

110TH CONGRESS
1ST SESSION

H. R. 1638

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

MARCH 22, 2007

Mrs. MALONEY of New York (for herself, Mr. FOSSELLA, Mr. SERRANO, Mr. SHAYS, Mr. HINCHEY, Mr. MCHUGH, Mr. HALL of New York, Mr. McNULTY, Mr. CROWLEY, Mr. GRIJALVA, and Mr. MCCOTTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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”.

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.

TITLE I—EXTENDING PROTECTIONS AND SERVICES TO THOSE
 EXPOSED TO TOXINS FROM 9/11

Sec. 101. Extending protections and services to those exposed to toxins from
 9/11.
 Sec. 102. Research regarding certain health conditions.
 Sec. 103. Programs regarding attack at Pentagon.

TITLE II—9/11 HEALTH EMERGENCY COORDINATING COUNCIL

Sec. 201. Establishment.
 Sec. 202. Membership.
 Sec. 203. Meetings.
 Sec. 204. Reports.
 Sec. 205. Authorization of appropriations.

TITLE III—SEPTEMBER 11 VICTIM COMPENSATION FUND OF 2001

Sec. 301. Deadline extension for certain claims under September 11 Victim
 Compensation Fund of 2001.
 Sec. 302. Exception to single claim requirement in certain circumstances.
 Sec. 303. Eligibility of claimants suffering from psychological harm.
 Sec. 304. Immediate aftermath defined.

TITLE IV—PROGRAMS OF THE NEW YORK CITY DEPARTMENT OF
 HEALTH AND MENTAL HYGIENE

Sec. 401. World Trade Center Health Registry.
 Sec. 402. Mental health services.

3 **SEC. 2. FINDINGS.**

4 Congress finds the following:

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

1 (2) In a September 2006 peer-reviewed study
2 conducted by the World Trade Center Medical Moni-
3 toring Program, of 9,500 World Trade Center re-
4 sponders, almost 70 percent of World Trade Center
5 responders had a new or worsened respiratory symp-
6 tom that developed during or after their time work-
7 ing at the World Trade Center; among the respond-
8 ers who were asymptomatic before 9/11, 61 percent
9 developed respiratory symptoms while working at the
10 World Trade Center; close to 60 percent still had a
11 new or worsened respiratory symptom at the time of
12 their examination; one-third had abnormal pul-
13 monary function tests; and severe respiratory condi-
14 tions including pneumonia were significantly more
15 common in the 6 months after 9/11 than in the
16 prior 6 months.

17 (3) An April 2006 study documented that, on
18 average, a New York City firefighter who responded
19 to the World Trade Center has experienced a loss of
20 12 years of lung capacity.

21 (4) A peer-reviewed study of residents who lived
22 near the World Trade Center titled “The World
23 Trade Center Residents’ Respiratory Health Study:
24 New Onset Respiratory Symptoms and Pulmonary
25 Function”, found that data demonstrated a three

1 fold increase in new-onset, persistent lower res-
2 piratory symptoms in residents near the former
3 World Trade Center as compared to a control popu-
4 lation.

5 (5) Previous research on the health impacts of
6 the devastation caused by the September 11 terrorist
7 attacks has shown relationships between the air
8 quality from Ground Zero and a host of health im-
9 pacts, including lower pregnancy rates, lower birth
10 weights in babies born 9 months after the disaster,
11 higher rates of respiratory and lung disorders, and
12 a variety of post-disaster mental health conditions
13 (including posttraumatic stress disorder) in workers
14 and residents near Ground Zero.

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

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

1 (8) 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 (9) 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 (10) 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 (11) A February 2007 report released by the
21 City of New York revealed that 410,000 people were
22 “heavily exposed”, to the toxins of Ground Zero.
23 The report also found that an estimated 30,000 re-
24 sponders are sick yet 21,000 of them do not have
25 adequate health insurance.

1 (12) The September 11 Victim Compensation
2 Fund of 2001 was established to provide compensa-
3 tion to individuals who were physically injured or
4 killed as a result of the terrorist-related aircraft
5 crashes of September 11, 2001.

6 (13) The deadline for filing claims for com-
7 pensation under the Victim Compensation Fund was
8 December 22, 2003.

9 (14) Some individuals did not know they were
10 eligible to file claims for compensation for injuries or
11 did not know they had suffered physical harm as a
12 result of the terrorist-related aircraft crashes until
13 after the December 22, 2003, deadline.

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

19 (16) Research is needed regarding possible
20 treatment for the illnesses and injuries of September
21 11.

22 (17) The Federal response to medical and fi-
23 nancial issues arising from the September 11 re-
24 sponse efforts needs a comprehensive, coordinated
25 long-term response in order to meet the needs of all

1 the individuals who were exposed to the toxins of
2 Ground Zero and are suffering health problems from
3 the disaster.

4 **TITLE I—EXTENDING PROTEC-**
5 **TIONS AND SERVICES TO**
6 **THOSE EXPOSED TO TOXINS**
7 **FROM 9/11**

8 **SEC. 101. EXTENDING PROTECTIONS AND SERVICES TO**
9 **THOSE EXPOSED TO TOXINS FROM 9/11.**

10 Part B of title III of the Public Health Service Act
11 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
12 tion 317S the following section:

13 **“SEC. 317T. EXTENDING PROTECTIONS AND SERVICES TO**
14 **THOSE EXPOSED TO TOXINS FROM 9/11.**

15 “(a) PROGRAM EXTENSION.—For the purpose of en-
16 suring on-going monitoring, treatment, and data collection
17 for victims of the September 11 terrorist attacks in New
18 York City, the Secretary, acting through the National In-
19 stitute for Occupational Safety and Health of the Centers
20 for Disease Control and Prevention, shall extend and ex-
21 pand, in accordance with this section, the arrangements
22 in effect as of January 1, 2007, with the coordinating con-
23 sortium body and with the Fire Department of the City
24 of New York that provide for the following:

1 “(1) Medical monitoring, including screening,
2 clinical examinations, and long-term health moni-
3 toring and analysis, for individuals who were likely
4 to have been exposed to airborne toxins that were re-
5 leased as a result of the aftermath of the terrorist
6 attacks that occurred on September 11, 2001, in
7 New York City. The extent and frequency of such
8 monitoring shall be in accordance with guidelines de-
9 veloped by the program steering committee.

10 “(2) Provision of treatment and payment, with-
11 out any cost-sharing, for all health and mental
12 health care expenses (including necessary prescrip-
13 tion drugs) of individuals with a qualifying health
14 condition, using a uniform standard of coverage for
15 all eligible individuals.

16 “(3) Collection of health and mental health
17 data on such individuals, using a uniform system of
18 data collection.

19 “(b) COVERED INDIVIDUALS.—The program admin-
20 istered by the coordinating consortium body under sub-
21 section (a) shall be expanded so as to include, among the
22 individuals described in subsection (a)(1) and under the
23 arrangement with such body, any of the following individ-
24 uals if they are not otherwise covered under either of the
25 arrangements described in such subsection:

1 “(1) Emergency service personnel and rescue
2 and recovery personnel who responded in the New
3 York City disaster area to the terrorist attacks that
4 occurred on September 11, 2001, in New York City,
5 any time during the period of September 11, 2001,
6 through August 31, 2002.

7 “(2) Any other worker or volunteer who re-
8 sponded in such area to such attacks at any time
9 during such period, including—

10 “(A) a police officer;

11 “(B) a firefighter;

12 “(C) an emergency medical technician;

13 “(D) a transit worker;

14 “(E) any participating member of an
15 urban search and rescue team;

16 “(F) Federal and State employees;

17 “(G) a person who worked to recover
18 human remains; and

19 “(H) a person who worked on the criminal
20 investigation.

21 “(3) A worker who responded at any time dur-
22 ing such period to such attacks by assisting in the
23 cleanup or restoration of critical infrastructure in
24 the New York City disaster area.

1 “(4) A worker who assisted at any time during
2 such period in the cleaning of a building situated in
3 the New York City disaster area.

4 “(5) A person whose place of residence at any
5 time during such period was in the New York City
6 disaster area.

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

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

14 “(8) A person who was employed at any time
15 during such period at the Fresh Kills recovery site
16 on Staten Island.

17 “(9) A person who was present in the New
18 York City disaster area on September 11, 2001.

19 “(10) Any other person whom the Secretary de-
20 termines to be appropriate.

21 “(c) EXTENSION OF SERVICES.—In order to ensure
22 reasonable access to monitoring and treatment for individ-
23 uals under subsection (a) who reside in the Downtown
24 Manhattan area or who reside outside of the New York

1 City disaster area, the arrangements under such sub-
2 section shall be expanded—

3 “(1) to enter into arrangements with the World
4 Trade Center Environmental Health Center at Belle-
5 vue Hospital to coordinate and provide services for
6 residents, office and area workers, and students in
7 Downtown Manhattan and nearby areas; and

8 “(2) to establish a nationwide network of health
9 care providers to provide such monitoring and treat-
10 ment near such individuals’ areas of residence, or to
11 establish a mechanism whereby individuals who re-
12 ceive monitoring or treatment for a qualifying health
13 condition can be reimbursed for the cost of such
14 monitoring or treatment.

15 “(d) ADMINISTRATIVE ARRANGEMENT AUTHOR-
16 ITY.—Arrangements under subsection (a) may be modi-
17 fied, so as to provide for timely and accurate processing
18 of claims, through entering into arrangements for the ad-
19 ministration of benefits using insurance companies or
20 other third-party administrators.

21 “(e) REQUIREMENT OF MEDICAL NECESSITY.—If a
22 monitoring or treating physician, pursuant to an arrange-
23 ment under subsection (a), determines that an item or
24 service for the provision of health or mental health care
25 under subsection (a)(2) is medically necessary for an indi-

1 vidual, payment under such subsection shall be made
2 available for the item or service.

3 “(f) ELIGIBILITY CERTIFICATION FOR TREATMENT
4 BENEFITS.—Effective for treatment benefits furnished
5 more than 60 days after the date of the enactment of this
6 section, no individual shall be eligible for treatment bene-
7 fits described in paragraph (2) of subsection (a) under the
8 arrangements described in such subsection unless a Fed-
9 eral employee designated by the Secretary has determined
10 that the individual meets the applicable eligibility criteria
11 under such arrangements (as modified by the section) for
12 the receipt of such treatment benefits. Such Federal em-
13 ployee shall not deny certification if the individual meets
14 the applicable eligibility criteria.

15 “(g) COMMUNITY OUTREACH.—The Secretary shall
16 institute a program that provides education and outreach
17 on the existence and availability of services provided for
18 under this section. Any such education and outreach shall
19 be done in a manner intended to reach all affected popu-
20 lations and to include materials for culturally and linguis-
21 tically diverse populations. To the greatest extent possible,
22 in carrying out this subsection, the Secretary should enter
23 into partnerships with local governments and organiza-
24 tions with experience performing outreach.

1 “(h) CONTINUATION OF TREATMENT WHILE BEING
2 ENROLLED IN MEDICAL MONITORING PROGRAM.—In the
3 case of an individual receiving medical treatment under
4 the arrangements described in paragraph (2) of subsection
5 (a) but who is not enrolled in the medical monitoring pro-
6 gram referred to in paragraph (1) of such subsection, the
7 individual may continue to receive such treatment while
8 the individual is being enrolled in such medical monitoring
9 program.

10 “(i) DEFINITIONS.—In this section:

11 “(1) The term ‘coordinating consortium body’
12 means the body of medical providers that coordi-
13 nates the monitoring and treatment under the ar-
14 rangement under subsection (a) that covers individ-
15 uals who are not covered under the arrangement
16 with the Fire Department for the City of New York.

17 “(2) The term ‘New York City disaster area’
18 means an area, specified by the Secretary of Health
19 and Human Services, within which individuals who
20 resided, worked, or otherwise were regularly present
21 during the period beginning on September 11, 2001,
22 and ending on August 31, 2002, were likely to have
23 been exposed to airborne toxins that were released
24 as a result of the aftermath of the terrorist attacks
25 that occurred on September 11, 2001, in New York

1 City, and includes the area within 2 miles of the pe-
2 rimeter of the former World Trade Center site. In
3 determining the boundaries of the New York City
4 disaster area, the Secretary shall take into consider-
5 ation peer-reviewed research that has demonstrated
6 potential exposure to such toxins at a distance of 5
7 miles or greater from the former World Trade Cen-
8 ter.

9 “(3) The term ‘program steering committee’
10 means the committee, made up of a number of rep-
11 resentatives of the medical providers from the co-
12 ordinating consortium body and the Fire Depart-
13 ment of the City of New York, and an equal number
14 of representatives of the covered individuals de-
15 scribed in subsection (b), that is responsible for the
16 governance and coordination of the programs admin-
17 istered by the coordinating consortium body and the
18 Fire Department of the City of New York under
19 subsection (a).

20 “(4) The term ‘qualifying health condition’
21 means an adverse health condition that is presumed
22 by the program steering committee, in consultation
23 with the Secretary, to be associated with exposure to
24 one or more of the sites of the terrorist attacks that
25 occurred on September 11, 2001, in New York City.

1 “(j) FINANCING.—Out of any funds in the Treasury
 2 not otherwise appropriated, there are hereby appropriated
 3 to the Secretary—

4 “(1) for the period of fiscal years 2007 through
 5 2012, \$1,900,000,000 and such additional sums as
 6 may be necessary to carry out this section; and

7 “(2) for fiscal years 2013 through 2026, such
 8 sums as may be necessary to carry out this sec-
 9 tion.”.

10 **SEC. 102. RESEARCH REGARDING CERTAIN HEALTH CONDI-**
 11 **TIONS.**

12 Part B of title IV of the Public Health Service Act
 13 (42 U.S.C. 284 et seq.) is amended by inserting after sec-
 14 tion 409I the following section:

15 **“SEC. 409J. RESEARCH REGARDING CERTAIN HEALTH CON-**
 16 **DITIONS OF INDIVIDUALS ASSISTING WITH**
 17 **RESPONSE TO SEPTEMBER 11 TERRORIST AT-**
 18 **TACKS IN NEW YORK CITY.**

19 “(a) IN GENERAL.—With respect to individuals re-
 20 ceiving monitoring under section 317T, the Secretary shall
 21 conduct or support—

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

1 “(2) research on diagnosing qualifying health
2 conditions of such individuals, in the case of condi-
3 tions for which there has been diagnostic uncer-
4 tainty; and

5 “(3) research on treating qualifying health con-
6 ditions of such individuals, in the case of conditions
7 for which there has been treatment uncertainty.

8 “(b) CONSULTATION.—The Secretary shall carry out
9 this section in consultation with such program steering
10 committee.

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

17 “(d) ANNUAL REPORT.—The Secretary shall annu-
18 ally submit to the Congress a report describing the find-
19 ings of research under subsection (a).

20 “(e) DEFINITIONS.—In this section, the terms ‘pro-
21 gram steering committee’ and ‘qualifying health condition’
22 have the meanings given to those terms in section 317T(i).

23 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized
25 to be appropriated such sums as may be necessary for

1 each of fiscal years 2008 through 2026, in addition to any
2 other authorizations of appropriations that are available
3 for such purpose.”.

4 **SEC. 103. PROGRAMS REGARDING ATTACK AT PENTAGON.**

5 The Secretary of Health and Human Services may,
6 to the extent determined appropriate by the Secretary, es-
7 tablish with respect to the terrorist attack at the Pentagon
8 on September 11, 2001, programs similar to the programs
9 that are established in sections 317T and 409J of the
10 Public Health Service Act with respect to the terrorist at-
11 tacks on such date in New York City.

12 **TITLE II—9/11 HEALTH EMER-**
13 **GENCY COORDINATING**
14 **COUNCIL**

15 **SEC. 201. ESTABLISHMENT.**

16 The Secretary of Health and Human Services shall
17 convene a council, to be known as “9/11 Health Emer-
18 gency Coordinating Council” (in this title referred to as
19 the “Council”), for the purpose of discussing, examining,
20 and formulating recommendations with respect to the ade-
21 quacy and coordination of the following:

22 (1) Care and compensation for the victims of
23 the terrorist attacks of September 11, 2001.

24 (2) Federal tracking of the monitoring of, and
25 treatment for, individuals who are directly suffering

1 from, or may have long-term health effects from,
2 such attacks.

3 **SEC. 202. MEMBERSHIP.**

4 (a) CHAIRPERSON.—The Secretary of Health and
5 Human Services (or the Secretary's designee) shall serve
6 as the chairperson of the Council.

7 (b) REQUIRED MEMBERS.—The members of the
8 Council shall include the following:

9 (1) The Secretary of Defense (or the Sec-
10 retary's designee).

11 (2) The Secretary of Labor (or the Secretary's
12 designee).

13 (3) The Director of the Federal Emergency
14 Management Agency (or the Director's designee).

15 (4) The Director of the National Institutes of
16 Health (or the Director's designee).

17 (5) The Director of the National Institute for
18 Occupational Safety and Health (or the Director's
19 designee).

20 (6) A representative of the Crime Victims Fund
21 established under section 1402 of the Victims of
22 Crime Act of 1984 (42 U.S.C. 10601).

23 (c) INVITEES.—The Secretary of Health and Human
24 Services shall invite the following individuals to serve as
25 members of the Council:

1 (1) The Governor of the State of New York (or
2 the Governor's designee).

3 (2) The Governor of the State of New Jersey
4 (or the Governor's designee).

5 (3) The Mayor of New York City (or the May-
6 or's designee).

7 (4) 1 representative of the New York City Fire
8 Department.

9 (5) 1 representative of the New York City Po-
10 lice Department.

11 (6) 1 representative of the police department of
12 the Port Authority of New York and New Jersey.

13 (7) 1 representative of the New York State De-
14 partment of Health.

15 (8) 1 representative of the New York State
16 Workers' Compensation Board.

17 (9) 1 representative of the New York City De-
18 partment of Health and Mental Hygiene.

19 (10) 1 representative of the New York City Of-
20 fice of Emergency Management.

21 (11) 1 representative of the Association of Oc-
22 cupational and Environmental Clinics.

23 (12) 1 representative of the New York Com-
24 mittee for Occupational Safety and Health
25 (NYCOSH).

1 (13) 1 representative of charitable organizations
2 that had volunteers at Ground Zero.

3 (14) 20 representatives of labor unions reflect-
4 ing a cross section of workers who responded to, or
5 assisted in the cleanup resulting from, the attack on
6 the World Trade Center, including New York City
7 police, fire, and other municipal employees, Port Au-
8 thority of New York and New Jersey police, State
9 and Federal employees, construction employees, and
10 employees involved in the resumption of services.

11 (15) 20 representatives of community organiza-
12 tions that reflect a cross section of the concerns of
13 residents, office workers, and students.

14 (16) 5 representatives of nonprofit volunteer
15 entities that assisted in recovery efforts following the
16 terrorist attacks of September 11, 2001.

17 (17) 5 representatives of a regional occupa-
18 tional provider that—

19 (A) works with the World Trade Center
20 Worker and Volunteer Medical Screening Pro-
21 gram; and

22 (B) is under the direction of the Mount
23 Sinai Center for Occupational and Environ-
24 mental Medicine.

1 **SEC. 203. MEETINGS.**

2 The Council shall meet not less than 4 times each
3 calendar year.

4 **SEC. 204. REPORTS.**

5 Not less than once each calendar year, the Council
6 shall submit to the Congress a report on the recommenda-
7 tions of the Council.

8 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS.**

9 For the purpose of carrying out this title, there are
10 authorized to be appropriated such sums as may be nec-
11 essary for each of fiscal years 2007 through 2026.

12 **TITLE III—SEPTEMBER 11 VIC-**
13 **TIM COMPENSATION FUND OF**
14 **2001**

15 **SEC. 301. DEADLINE EXTENSION FOR CERTAIN CLAIMS**
16 **UNDER SEPTEMBER 11 VICTIM COMPENSA-**
17 **TION FUND OF 2001.**

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

21 “(3) LIMITATION.—

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

25 “(B) EXCEPTIONS.—A claim may be filed
26 under paragraph (1) by an individual (or by a

1 personal representative on behalf of a deceased
2 individual)—

3 “(i) during the 5-year period after the
4 date of enactment of this subparagraph, if
5 the Special Master determines that the in-
6 dividual—

7 “(I) did not know that the indi-
8 vidual had suffered physical harm as
9 a result of the terrorist-related air-
10 craft crashes of September 11, 2001,
11 until after December 22, 2003, and
12 before the date of the enactment of
13 this subparagraph;

14 “(II) did not for any reason
15 other than as described in subclause
16 (I) know that the individual was eligi-
17 ble to file a claim under paragraph
18 (1) until after December 22, 2003;

19 “(III) suffered psychological
20 harm as a result of the terrorist-re-
21 lated aircraft crashes; or

22 “(IV) in the case of an individual
23 who had previously filed a claim under
24 this title, suffered a significantly
25 greater physical harm than was

1 known to the individual as of the date
2 the claim was filed and did not know
3 the full extent of the physical harm
4 suffered as a result of the terrorist-re-
5 lated aircraft crashes until after the
6 date on which the claim was filed and
7 before the date of enactment of this
8 subparagraph; and

9 “(ii) during the 5-year period after
10 the date that the individual—

11 “(I) first knew that the indi-
12 vidual had suffered physical or psy-
13 chological harm as a result of the ter-
14 rorist-related aircraft crashes of Sep-
15 tember 11, 2001, if the Special Mas-
16 ter determines that the individual did
17 not know that the individual had suf-
18 fered such physical or psychological
19 harm until a date that is on or after
20 the date of enactment of this subpara-
21 graph; or

22 “(II) in the case of an individual
23 who had previously filed a claim under
24 this title and had suffered a signifi-
25 cantly greater physical harm than was

1 known to the individual as of the date
 2 the claim was filed, or had suffered
 3 psychological harm as a result of the
 4 terrorist-related crashes, first knew
 5 the full extent of the physical and psy-
 6 chological harm suffered as a result of
 7 the terrorist-related aircraft crashes,
 8 if the Special Master determines that
 9 the individual did not know the full
 10 extent of the harm suffered until a
 11 date that is on or after the date of the
 12 enactment of this subparagraph.”.

13 **SEC. 302. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN**
 14 **CERTAIN CIRCUMSTANCES.**

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

18 “(A) SINGLE CLAIM.—

19 “(i) IN GENERAL.—Except as pro-
 20 vided by clause (ii), not more than 1 claim
 21 may be submitted under this title by an in-
 22 dividual or on behalf of a deceased indi-
 23 vidual.

24 “(ii) EXCEPTION.—A second claim
 25 may be filed under subsection (a)(1) by an

1 individual (or by a personal representative
 2 on behalf of a deceased individual) if the
 3 individual is an individual described in ei-
 4 ther of clauses (i)(IV) or (ii)(II) of sub-
 5 section (a)(3)(B).”.

6 **SEC. 303. ELIGIBILITY OF CLAIMANTS SUFFERING FROM**
 7 **PSYCHOLOGICAL HARM.**

8 (a) IN GENERAL.—Section 405(c)(2)(A)(ii) of the Air
 9 Transportation Safety and System Stabilization Act (49
 10 U.S.C. 40101 note) is amended by inserting “, psycho-
 11 logical harm,” before “or death”.

12 (b) CONFORMING AMENDMENT.—Section
 13 405(a)(2)(B)(i) of such Act is amended by striking “phys-
 14 ical harm” and inserting “physical or psychological
 15 harm”.

16 **SEC. 304. IMMEDIATE AFTERMATH DEFINED.**

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

21 “(11) IMMEDIATE AFTERMATH.—In section
 22 405(c)(2)(A)(i), the term ‘immediate aftermath’
 23 means any period of time after the terrorist-related
 24 aircraft crashes of September 11, 2001, as deter-
 25 mined by the Special Master, that was sufficiently

1 close in time to the crashes that there was a demon-
2 strable risk to the claimant of physical or psycho-
3 logical harm resulting from the crashes, including
4 the period of time during which rescue, recovery,
5 and cleanup activities relating to the crashes were
6 conducted.”.

7 **TITLE IV—PROGRAMS OF THE**
8 **NEW YORK CITY DEPART-**
9 **MENT OF HEALTH AND MEN-**
10 **TAL HYGIENE**

11 **SEC. 401. WORLD TRADE CENTER HEALTH REGISTRY.**

12 (a) PROGRAM EXTENSION.—For the purpose of en-
13 suring on-going data collection for victims of the Sep-
14 tember 11 terrorist attacks in New York City, the Sec-
15 retary of Health and Human Services, acting through the
16 National Institute for Occupational Safety and Health of
17 the Centers for Disease Control and Prevention, shall ex-
18 tend and expand the arrangements in effect as of January
19 1, 2007, with the New York City Department of Health
20 and Mental Hygiene that provide for the World Trade
21 Center Health Registry.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary.

1 **SEC. 402. MENTAL HEALTH SERVICES.**

2 (a) GRANTS.—The Secretary of Health and Human
3 Services may make grants to the New York City Depart-
4 ment of Health and Mental Hygiene to provide mental
5 health services to address the mental health needs of
6 qualified individuals relating to the terrorist attacks that
7 occurred on September 11, 2001, in New York City.

8 (b) QUALIFIED INDIVIDUAL.—In this section, the
9 term “qualified individual” means an individual who re-
10 sides in the New York City metropolitan area, but is not
11 a covered individual described in section 317T(b) of the
12 Public Health Service Act, as added by section 101 of this
13 Act.

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