 site.

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

15 (11) Rescue workers and volunteers seeking
16 workers compensation have reported that their appli-
17 cations have been denied, delayed for months, or re-
18 directed, instead of receiving assistance in a timely
19 and supportive manner.

20 (12) A February 2007 report released by the
21 City of New York estimated that approximately
22 410,000 people were the most heavily exposed to the
23 environmental hazards and trauma of the September
24 11 terrorist attacks. More than 30 percent of the
25 Fire Department of the City of New York first re-

1 sponders were still experiencing some respiratory
2 symptoms more than five years after the attacks and
3 according to the report, 59 percent of those seen by
4 the WTC Environmental Health Center at Bellevue
5 Hospital (which serves non-responders) are without
6 insurance and 65 percent have incomes less than
7 \$15,000 per year. The report also found a need to
8 continue and expand mental health services.

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

14 (14) According to press reports, documents pre-
15 pared by the National Institute for Occupational
16 Safety and Health reveal that the number of recov-
17 ery workers getting sick is increasing, and their ill-
18 nesses are becoming more severe. More than 6,500
19 responders are receiving treatment for physical
20 health conditions.

21 (15) The September 11 Victim Compensation
22 Fund of 2001 was established to provide compensa-
23 tion to individuals who were physically injured or
24 killed as a result of the terrorist-related aircraft
25 crashes of September 11, 2001.

1 (16) The deadline for filing claims for com-
2 pensation under the Victim Compensation Fund was
3 December 22, 2003.

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

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

14 (19) Research is needed regarding possible
15 treatment for the illnesses and injuries of September
16 11.

17 (20) The Federal response to medical and fi-
18 nancial issues arising from the September 11 re-
19 sponse efforts needs a comprehensive, coordinated
20 long-term response in order to meet the needs of all
21 the individuals who were exposed to the toxins of
22 Ground Zero and are suffering health problems from
23 the disaster.

1 **SEC. 3. EMERGENCY FUNDING.**

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

10 **TITLE I—WORLD TRADE CENTER**
11 **HEALTH PROGRAM**

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

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

15 **“TITLE XXX—WORLD TRADE**
16 **CENTER HEALTH PROGRAM**
17 **“Subtitle A—Establishment of Pro-**
18 **gram; Steering and Advisory**
19 **Committees**

20 **“SEC. 3001. ESTABLISHMENT OF WORLD TRADE CENTER**
21 **HEALTH PROGRAM WITHIN NIOSH.**

22 “(a) IN GENERAL.—There is hereby established with-
23 in the National Institute for Occupational Safety and
24 Health a program to be known as the ‘World Trade Center
25 Health Program’ (in this title referred to as the ‘WTC

1 program') to provide medical monitoring and treatment
2 benefits—

3 “(1) to eligible emergency responders and re-
4 covery and clean-up workers (including those who
5 are Federal employees) who responded to the 9/11
6 NYC terrorist attacks; and

7 “(2) to residents and other building occupants
8 and area workers in New York City who were di-
9 rectly impacted and adversely affected by such at-
10 tacks.

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

13 “(1) MEDICAL MONITORING.—Medical moni-
14 toring under sections 3011 and 3021, including
15 screening, clinical examinations, and long-term
16 health monitoring and analysis for individuals who
17 were likely to have been exposed to airborne toxins
18 that were released as a result of the 9/11 NYC ter-
19 rorist attacks.

20 “(2) TREATMENT FOR WTC-RELATED CONDI-
21 TIONS.—Provision under sections 3012 and 3022 of
22 treatment and payment, without any cost-sharing,
23 for all medically necessary health and mental health
24 care expenses (including necessary prescription

1 drugs) of individuals with a WTC-related health con-
2 dition.

3 “(3) OUTREACH.—Establishment under section
4 3004 of an outreach program to potentially eligible
5 individuals concerning the benefits under this title.

6 “(4) UNIFORM DATA COLLECTION.—Collection
7 under section 3005 of health and mental health data
8 on individuals receiving monitoring or treatment
9 benefits, using a uniform system of data collection.

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

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

17 “(d) PRIMARY PAYER.—

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

23 “(2) WORKERS’ COMPENSATION EXCEPTION.—
24 Payment for treatment under subtitle B of a WTC-
25 related health condition of an individual shall be re-

1 duced or recouped to the extent that payment is
2 made under a workers' compensation law or plan of
3 the United States or a State for such treatment.

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

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

9 “(a) ESTABLISHMENT.—The WTC program adminis-
10 trator shall establish an advisory committee to be known
11 as the WTC Health Program Steering Committee (in this
12 section referred to as the ‘Steering Committee’) for the
13 purpose of providing the administrator with advice and
14 oversight on the WTC program.

15 “(b) MEMBERSHIP.—

16 “(1) INITIAL MEMBERSHIP.—The Steering
17 Committee shall initially be composed of the fol-
18 lowing:

19 “(A) WTC MONITORING AND TREATMENT
20 PROGRAM STEERING COMMITTEE.—The mem-
21 bers of the WTC Monitoring and Treatment
22 Program Steering Committee (as in existence
23 on the day before the date of the enactment of
24 this title).

1 “(B) APPOINTMENTS BY INITIAL MEM-
2 BERS.—The following members, appointed by
3 the Steering Committee described under sub-
4 paragraph (A) and subject to the approval of
5 the WTC program administrator:

6 “(i) One representative of the World
7 Trade Center Environmental Health Cen-
8 ter at Bellevue Hospital.

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

11 “(2) ADDITIONAL APPOINTMENTS.—The Steer-
12 ing Committee may appoint additional members to
13 the Committee, subject to the approval of the WTC
14 program administrator.

15 “(3) VACANCIES.—A vacancy in the Steering
16 Committee shall be filled by the Steering Committee,
17 subject to the approval of the WTC program admin-
18 istrator, so long as the composition of the Com-
19 mittee includes representatives of affected workers
20 and residents, representatives described in para-
21 graph (1)(B), representatives of the Clinical Centers
22 of Excellence, and a representative of each Coordi-
23 nating Center of Excellence.

1 tional WTC program eligibility criteria and on additional
2 WTC-related health conditions.

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

6 “(1) 4 occupational physicians, at least two of
7 whom have experience treating WTC rescue and re-
8 covery workers;

9 “(2) 2 representatives of WTC responders;

10 “(3) 2 representatives of WTC residents and
11 other non-responders;

12 “(4) an industrial hygienist;

13 “(5) a toxicologist;

14 “(6) an epidemiologist; and

15 “(7) a mental health professional.

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

19 “(d) REPORTS.—The WTC program administrator
20 shall provide for publication of recommendations of the
21 Advisory Committee on the public website established for
22 the WTC program.

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized

1 to be appropriated such sums as may be necessary for
2 each fiscal year beginning with fiscal year 2008.

3 “(f) DURATION.—Notwithstanding any other provi-
4 sion of law, the Advisory Committee shall continue in op-
5 eration during the period in which the WTC program is
6 in operation.

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

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

11 “(a) IN GENERAL.—The WTC program adminis-
12 trator shall institute a program that provides education
13 and outreach on the existence and availability of services
14 under the WTC program. The outreach and education
15 program—

16 “(1) shall include the establishment of a public
17 website with information about the WTC program;
18 and

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

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

21 “(B) to include materials for culturally and
22 linguistically diverse populations.

23 “(b) PARTNERSHIPS.—To the greatest extent pos-
24 sible, in carrying out this section, the WTC program ad-
25 ministrator shall enter into partnerships with local govern-

1 ments and organizations with experience performing out-
2 reach to the affected populations, including community
3 and labor-based organizations.

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

5 “(a) IN GENERAL.—The WTC program adminis-
6 trator shall provide for the uniform collection of data (and
7 analysis of data and regular reports to the administrator)
8 on the utilization of monitoring and treatment benefits
9 provided to eligible WTC responders and eligible WTC
10 residents and other non-responders, the prevalence of
11 WTC-related health conditions, and the identification of
12 new WTC-related medical conditions. Such data shall be
13 collected for all individuals provided monitoring or treat-
14 ment benefits under subtitle B and regardless of their
15 place of residence or Clinical Center of Excellence through
16 which the benefits are provided.

17 “(b) COORDINATING THROUGH CENTERS OF EXCEL-
18 LENCE.—Each Clinical Center of Excellence shall, under
19 section 3006(d)(3), collect data described in subsection (a)
20 and report such data to the corresponding Coordinating
21 Center of Excellence for analysis by such Coordinating
22 Center of Excellence under section 3006(a)(2)(A).

23 “(c) PRIVACY.—The data collection and analysis
24 under this section shall be conducted in a manner that
25 protects the confidentiality of individually identifiable

1 health information consistent with applicable legal require-
2 ments.

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

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

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

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

10 “(B) for the provision of outreach activities
11 to individuals eligible for such monitoring and
12 treatment benefits;

13 “(C) for the provision of counseling for
14 benefits under subtitle B, with respect to WTC-
15 related health conditions, for individuals eligible
16 for such benefits; and

17 “(D) for the credentialing of other medical
18 providers participating in the national network;
19 and

20 “(2) with Coordinating Centers of Excellence
21 specified in subsection (b)(2)—

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

1 Centers by the corresponding Clinical Centers
2 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; and

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

9 “(b) CENTERS OF EXCELLENCE DEFINED.—

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

13 “(A) FOR FDNY RESPONDERS IN NEW
14 YORK.—With respect to an eligible WTC re-
15 sponder who responded to the 9/11 attacks as
16 an employee of the Fire Department of the City
17 of New York and who resides in the New York
18 Metropolitan area, such Fire Department (or
19 such entity as has entered into a contract with
20 the Fire Department for monitoring or treat-
21 ment of such responders).

22 “(B) OTHER WTC RESPONDERS IN NEW
23 YORK.—With respect to other eligible WTC re-
24 sponders who reside in the New York Metro-
25 politan area, the Mt. Sinai coordinated consor-

1 tium, Queens College, State University of New
2 York at Stony Brook, University of Medicine
3 and Dentistry of New Jersey, and Bellevue
4 Hospital.

5 “(C) WTC RESIDENTS AND OTHER NON-
6 RESPONDERS IN NEW YORK.—With respect to
7 eligible WTC residents and other non-respond-
8 ers who reside in the New York Metropolitan
9 area, the World Trade Center Environmental
10 Health Center at Bellevue Hospital and such
11 hospitals or other facilities, including but not
12 limited to those within the New York City
13 Health and Hospitals Corporation, as are iden-
14 tified by the WTC program administrator.

15 “(D) ALL WTC RESPONDERS AND NON-RE-
16 SPONDERS.—With respect to all eligible WTC
17 responders and non-responders, such other hos-
18 pitals or other facilities as are identified by the
19 WTC program administrator.

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

23 “(A) FOR FDNY RESPONDERS.—With re-
24 spect to an eligible WTC responder who re-
25 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) ENTITLEMENT.—A Clinical or Coordinating
18 Center of Excellence with a contract under this section
19 is entitled to payment of the costs of such Center in car-
20 rying out the activities described in subsection (a).

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

24 “(1) the Center establishes a formal mechanism
25 for consulting with and receiving input from rep-

1 representatives of eligible populations receiving moni-
2 toring and treatment benefits under subtitle B from
3 such Center;

4 “(2) the Center provides for the coordination of
5 monitoring and treatment benefits under subtitle B
6 with routine medical care provided for the treatment
7 of conditions other than WTC-related health condi-
8 tions; and

9 “(3) the Center collects and reports to the cor-
10 responding Coordinating Center of Excellence data
11 in accordance with section 3005.

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

13 “The Secretary may, to the extent determined appro-
14 priate by the Secretary, establish with respect to the ter-
15 rorist attack at the Pentagon on September 11, 2001, pro-
16 grams similar to the programs that are established in sub-
17 titles B and C with respect to the 9/11 NYC terrorist at-
18 tacks.

19 **“SEC. 3008. ENTITLEMENT AUTHORITIES.**

20 “Subtitle B constitutes budget authority in advance
21 of appropriations Acts and represents the obligation of the
22 Federal Government to provide for the payment of costs
23 of monitoring and treatment in accordance with such sub-
24 title and section 3006(c) constitutes such budget authority
25 and represents the obligation of the Federal Government

1 to provide for the payment of costs described in such sec-
2 tion.

3 **“SEC. 3009. DEFINITIONS.**

4 “In this title:

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

8 “(2) The term ‘current consortium arrange-
9 ments’ means the arrangements as in effect on the
10 date of the enactment of this title between the Na-
11 tional Institute for Occupational Safety and Health
12 and the Mt. Sinai-coordinated consortium and the
13 Fire Department of the City of New York.

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

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

1 “(5) The term ‘New York City disaster area’
2 means an area, specified by the WTC program ad-
3 ministrator, within which individuals who resided,
4 worked, or otherwise were regularly present during
5 the period beginning on September 11, 2001, and
6 ending on July 31, 2002, were likely to have been
7 exposed to airborne toxins that were released as a
8 result of the 9/11 NYC terrorist attacks, and in-
9 cludes the area within 2 miles of the perimeter of
10 the former World Trade Center site. In determining
11 the boundaries of the New York City disaster area,
12 the administrator shall take into consideration peer-
13 reviewed research that has demonstrated potential
14 exposure to such toxins at a distance of within 5
15 miles from the former World Trade Center.

16 “(6) The term ‘New York metropolitan area’
17 means an area, specified by the WTC program ad-
18 ministrator, within which eligible WTC responders
19 and eligible WTC residents and other non-respond-
20 ers who reside in such area are reasonably able to
21 access monitoring and treatment benefits under this
22 title through a Clinical Centers of Excellence de-
23 scribed in subparagraphs (A), (B), or (C) of section
24 3006(b)(1).

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

5 “(8) The term ‘WTC Health Program Steering
6 Committee’ means such Committee established
7 under section 3002.

8 “(9) The term ‘WTC program administrator’
9 means the individual responsible under section
10 3001(d) for the administration of the WTC pro-
11 gram.

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

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

17 **“Subtitle B—Program of**
18 **Monitoring and Treatment**

19 **“PART 1—FOR WTC RESPONDERS**

20 **“SEC. 3011. IDENTIFICATION OF ELIGIBLE WTC RESPOND-**
21 **ERS AND PROVISION OF WTC-RELATED MONI-**
22 **TORING SERVICES.**

23 “(a) ELIGIBLE WTC RESPONDER DEFINED.—

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

4 “(A) CURRENTLY IDENTIFIED RE-
5 SPONDER.—An individual who has been identi-
6 fied as eligible for medical monitoring under the
7 current consortium arrangements (as defined in
8 section 3009(2)).

9 “(B) RESPONDER WHO MEETS CURRENT
10 ELIGIBILITY CRITERIA.—An individual who
11 meets the current eligibility criteria described in
12 paragraph (2).

13 “(C) RESPONDER WHO MEETS MODIFIED
14 ELIGIBILITY CRITERIA.—An individual who—

15 “(i) performed rescue, recovery, demo-
16 lition, debris cleanup, or other related serv-
17 ices in the New York City disaster area in
18 response to the 9/11 NYC terrorist at-
19 tacks, regardless of whether such services
20 were performed by a State or Federal em-
21 ployee or member of the National Guard or
22 otherwise; and

23 “(ii) meets such eligibility criteria re-
24 lating to exposure to airborne toxins, other
25 hazards, or adverse conditions resulting

1 from the 9/11 NYC terrorist attacks as the
2 WTC program administrator, after con-
3 sultation with the WTC Health Program
4 Steering Committee and the WTC Sci-
5 entific/Technical Advisory Committee, de-
6 termines appropriate.

7 “(2) CURRENT ELIGIBILITY CRITERIA.—The
8 eligibility criteria described in this paragraph for an
9 individual is that the individual is described in either
10 of the following categories:

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

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

24 “(i) worked or volunteered on-site in
25 rescue, recovery, debris-cleanup or related

1 support services in lower Manhattan (south
2 of Canal St.), the Staten Island Landfill,
3 or the barge loading piers, for at least 4
4 hours during the period beginning on Sep-
5 tember 11, 2001, and ending on Sep-
6 tember 14, 2001, for at least 24 hours
7 during the period beginning on September
8 11, 2001, and ending on September 30,
9 2001, or for at least 80 hours during the
10 period beginning on September 11, 2001,
11 and ending on July 31, 2002;

12 “(ii) was an employee of the Office of
13 the Chief Medical Examiner of the City of
14 New York involved in the examination and
15 processing of human remains, or other
16 morgue worker who performed similar
17 post- September 11 functions for such Of-
18 fice staff;

19 “(iii) was a worker in the Port Au-
20 thority Trans-Hudson Corporation tunnel
21 for at least 24 hours during the period be-
22 ginning on February 1, 2002, and ending
23 on July 1, 2002; or

24 “(iv) was a vehicle-maintenance work-
25 er who was exposed to debris from the

1 former World Trade Center while retriev-
2 ing, driving, cleaning, repairing, and main-
3 taining vehicles contaminated by airborne
4 toxins from the 9/11 NYC terrorist attacks
5 during a duration and period described in
6 subparagraph (A).

7 “(3) APPLICATION PROCESS.—The Coordi-
8 nating Centers of Excellence shall establish a proc-
9 ess for individuals, other than eligible WTC respond-
10 ers described in paragraph (1)(A), to apply to be de-
11 termined to be eligible WTC responders.

12 “(4) CERTIFICATION.—

13 “(A) IN GENERAL.—In the case of an indi-
14 vidual described in paragraph (1)(A) or who is
15 determined under paragraph (3) to be an eligi-
16 ble WTC responder, the WTC program admin-
17 istrator shall provide an appropriate certifi-
18 cation of such fact and of eligibility for moni-
19 toring and treatment benefits under this part.
20 The administrator shall not deny such a certifi-
21 cation to an individual who is an eligible WTC
22 responder.

23 “(B) TIMING.—In the case of an individual
24 who is determined under paragraph (3) to be
25 an eligible WTC responder, the WTC program

1 administrator shall provide the certification
2 under subparagraph (A) within 60 days of such
3 determination.

4 “(b) MONITORING BENEFITS.—

5 “(1) IN GENERAL.—In the case of an eligible
6 WTC responder, the WTC program shall provide for
7 monitoring benefits that include medical monitoring
8 consistent with protocols approved by the WTC pro-
9 gram administrator and including screening, clinical
10 examinations, and long-term health monitoring and
11 analysis. In the case of an eligible WTC responder
12 who is an active member of the Fire Department of
13 the City of New York, the responder shall receiving
14 such benefits as part of the individual’s periodic
15 company medical exams.

16 “(2) PROVISION OF MONITORING BENEFITS.—

17 The monitoring benefits under paragraph (1) shall
18 be provided through the Clinical Center of Excel-
19 lence for the type of individual involved or, in the
20 case of an individual residing outside the New York
21 metropolitan area, under an arrangement under sec-
22 tion 3031.

1 **“SEC. 3012. TREATMENT OF ELIGIBLE WTC RESPONDERS**
2 **FOR WTC-RELATED HEALTH CONDITIONS.**

3 “(a) WTC-RELATED HEALTH CONDITION DE-
4 FINED.—

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

7 “(A) an illness or health condition for
8 which exposure to airborne toxins, any other
9 hazard, or any other adverse condition resulting
10 from the 9/11 NYC terrorist attacks is at least
11 as likely as not to be a significant factor in ag-
12 gravating, contributing to, or causing the illness
13 or health condition;

14 “(B) a mental health condition for which
15 such attacks are at least as likely as not to be
16 a significant factor in aggravating, contributing
17 to, or causing the condition; and

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

20 “(2) PRESUMED WTC-RELATED HEALTH CONDI-
21 TION.—For purposes of this title, the term ‘pre-
22 sumed WTC-related health condition’ means any of
23 the following health conditions, and any condition
24 specified under paragraph (3):

25 “(A) AERODIGESTIVE DISORDERS.—

26 “(i) Interstitial lung diseases.

1 “(ii) Chronic respiratory disorder—
2 fumes/vapors.

3 “(iii) Asthma.

4 “(iv) Reactive airways dysfunction
5 syndrome (RADS).

6 “(v) WTC-exacerbated chronic ob-
7 structive pulmonary disease (COPD).

8 “(vi) Chronic cough syndrome.

9 “(vii) Upper airway hyperreactivity.

10 “(viii) Chronic rhinosinusitis.

11 “(ix) Chronic nasopharyngitis.

12 “(x) Chronic laryngitis.

13 “(xi) Gastro-esophageal reflux dis-
14 order (GERD).

15 “(xii) Sleep apnea exacerbated by or
16 related to a condition described in a pre-
17 vious clause.

18 “(B) MENTAL HEALTH CONDITIONS.—

19 “(i) Post traumatic stress disorder
20 (PTSD).

21 “(ii) Major depressive disorder.

22 “(iii) Panic disorder.

23 “(iv) Generalized anxiety disorder.

24 “(v) Anxiety disorder (not otherwise
25 specified).

1 “(vi) Depression (not otherwise speci-
2 fied).

3 “(vii) Acute stress disorder.

4 “(viii) Dysthymic disorder.

5 “(ix) Adjustment disorder.

6 “(x) Substance abuse.

7 “(xi) V codes (treatments not specifi-
8 cally related to psychiatric disorders, such
9 as marital problems, parenting problems
10 etc.)

11 “(C) MUSCULOSKELETAL DISORDERS.—

12 “(i) Low back pain.

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

14 “(iii) Other musculoskeletal disorders.

15 “(3) APPLICATION FOR ADDITIONAL PRESUMED
16 WTC-RELATED HEALTH CONDITIONS.—

17 “(A) APPLICATION.—Any individual or or-
18 ganization can apply to the WTC program ad-
19 ministrator for an illness or health condition
20 not described in paragraph (2) to be added to
21 the list of presumed WTC-related conditions.

22 “(B) REVIEW.—The administrator shall
23 establish a public process for receiving public
24 input and comments on any application under
25 subparagraph (A).

1 “(C) CONSIDERATIONS.—In making deter-
2 minations on such applications, the findings
3 and recommendations of Clinical Centers of Ex-
4 cellence published in peer reviewed journals
5 should be given deference in the determination
6 of whether an additional illness or health condi-
7 tion, such as cancer, should be added to the list
8 of presumed WTC-related health conditions.

9 “(D) CONSULTATION.—The WTC program
10 administrator shall consult with the WTC
11 Health Program Steering Committee and the
12 WTC Scientific/Technical Advisory Committee
13 in making a determination on whether an addi-
14 tional health condition should be added to the
15 list of presumed WTC-related conditions.

16 “(E) DETERMINATION.—The WTC pro-
17 gram administrator shall add an illness or
18 health condition to the list of presumed WTC-
19 related health conditions if, based on a review
20 of the evidence and consultations conducted
21 under subparagraphs (B), (C), and (D), the ad-
22 ministrator determines that exposure to air-
23 borne toxins, other hazards, or other adverse
24 conditions resulting from the 9/11 NYC ter-
25 rorist attacks is at least as likely as not to be

1 a significant factor in aggravating, contributing
2 to, or causing the illness or health condition.

3 “(b) COVERAGE OF TREATMENT FOR WTC-RELATED
4 HEALTH CONDITIONS.—

5 “(1) DETERMINATION BASED ON PRESUMED
6 WTC-RELATED HEALTH CONDITION.—

7 “(A) IN GENERAL.—If a physician at a
8 Clinical Center of Excellence that is providing
9 monitoring benefits under section 3011 for an
10 eligible WTC responder determines that the re-
11 sponder has a presumed WTC-related health
12 condition, and the physician makes a clinical
13 determination that exposure to airborne toxins,
14 other hazards, or adverse conditions resulting
15 from the 9/11 terrorist attacks is at least as
16 likely as not to be a significant factor in aggra-
17 vating, contributing to, or causing the condi-
18 tion—

19 “(i) the physician shall promptly
20 transmit such determination to the WTC
21 program administrator and provide the ad-
22 ministrator with the medical facts sup-
23 porting such determination; and

24 “(ii) on and after the date of such
25 transmittal and subject to paragraph (2),

1 the WTC program shall provide for pay-
2 ment under subsection (c) of the costs of
3 medically necessary treatment for such
4 condition.

5 “(B) REVIEW; CERTIFICATION; AP-
6 PEALS.—

7 “(i) REVIEW.—A Federal employee
8 designated by the WTC program adminis-
9 trator shall review determinations made
10 under subparagraph (A)(i) of a WTC-re-
11 lated health condition.

12 “(ii) CERTIFICATION.—The adminis-
13 trator shall provide a certification of cov-
14 erage of the treatment of such condition
15 based upon reviews conducted under clause
16 (i). Such a certification shall be provided
17 unless the administrator determines that
18 the responder’s condition is not a pre-
19 sumed WTC-related health condition or
20 that exposure to airborne toxins, other
21 hazards, or adverse conditions resulting
22 from the 9/11 terrorist attacks is not at
23 least as likely as not to be a significant
24 factor in aggravating, contributing to, or
25 causing the condition.

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

4 “(2) DETERMINATION BASED ON OTHER WTC-
5 RELATED HEALTH CONDITION.—

6 “(A) IN GENERAL.—If a physician at a
7 Clinical Center of Excellence that is providing
8 monitoring benefits under section 3011 for an
9 eligible WTC responder determines that the re-
10 sponder has a WTC-related health condition
11 that is not a presumed WTC-related health con-
12 dition—

13 “(i) the physician shall promptly
14 transmit such determination to the WTC
15 program administrator and provide the ad-
16 ministrator with the facts supporting such
17 determination; and

18 “(ii) on and after the date of such
19 transmittal and pending a determination
20 by the administrator under subparagraph
21 (B), the WTC program shall provide for
22 payment under subsection (c) of the costs
23 of medically necessary services to treat
24 such condition.

25 “(B) REVIEW; CERTIFICATION.—

1 “(i) USE OF PHYSICIAN PANEL.—The
2 WTC program administrator shall provide
3 for the review of each determination made
4 under subparagraph (A)(i) of a WTC-re-
5 lated health condition to be made by a
6 physician panel with appropriate expertise
7 appointed by the WTC program adminis-
8 trator. Such a panel shall make rec-
9 ommendations to the administrator on the
10 evidence supporting such determination.

11 “(ii) REVIEW OF RECOMMENDATIONS
12 OF PANEL; CERTIFICATION.—The adminis-
13 trator, based on such recommendations
14 shall determine whether or not the condi-
15 tion is a WTC-related health condition
16 and, if it is, provide for a certification
17 under paragraph (1)(B)(ii) of coverage of
18 such condition. The administrator shall
19 provide a process for the appeal of deter-
20 minations that the responder’s condition is
21 not a WTC-related health condition.

22 “(3) REQUIREMENT OF MEDICAL NECESSITY.—
23 The determination under paragraphs (1)(A)(ii) and
24 (2)(A)(ii) of whether treatment is medically nec-
25 essary for a WTC-related health condition shall be

1 made by physicians at the appropriate Clinical Cen-
2 ter of Excellence, taking into account, for presumed
3 WTC-related health conditions, medical treatment
4 protocols established under subsection (d).

5 “(4) SCOPE OF TREATMENT COVERED.—The
6 scope of treatment covered under such paragraphs
7 includes physician services, diagnostic and laboratory
8 tests, prescription drugs, inpatient and outpatient
9 hospital services, and other medically necessary
10 treatment.

11 “(5) CONTINUATION OF TREATMENT WHILE
12 BEING ENROLLED IN MEDICAL MONITORING PRO-
13 GRAM.—In the case of a WTC responder receiving
14 medical treatment under the current consortium ar-
15 rangements but who has not been determined to be
16 an eligible WTC responder or enrolled in the medical
17 monitoring program under section 3011, while the
18 individual is being enrolled in such program the
19 treatment shall be considered to be treatment under
20 this subsection for which payment may be made
21 under subsection (c).

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

24 “(1) IN GENERAL.—The WTC program shall
25 provide for payment of the costs of medically nec-

1 essary treatment of WTC-related health conditions
2 of eligible WTC responders. The WTC program ad-
3 ministrator shall establish methods for determining
4 the costs for such treatment.

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

11 “(d) MEDICAL TREATMENT PROTOCOLS.—

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

18 “(2) APPROVAL.—The WTC program adminis-
19 trator shall approve the medical treatment protocols,
20 in consultation with the WTC Health Program
21 Steering Committee.

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.—For purposes of this title,
9 the term ‘eligible WTC resident and other non-re-
10 sponder’ means an individual who—

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

13 “(B) is not an eligible WTC responder;
14 and

15 “(C) meets such eligibility criteria relating
16 to exposure to airborne toxins, any other haz-
17 ard, or any other adverse condition resulting
18 from the 9/11 NYC terrorist attacks as the
19 WTC program administrator, after consultation
20 with the WTC Health Program Steering Com-
21 mittee and the WTC Scientific/Technical Advi-
22 sory Committee, determines appropriate.

23 “(2) WTC RESIDENT AND OTHER NON-RE-
24 SPONDER DEFINED.—In this title, the term ‘WTC
25 resident and other non-responder’ means an indi-

1 vidual who is described in any of the following sub-
2 paragraphs:

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

7 “(B) A person who was working at any
8 time during such period in the New York City
9 disaster area.

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

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

16 “(E) A person who was deemed eligible to
17 receive a grant from the Lower Manhattan De-
18 velopment Corporation Residential Grant Pro-
19 gram, who possessed a lease for a residence or
20 purchased a residence in the New York City
21 disaster area, and who resided in such residence
22 after September 11, 2001 and prior to May 31,
23 2003.

24 “(F) A person whose place of employ-
25 ment—

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

5 “(ii) was deemed eligible to receive a
6 grant from the Lower Manhattan Develop-
7 ment Corporation WTC Small Firms At-
8 traction and Retention Act program or
9 other government incentive program de-
10 signed to revitalize the Lower Manhattan
11 economy after the 9/11 NYC terrorist at-
12 tacks.

13 “(G) Any other person whom the WTC
14 program administrator determines to be appro-
15 priate.

16 “(3) ELIGIBILITY CRITERIA.—In establishing
17 eligibility criteria under paragraph (1)(C), the WTC
18 program administrator shall—

19 “(A) with respect to clause (i) of such
20 paragraph, take into account the period, and, to
21 the extent feasible, intensity, of exposure to air-
22 borne toxins, other hazard, or other adverse
23 condition;

1 “(B) base such criteria on best available
2 evidence of exposure and related adverse health
3 effects; and

4 “(C) consult with the WTC Health Pro-
5 gram Steering Committee, Coordinating Cen-
6 ters of Excellence described in section
7 3006(b)(1)(C), and affected populations.

8 The administrator shall first establish such criteria
9 not later than 90 days after the date of the enact-
10 ment of this title.

11 “(b) MONITORING BENEFITS.—

12 “(1) IN GENERAL.—In the case of an eligible
13 WTC resident or other non-responder, the WTC pro-
14 gram shall provide for monitoring benefits that in-
15 clude medical monitoring consistent with protocols
16 approved by the WTC program administrator, in
17 consultation with the World Trade Center Environ-
18 mental Health Center at Bellevue Hospital and the
19 WTC Health Program Steering Committee, and in-
20 cluding screening, clinical examinations, and long-
21 term health monitoring and analysis.

22 “(2) SOURCE OF BENEFITS.—The monitoring
23 benefits under paragraph (1) shall be provided
24 through a Clinical Center of Excellence with respect
25 to the individual involved.

1 **“SEC. 3022. TREATMENT OF ELIGIBLE WTC RESIDENTS AND**
2 **OTHER NON-RESPONDERS FOR WTC-RE-**
3 **LATED HEALTH CONDITIONS.**

4 “(a) IN GENERAL.—Subject to subsection (b), the
5 provisions of section 3012 shall apply to the treatment of
6 WTC-related health conditions for eligible WTC residents
7 and other non-responders in the same manner as such pro-
8 visions apply to the treatment of WTC-related health con-
9 ditions for eligible WTC responders.

10 “(b) SUBSTITUTION OF LIST OF HEALTH CONDI-
11 TIONS FOR PRESUMED WTC-RELATED HEALTH CONDI-
12 TIONS.—

13 “(1) IN GENERAL.—In applying subsection (a),
14 instead of applying the presumed WTC-related
15 health conditions described in section 3102(a)(2),
16 the WTC program administrator shall establish,
17 with input from the Coordinating Center of Excel-
18 lence described in section 3006(b)(2)(C), a list of
19 WTC-related health conditions and associated expo-
20 sure criteria for which treatment benefits are pre-
21 sumptively available for eligible WTC residents and
22 other non-responders, or subgroups of eligible WTC
23 residents or other non-responders. In establishing
24 such list, the WTC program administrator shall re-
25 view the presumed WTC-related health conditions
26 listed in paragraph (2) of section 3012(a) to deter-

1 mine which of the conditions meets the criteria for
2 a WTC-related health condition, as defined in para-
3 graph (1) of such section, for eligible WTC residents
4 and other non-responders or sub-groups of eligible
5 WTC residents or other non-responders.

6 “(2) CONSIDERATIONS.—The list of health con-
7 ditions and associated exposure criteria under para-
8 graph (1) shall, with respect to airborne toxins,
9 other hazards, and other adverse conditions, be
10 based upon the best available scientific and clinical
11 evidence on adverse health effects related to expo-
12 sures to such toxins, hazards, or adverse conditions,
13 respectively, in the eligible WTC resident and other
14 non-responder populations.

15 “(3) CONSULTATION.—The WTC program ad-
16 ministrator shall consult with and receive input from
17 the WTC Health Program Steering Committee and
18 affected populations, and shall provide an oppor-
19 tunity for public comment, in establishing the list
20 under paragraph (1).

21 “(4) DEADLINE.—The WTC program adminis-
22 trator shall first establish and publish the list under
23 paragraph (1) in the Federal Register not later than
24 180 days after the date of the enactment of this
25 title.

1 “(5) TREATMENT DURING INTERIM PERIOD.—
2 Until the date on which WTC program adminis-
3 trator first publishes under paragraph (4) the list
4 under paragraph (1) for eligible WTC residents and
5 other non-responder populations, the Clinical Cen-
6 ters of Excellence described in section 3006(b)(1)(C)
7 may provide medical treatment to such a resident or
8 member of such a population, if a physician at the
9 Clinical Center of Excellence involved determines
10 that the resident or member, respectively, has a
11 WTC-related health condition. Such treatment shall
12 be provided, without regard to the requirements of
13 section 3012(b)(2).

14 **“PART 3—NATIONAL ARRANGEMENT FOR BENE-**
15 **FITS FOR ELIGIBLE INDIVIDUALS OUTSIDE**
16 **NEW YORK**

17 **“SEC. 3031. NATIONAL ARRANGEMENT FOR BENEFITS FOR**
18 **ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.**

19 “(a) IN GENERAL.—In order to ensure reasonable ac-
20 cess to monitoring and treatment benefits under this sub-
21 title for individuals who reside in any State, as defined
22 in section 2(f), outside the New York metropolitan area,
23 the WTC program administrator shall establish a nation-
24 wide network of health care providers to provide such
25 monitoring and treatment benefits near such individuals’

1 areas of residence in such States, or to establish a mecha-
2 nism whereby individuals who are entitled to benefits for
3 such monitoring or treatment can be reimbursed for the
4 cost of such monitoring or treatment.

5 “(b) NETWORK REQUIREMENTS.—Any health care
6 provider participating in the network under subsection (a)
7 shall—

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

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

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

14 **“Subtitle C—Research Into**
15 **Conditions**

16 **“SEC. 3041. RESEARCH REGARDING CERTAIN HEALTH CON-**
17 **DITIONS RELATED TO SEPTEMBER 11 TER-**
18 **RORIST ATTACKS IN NEW YORK CITY.**

19 “(a) IN GENERAL.—With respect to individuals, in-
20 cluding WTC responders and non-responders, receiving
21 monitoring under subtitle B, the WTC program adminis-
22 trator shall conduct or support—

23 “(1) research on physical and mental health
24 conditions that may be related to the September 11
25 terrorist attacks;

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

5 “(3) research on treating WTC-related health
6 conditions of such individuals, in the case of condi-
7 tions for which there has been treatment uncer-
8 tainty.

9 “(b) CONSULTATION.—The WTC program adminis-
10 trator shall carry out this section in consultation with the
11 WTC Health Program Steering Committee.

12 “(c) APPLICATION OF PRIVACY AND HUMAN SUB-
13 JECT PROTECTIONS.—The privacy and human subject
14 protections applicable to research conducted under this
15 section shall not be less than such protections applicable
16 to research otherwise conducted by the National Institutes
17 of Health.

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

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of carrying out this section, there are authorized
23 to be appropriated such sums as may be necessary for
24 each of fiscal years 2008 through 2026, in addition to any

1 other authorizations of appropriations that are available
2 for such purpose.

3 **“Subtitle D—Programs of the New**
4 **York City Department of Health**
5 **and Mental Hygiene**

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

7 “(a) PROGRAM EXTENSION.—For the purpose of en-
8 suring on-going data collection for victims of the 9/11
9 NYC terrorist attacks, the WTC program administrator,
10 shall extend and expand the arrangements in effect as of
11 January 1, 2007, with the New York City Department of
12 Health and Mental Hygiene that provide for the World
13 Trade Center Health Registry.

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

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

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

1 **TITLE II—SEPTEMBER 11 VICTIM**
2 **COMPENSATION FUND OF 2001**

3 **SEC. 201. DEADLINE EXTENSION FOR CERTAIN CLAIMS**
4 **UNDER SEPTEMBER 11 VICTIM COMPENSA-**
5 **TION FUND OF 2001.**

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

9 “(3) LIMITATION.—

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

13 “(B) EXCEPTIONS.—

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

20 “(I) the individual first knew
21 that the individual had suffered a
22 physical or psychological harm as a
23 result of the terrorist-related aircraft
24 crashes of September 11, 2001, or the
25 aftermath of such attacks, after De-

1 cember 22, 2003, and before the date
2 that is 5 years after the date of the
3 enactment of the James Zadroga 9/11
4 Health and Compensation Act of
5 2007;

6 “(II) the individual did not for
7 any reason other than as described in
8 subclause (I) know that the individual
9 was eligible to file a claim under para-
10 graph (1) until after December 22,
11 2003;

12 “(III) the individual filed a claim
13 under this title before, on, or after
14 December 22, 2003, and suffered a
15 significantly greater physical or psy-
16 chological harm as a result of the ter-
17 rorist-related aircraft crashes of Sep-
18 tember 11, 2001, or the aftermath of
19 such attacks, than was known to the
20 individual as of the date the most re-
21 cent previous claim was filed, and be-
22 fore the date that is 5 years after the
23 date of the enactment of the James
24 Zadroga 9/11 Health and Compensa-
25 tion Act of 2007; or

1 “(IV) the individual was not eli-
2 gible to file a claim under this title be-
3 fore December 22, 2003, but who be-
4 comes so eligible because of the
5 amendments made by the James
6 Zadroga 9/11 Health and Compensa-
7 tion Act of 2007.

8 “(ii) PERIOD.—

9 “(I) IN GENERAL.—Except as
10 provided in subclause (II), the period
11 described in this clause is the two-
12 year period beginning on the date of
13 the enactment of the James Zadroga
14 9/11 Health and Compensation Act of
15 2007.

16 “(II) EXCEPTION.—In the case
17 of an individual who first knew on a
18 date after such date of enactment that
19 the individual had suffered physical or
20 psychological harm described in sub-
21 clause (I) of clause (i) or a signifi-
22 cantly greater harm, described in sub-
23 clause (III) of such clause, the period
24 described in this clause is the two-
25 year period beginning on the date the

1 individual first acquired such knowl-
2 edge.”.

3 **SEC. 202. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN**
4 **CERTAIN CIRCUMSTANCES.**

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

8 “(A) SINGLE CLAIM.—

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

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

21 **SEC. 203. ELIGIBILITY OF CLAIMANTS SUFFERING FROM**
22 **PSYCHOLOGICAL HARM.**

23 (a) IN GENERAL.—Section 405(c)(2)(A)(ii) of the Air
24 Transportation Safety and System Stabilization Act (49

1 U.S.C. 40101 note) is amended by inserting “, psycho-
2 logical harm,” before “or death”.

3 (b) CONFORMING AMENDMENTS.—

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

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

10 **SEC. 204. IMMEDIATE AFTERMATH DEFINED.**

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

15 “(11) IMMEDIATE AFTERMATH.—In section
16 405(c)(2)(A)(i), the term ‘immediate aftermath’
17 means any period beginning with the terrorist-re-
18 lated aircraft crashes of September 11, 2001, and
19 ending on July 31, 2002.”.

20 **SEC. 205. ELIGIBLE INDIVIDUALS TO INCLUDE ELIGIBLE**
21 **WTC RESPONDERS AND ELIGIBLE WTC RESI-**
22 **DENTS AND OTHER NON-RESPONDERS.**

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

1 (1) in subparagraph (A)(i), by striking “at the
2 World Trade Center, (New York, New York), the
3 Pentagon (Arlington, Virginia), or” and inserting
4 “in the New York City disaster area, as defined in
5 section 3009(5) of the Public Health Service Act,
6 (including at the World Trade Center, (New York,
7 New York)), at the Pentagon (Arlington, Virginia),
8 or at”;

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

11 (3) in subparagraph (C), by striking “subpara-
12 graph (A) or (B)” and inserting “subparagraph (A),
13 (B), or (C)”;

14 (4) by redesignating subparagraph (C) as sub-
15 paragraph (D); and

16 (5) by adding after subparagraph (B) the fol-
17 lowing new subparagraph:

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