

Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

General Instructions

Any interested party may petition the WTC Program Administrator to add a condition to the list of WTC-related health conditions in 42 CFR §88.1 (see page 5, below, for the full list).

Please use this form to propose the addition of a health condition (any recognized medical condition requiring treatment or medication) to the list of WTC-related health conditions. Please use a separate form to propose a different health condition.

Use of this petition *form* is voluntary but any petition must include the information requested below, as required by 42 CFR §88.17. Petitions which fail to provide the required information will not be considered by the WTC Program Administrator.

Petitions received, including attachments and other supporting materials (which are allowed and encouraged, but not required), are part of the public record and may be subject to public disclosure. Personal information will be redacted prior to public disclosure.

Please TYPE or PRINT all information clearly on the form.

If you need more space to provide the required information, please attach additional pages to this form.

Mail or email this form to: World Trade Center Health Program
395 E. Street, S.W., Suite 9200
Washington, D.C. 20201
WTC@cdc.gov

A. Interested Party Information

A1. Do you represent an organization? Yes (Go to A2) No (Go to A3)

A2. Organization Information:

Name of organization

A3. Name of Individual Petitioner or Organization Representative:

First name

Last name

Position, if representative of organization

A4. Mailing Address:

Street

City

State

Zip code

A5. Telephone Number: _____

A6. Email Address: _____

B. Proposed WTC-Related Health Condition Information

B1. Health Condition Information:

Name of health condition

If the name of the condition is not known, please provide a description of the condition or the name of the diagnosis provided by a physician or other healthcare provider.

D. Signature of Petitioner

Sign your name below to indicate that you are petitioning the WTC Program Administrator to consider adding a health condition to the list of WTC-related health conditions identified in 42 CFR §88.1.

Signature

Date

Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. §552a), you are hereby notified of the following:

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 amended the Public Health Service Act (PHS Act) to establish the World Trade Center (WTC) Health Program. Sections 3311, 3312, and 3321 of Title XXXIII of the PHS Act require that the WTC Program Administrator develop regulations to implement portions of the WTC Health Program established within the Department of Health and Human Services (HHS). The WTC Health Program is administered by the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC). The information provided with this form and supporting documentation will be used by the WTC Program Administrator to consider the disposition of a petitioned-for health condition. Disclosure of this information is voluntary.

Records containing information in identifiable form become part of an existing NIOSH system of records under the Privacy Act, 0920-0147 “Occupational Health Epidemiological Studies, EEOICPA Program Records and WTC Health Program Records, HHS/CDC/NIOSH.” These records are treated in a confidential manner, unless otherwise compelled by law.

NIOSH may disclose information in identifiable form to the WTC Health Program Scientific/Technical Advisory Committee (STAC), which may be asked to consider the petition and issue a recommendation to the WTC Program Administrator. Information in identifiable form will be redacted from submitted petition forms and supporting documentation that become a part of the public record (e.g. in conjunction with STAC consideration or a rulemaking).

List of WTC-Related Health Conditions in 42 CFR §88.1

List of WTC-related health conditions means the following disorders and conditions, including any other condition added to the list through procedures specified by the Act and under this part:

- (1) Aerodigestive disorders:
 - (i) Interstitial lung disease.
 - (ii) Chronic respiratory disorder [fumes/vapors].
 - (iii) Asthma.
 - (iv) Reactive airways dysfunction syndrome [RADS].
 - (v) WTC-exacerbated chronic obstructive pulmonary disease [COPD].
 - (vi) Chronic cough syndrome.
 - (vii) Upper airway hyperactivity.
 - (viii) Chronic rhinosinusitis.
 - (ix) Chronic nasopharyngitis.
 - (x) Chronic laryngitis.
 - (xi) Gastroesophageal reflux disorder [GERD].
 - (xii) Sleep apnea exacerbated by or related to a condition described in preceding paragraphs (1)(i) through (1)(xi) of this definition.
- (2) Mental health conditions:
 - (i) Posttraumatic stress disorder.
 - (ii) Major depressive disorder.
 - (iii) Panic disorder.
 - (iv) Generalized anxiety disorder.
 - (v) Anxiety disorder [not otherwise specified].
 - (vi) Depression [not otherwise specified].
 - (vii) Acute stress disorder.
 - (viii) Dysthymic disorder.
 - (ix) Adjustment disorder.
 - (x) Substance abuse.
- (3) Musculoskeletal disorders for those WTC responders who received any treatment for a World Trade Center (WTC)-related musculoskeletal disorder (as defined in this section) on or before September 11, 2003:
 - (i) Low back pain.
 - (ii) Carpal tunnel syndrome [CTS].
 - (iii) Other musculoskeletal disorders.