Appendix A

Zadroga Act (Sec. 3301)

**‘‘TITLE XXXIII—WORLD TRADE CENTER**

**HEALTH PROGRAM**

**‘‘Subtitle A—Establishment of Program;**

**Advisory Committee**

**‘‘SEC. 3301. ESTABLISHMENT OF WORLD TRADE CENTER HEALTH PROGRAM.**

‘‘(a) IN GENERAL.—There is hereby established within the

Department of Health and Human Services a program to be known

as the World Trade Center Health Program, which shall be administered

by the WTC Program Administrator, to provide beginning

on July 1, 2011—

‘‘(1) medical monitoring and treatment benefits to eligible

emergency responders and recovery and cleanup workers

(including those who are Federal employees) who responded

to the September 11, 2001, terrorist attacks; and

‘‘(2) initial health evaluation, monitoring, and treatment

benefits to residents and other building occupants and area

workers in New York City who were directly impacted and

adversely affected by such attacks.

‘‘(b) COMPONENTS OF PROGRAM.—The WTC Program includes

the following components:

‘‘(1) MEDICAL MONITORING FOR RESPONDERS.—Medical monitoring

under section 3311, including clinical examinations and

long-term health monitoring and analysis for enrolled WTC

responders who were likely to have been exposed to airborne

toxins that were released, or to other hazards, as a result

of the September 11, 2001, terrorist attacks.

initial

health evaluation under section 3321, including an evaluation

to determine eligibility for followup monitoring and treatment.

‘‘(3) FOLLOWUP MONITORING AND TREATMENT FOR WTCRELATED

HEALTH CONDITIONS FOR RESPONDERS AND SURVIVORS.—

Provision under sections 3312, 3322, and 3323 of

followup monitoring and treatment and payment, subject to

the provisions of subsection (d), for all medically necessary

health and mental health care expenses of an individual with

respect to a WTC-related health condition (including necessary

prescription drugs).

‘‘(4) OUTREACH.—Establishment under section 3303 of an

education and outreach program to potentially eligible individuals

concerning the benefits under this title.

‘‘(5) CLINICAL DATA COLLECTION AND ANALYSIS.—Collection

and analysis under section 3304 of health and mental health

data relating to individuals receiving monitoring or treatment

benefits in a uniform manner in collaboration with the collection

of epidemiological data under section 3342.

‘‘(6) RESEARCH ON HEALTH CONDITIONS.—Establishment

under subtitle C of a research program on health conditions

resulting from the September 11, 2001, terrorist attacks.

‘‘(c) NO COST SHARING.—Monitoring and treatment benefits

and initial health evaluation benefits are provided under subtitle

B without any deductibles, copayments, or other cost sharing to

an enrolled WTC responder or certified-eligible WTC survivor. Initial

health evaluation benefits are provided under subtitle B without

any deductibles, copayments, or other cost sharing to a screening eligible

WTC survivor.

‘‘(d) PREVENTING FRAUD AND UNREASONABLE ADMINISTRATIVE

COSTS.—

‘‘(1) FRAUD.—The Inspector General of the Department of

Health and Human Services shall develop and implement a

program to review the WTC Program’s health care expenditures

to detect fraudulent or duplicate billing and payment for

inappropriate services. This title is a Federal health care program

(as defined in section 1128B(f) of the Social Security

Act) and is a health plan (as defined in section 1128C(c) of

such Act) for purposes of applying sections 1128 through 1128E

of such Act.

‘‘(2) UNREASONABLE ADMINISTRATIVE COSTS.—The Inspector

General of the Department of Health and Human Services

shall develop and implement a program to review the WTC

Program for unreasonable administrative costs, including with

respect to infrastructure, administration, and claims processing.

‘‘(e) QUALITY ASSURANCE.—The WTC Program Administrator

working with the Clinical Centers of Excellence shall develop and

implement a quality assurance program for the monitoring and

treatment delivered by such Centers of Excellence and any other

participating health care providers. Such program shall include—

‘‘(1) adherence to monitoring and treatment protocols;

‘‘(2) appropriate diagnostic and treatment referrals for

participants;

‘‘(3) prompt communication of test results to participants;

A‘‘(4) such other elements as the Administrator specifies

in consultation with the Clinical Centers of Excellence.

‘‘(f) ANNUAL PROGRAM REPORT.—

‘‘(1) IN GENERAL.—Not later than 6 months after the end

of each fiscal year in which the WTC Program is in operation,

the WTC Program Administrator shall submit an annual report

to the Congress on the operations of this title for such fiscal

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

‘‘(2) CONTENTS INCLUDED IN REPORT.—Each annual report

under paragraph (1) shall include at least the following:

‘‘(A) ELIGIBLE INDIVIDUALS.—Information for each clinical

program described in paragraph (3)—

‘‘(i) on the number of individuals who applied for

certification under subtitle B and the number of such

individuals who were so certified;

‘‘(ii) of the individuals who were certified, on the

number who received monitoring under the program

and the number of such individuals who received medical

treatment under the program;

‘‘(iii) with respect to individuals so certified who

received such treatment, on the WTC-related health

conditions for which they were treated; and

‘‘(iv) on the projected number of individuals who

will be certified under subtitle B in the succeeding

fiscal year and the succeeding 10-year period.

‘‘(B) MONITORING, INITIAL HEALTH EVALUATION, AND

TREATMENT COSTS.—For each clinical program so

described—

‘‘(i) information on the costs of monitoring and

initial health evaluation and the costs of treatment

and on the estimated costs of such monitoring, evaluation,

and treatment in the succeeding fiscal year; and

‘‘(ii) an estimate of the cost of medical treatment

for WTC-related health conditions that have been paid

for or reimbursed by workers’ compensation, by public

or private health plans, or by New York City under

section 3331.

‘‘(C) ADMINISTRATIVE COSTS.—Information on the cost

of administering the program, including costs of program

support, data collection and analysis, and research conducted

under the program.

‘‘(D) ADMINISTRATIVE EXPERIENCE.—Information on the

administrative performance of the program, including—

‘‘(i) the performance of the program in providing

timely evaluation of and treatment to eligible individuals;

and

‘‘(ii) a list of the Clinical Centers of Excellence

and other providers that are participating in the program.

‘‘(E) SCIENTIFIC REPORTS.—A summary of the findings

of any new scientific reports or studies on the health effects

associated with exposure described in section 3306(1),

including the findings of research conducted under section

3341(a).

‘‘(F) ADVISORY COMMITTEE RECOMMENDATIONS.—A list

of recommendations by the WTC Scientific/Technical

Advisory Committee on additional WTC Program eligibility

criteria and on additional WTC-related health conditions

and the action of the WTC Program Administrator concerning

each such recommendation.

‘‘(3) SEPARATE CLINICAL PROGRAMS DESCRIBED.—In paragraph

(2), each of the following shall be treated as a separate

clinical program of the WTC Program:

‘‘(A) FIREFIGHTERS AND RELATED PERSONNEL.—The

benefits provided for enrolled WTC responders described

in section 3311(a)(2)(A).

‘‘(B) OTHER WTC RESPONDERS.—The benefits provided

for enrolled WTC responders not described in subparagraph

(A).

‘‘(C) WTC SURVIVORS.—The benefits provided for

screening-eligible WTC survivors and certified-eligible WTC

survivors in section 3321(a).

‘‘(g) NOTIFICATION TO CONGRESS UPON REACHING 80 PERCENT

OF ELIGIBILITY NUMERICAL LIMITS.—The Secretary shall promptly

notify the Congress of each of the following:

‘‘(1) When the number of enrollments of WTC responders

subject to the limit established under section 3311(a)(4) has

reached 80 percent of such limit.

‘‘(2) When the number of certifications for certified-eligible

WTC survivors subject to the limit established under section

3321(a)(3) has reached 80 percent of such limit.

‘‘(h) CONSULTATION.—The WTC Program Administrator shall

engage in ongoing outreach and consultation with relevant stakeholders,

including the WTC Health Program Steering Committees

and the Advisory Committee under section 3302, regarding the

implementation and improvement of programs under this title.