

Key Provisions of H.R. 847, The 9/11 Health and Compensation Act

Thousands of first responders and others exposed to the toxins of Ground Zero are now sick and in need of treatment and compensation. H.R. 847 would provide long-term, comprehensive health care and compensation for those in need. The bill 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 community members, delivered through Centers of Excellence. The WTC Program Administrator is required to develop and implement a program to ensure the quality of medical monitoring and treatment, a program to detect fraud, and to submit an annual report to Congress on the operation of the program.

WTC Responder Medical Monitoring and Treatment Program (NY/NJ 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, the patient can receive treatment only if their condition is on the list of Identified WTC-related conditions in the bill. Additionally, the physician must find that exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness. The physician's determination must be evaluated and characterized through the use of appropriate questionnaires and clinical protocols approved by the NIOSH Director. Lastly, a federal employee designated by the Program Administrator shall review the determination and provide certification for treatment if appropriate.

The program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on Federal Employees Compensation Act (FECA) rates (FECA rates are used in all federal compensation systems, like Energy Workers, Black Lung, Longshoremen, and compensation for Members of Congress). Treatment is limited to that which is medically necessary. The administrator reviews the determination of medical necessity and decides if payment will be made.

Workers' Compensation and public or private insurance are primary payors, followed by the government, if there are no worker's compensation benefits or private or public insurance.

The bill sets a cap of 15,000 additional participants in the responder medical monitoring and treatment program, over the number of current participants certified (about 40,000) as eligible by the WTC program administrator, for a total of 55,000 responders.

WTC National Responder Program: The program administrator will establish a nationwide network of providers so that eligible individuals who live outside of the New York/New Jersey area can reasonably access monitoring and treatment benefits near where they live.

WTC Community Program: The bill establishes a community program to provide initial health screenings, medical treatment, and follow-up monitoring to eligible WTC community members. It sets forth geographic and exposure criteria for defining the potential population who may be eligible for the program (i.e. those who lived, worked or were present in lower Manhattan, south of Houston Street or in Brooklyn within a 1.5 mile radius of the WTC site for certain defined time periods). The criteria and procedures for determinations of eligibility, diagnosing WTC-related health conditions and certification are the same as for those in the responder health program.

For those WTC-related health conditions certified for medical treatment that are not work-related, the WTC program is the secondary payor to any applicable public or private health insurance. For those costs not covered by other insurance, the program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on FECA rates.

The bill sets a cap of 15,000 additional participants in the community program for residents and non-responders, over the number of current participants (about 4,000) certified as eligible by the WTC program administrator, for a total of around 19,000.

There is a contingency fund of \$20 million per year established to pay the cost of WTC-related health claims that may arise in individuals who fall outside the more limited definition of the population eligible for the community program included in the revised bill.

Cost Share for the City of New York:

The City of New York is required to contribute a 10 percent matching cost share, but not more than \$500 million over 10 years. Each year the program administrator will certify whether the City has paid their 10% for the year.

Reopen the September 11 Victim Compensation Fund (VCF) and provides liability protections for the WTC Contractors to provide fair compensation for economic losses and harm as an alternative to the current litigation system.