H. R. 3543

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

SEPTEMBER 17, 2007

Mrs. MALONEY of New York (for herself, Mr. NADLER, Mr. FOSSIELLA, Mr. ACKERMAN, Mr. ARCURI, Mr. BISHOP of New York, Mrs. CAPPS, Ms. CLARKE, Mr. CROWLEY, Mr. ENGEL, Mr. FERGUSON, Mr. FORTUÑO, Mr. GARRETT of New Jersey, Mrs. GILLIBRAND, Mr. HALL of New York, Mr. HARE, Mr. HIGGINS, Mr. HINCHHEY, Mr. HOLDEN, Mr. HOLT, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. KING of New York, Mr. KUHL of New York, Mr. LEWIS of Georgia, Mrs. LOWEY, Mr. LYNCH, Mrs. McCARTHY of New York, Mr. McHUGH, Mr. McNULTY, Mr. MEERKS of New York, Mr. GEORGE MILLER of California, Mr. PASCRELL, Mr. RANGEL, Mr. REYNOLDS, Mr. RUPPERSBERGER, Mr. RUSH, Ms. LINDA T. SÁNCHEZ of California, Mr. SERRANO, Mr. SHAYS, Ms. SHEA-PORTER, Ms. SLAUGHTER, Mr. SMITH of New Jersey, Mr. TOWNS, Ms. VEJÁZQUEZ, Mr. WALSH of New York, Mr. WEINER, Ms. WOOLSEY, and Mr. WYNN) 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.
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

(b) TABLE OF CONTENTS.—The table of contents of 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.

Congress finds the following:

(1) Thousands of rescue workers who responded to the areas devastated by the terrorist attacks of September 11, local residents, office and area workers, and school children continue to suffer significant medical problems as a result of compromised air quality and the release of other toxins from the attack sites.

(2) In a September 2006 peer-reviewed study conducted by the World Trade Center Medical Monitoring Program, of 9,500 World Trade Center responders, almost 70 percent of World Trade Center responders had a new or worsened respiratory symp-
tom that developed during or after their time working at the World Trade Center; among the responders who were asymptomatic before 9/11, 61 percent developed respiratory symptoms while working at the World Trade Center; close to 60 percent still had a new or worsened respiratory symptom at the time of their examination; one-third had abnormal pulmonary function tests; and severe respiratory conditions including pneumonia were significantly more common in the 6 months after 9/11 than in the prior 6 months.

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

(4) A peer-reviewed study of residents who lived near the World Trade Center titled “The World Trade Center Residents’ Respiratory Health Study: New Onset Respiratory Symptoms and Pulmonary Function”, found that data demonstrated a threefold increase in new-onset, persistent lower respiratory symptoms in residents near the former World Trade Center as compared to a control population.
(5) Previous research on the health impacts of the devastation caused by the September 11 terrorist attacks has shown relationships between the air quality from Ground Zero and a host of health impacts, including lower pregnancy rates, higher rates of respiratory and lung disorders, and a variety of post-disaster mental health conditions (including posttraumatic stress disorder) in workers and residents near Ground Zero.

(6) Launched in December 2001 by researchers at Columbia University’s Center for Children’s Environmental Health, the World Trade Center Pregnancy Study is ongoing. Thus far, the results of the study show that babies born to women living within 2 miles of the World Trade Center in the month following 9/11 were significantly smaller and lighter than babies born to women who lived farther away, and that in utero exposure to WTC-derived Polycyclic Aromatic Hydrocarbons may have increased the carcinogenic risk to cohort children and contributed to a modest reduction in their cognitive development.

(7) Federal funding allocated for the monitoring of rescue workers’ health is not sufficient to
ensure the long-term study of health impacts of September 11.

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

(9) A significant portion of those who responded to the September 11 aftermath have no health insurance, lost their health insurance as a result of the attacks, or have inadequate health insurance for the medical conditions they developed as a result of recovery work at the World Trade Center site.

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

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

(12) A February 2007 report released by the City of New York estimated that approximately 410,000 people were the most heavily exposed to the environmental hazards and trauma of the September 11 terrorist attacks. More than 30 percent of the Fire Department of the City of New York first responders were still experiencing some respiratory symptoms more than five years after the attacks and according to the report, 59 percent of those seen by the WTC Environmental Health Center at Bellevue Hospital (which serves non-responders) are without insurance and 65 percent have incomes less than $15,000 per year. The report also found a need to continue and expand mental health services.

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

(14) According to press reports, documents prepared by the National Institute for Occupational Safety and Health reveal that the number of recovery workers getting sick is increasing, and their ill-
nesses are becoming more severe. More than 6,500 responders are receiving treatment for physical health conditions.

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

(16) The deadline for filing claims for compensation under the Victim Compensation Fund was December 22, 2003.

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

(18) Further research is needed to evaluate more comprehensively the extent of the health impacts of September 11, including research for emerging health problems such as cancer, which have been predicted.

(19) Research is needed regarding possible treatment for the illnesses and injuries of September 11.
(20) The Federal response to medical and financial issues arising from the September 11 response efforts needs a comprehensive, coordinated long-term response in order to meet the needs of all the individuals who were exposed to the toxins of Ground Zero and are suffering health problems from the disaster.

SEC. 3. EMERGENCY FUNDING.

Amounts appropriated pursuant to this Act (other than amounts appropriated for the WTC Health Program Steering Committee or for the WTC Health Program Scientific/Technical Advisory Committee) are designated as emergency requirements and necessary to meet emergency needs pursuant to subsections (a) and (b) of section 204 of S. Con. Res. 21 (110th Congress), the concurrent resolution on the budget for fiscal year 2008.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

SEC. 101. WORLD TRADE CENTER HEALTH PROGRAM.

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

“(a) In General.—There is hereby established within the National Institute for Occupational Safety and Health a program to be known as the ‘World Trade Center Health Program’ (in this title referred to as the ‘WTC program’) to provide medical monitoring and treatment benefits—

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

“(2) 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.—Medical monitoring under sections 3011 and 3021, including
screening, clinical examinations, and long-term health monitoring and analysis for individuals who were likely to have been exposed to airborne toxins that were released as a result of the 9/11 NYC terrorist attacks.

“(2) TREATMENT FOR WTC-RELATED CONDITIONS.—Provision under sections 3012 and 3022 of treatment and payment, without any cost-sharing, for all medically necessary health and mental health care expenses (including necessary prescription drugs) of individuals with a WTC-related health condition.

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

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

“(5) RESEARCH ON WTC CONDITIONS.—Establishment under subtitle C of a research program on health conditions resulting from the 9/11 NYC terrorist attacks.
“(c) No Cost-Sharing.—Monitoring and treatment benefits are provided under subtitle B without any deductibles, co-payments, or other cost-sharing.

“(d) Primary Payer.—

“(1) In General.—Subject to paragraph (2), monitoring and treatment benefits are provided under subtitle B without regard to whether an individual may have coverage for some or all of such benefits through health insurance or otherwise.

“(2) Workers’ Compensation Exception.—

Payment for treatment under subtitle B of a WTC-related health condition of an individual shall be reduced or recouped to the extent that payment is made under a workers’ compensation law or plan of the United States or a State for such treatment.

“(e) WTC Program Administration.—The WTC program shall be administered by the Director of the National Institute for Occupational Safety and Health, or a designee of such Director.

“SEC. 3002. WTC Health Program Steering Committee.

“(a) Establishment.—The WTC program administrator shall establish an advisory committee to be known as the WTC Health Program Steering Committee (in this section referred to as the ‘Steering Committee’) for the
purpose of providing the administrator with advice and oversight on the WTC program.

“(b) Membership.—

“(1) Initial Membership.—The Steering Committee shall initially be composed of the following:

“(A) WTC Monitoring and Treatment Program Steering Committee.—The members of the WTC Monitoring and Treatment Program Steering Committee (as in existence on the day before the date of the enactment of this title).

“(B) Appointments by Initial Members.—The following members, appointed by the Steering Committee described under subparagraph (A) and subject to the approval of the WTC program administrator:

“(i) One representative of the World Trade Center Environmental Health Center at Bellevue Hospital.

“(ii) Two representatives of the resident and other non-responder population.

“(2) Additional Appointments.—The Steering Committee may appoint additional members to
the Committee, subject to the approval of the WTC program administrator.

“(3) VACANCIES.—A vacancy in the Steering Committee shall be filled by the Steering Committee, subject to the approval of the WTC program administrator, so long as the composition of the Committee includes representatives of affected workers and residents, representatives described in paragraph (1)(B), representatives of the Clinical Centers of Excellence, and a representative of each Coordinating Center of Excellence.

“(c) RELATION TO FACA.—The Steering Committee shall not be subject to the Federal Advisory Committee Act.

“(d) MEETINGS.—The Steering Committee shall meet at such frequency necessary to carry out its duties, but not less than 4 times each calendar year.

“(e) REPORTS.—Not less than once each calendar year, the Steering Committee shall submit to the Congress a report on the recommendations of the Committee.

“(f) DURATION.—Notwithstanding any other provision of law, the Steering Committee shall continue in operation during the period in which the WTC program is in operation.
“(g) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year beginning with fiscal year 2008.

“SEC. 3003. WTC HEALTH PROGRAM SCIENTIFIC/TECHNICAL ADVISORY COMMITTEE.

“(a) Establishment.—The WTC program administrator shall establish an advisory committee to be known as the WTC Health Program Scientific/Technical Advisory Committee (in this section referred to as the ‘Advisory Committee’) to review scientific and medical evidence and to make recommendations to the administrator on additional WTC program eligibility criteria and on additional WTC-related health conditions.

“(b) Composition.—The WTC program administrator shall appoint the members of the Advisory Committee and shall include at least—

“(1) 4 occupational physicians, at least two of whom have experience treating WTC rescue and recovery workers;

“(2) 2 representatives of WTC responders;

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

“(4) an industrial hygienist;

“(5) a toxicologist;
“(6) an epidemiologist; and
“(7) a mental health professional.

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

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

“(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year beginning with fiscal year 2008.

“(f) DURATION.—Notwithstanding any other provision of law, the Advisory Committee shall continue in operation during the period in which the WTC program is in operation.

“(g) APPLICATION OF FACA.—Except as otherwise specifically provided, the Advisory Committee shall be subject to the Federal Advisory Committee Act.

“SEC. 3004. COMMUNITY EDUCATION AND OUTREACH.

“(a) IN GENERAL.—The WTC program administrator shall institute a program that provides education and outreach on the existence and availability of services
under the WTC program. The outreach and education
program—
“(1) shall include the establishment of a public
website with information about the WTC program;
and
“(2) shall be conducted in a manner intended—
“(A) to reach all affected populations; and
“(B) to include materials for culturally and
linguistically diverse populations.
“(b) PARTNERSHIPS.—To the greatest extent pos-
sible, in carrying out this section, the WTC program ad-
ministrator shall enter into partnerships with local govern-
ments and organizations with experience performing out-
reach to the affected populations, including community
and labor-based organizations.
“SEC. 3005. UNIFORM DATA COLLECTION.
“(a) IN GENERAL.—The WTC program adminis-
trator shall provide for the uniform collection of data (and
analysis of data and regular reports to the administrator)
on the utilization of monitoring and treatment benefits
provided to eligible WTC responders and eligible WTC
residents and other non-responders, the prevalence of
WTC-related health conditions, and the identification of
new WTC-related medical conditions. Such data shall be
collected for all individuals provided monitoring or treat-
ment benefits under subtitle B and regardless of their place of residence or Clinical Center of Excellence through which the benefits are provided.

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

“(c) PRIVACY.—The data collection and analysis under this section shall be conducted in a manner that protects the confidentiality of individually identifiable health information consistent with applicable legal requirements.

“SEC. 3006. CENTERS OF EXCELLENCE.

“(a) IN GENERAL.—The WTC program administrator shall enter into contracts—

“(1) with Clinical Centers of Excellence specified in subsection (b)(1)—

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

“(B) for the provision of outreach activities to individuals eligible for such monitoring and treatment benefits;
“(C) for the provision of counseling for benefits under subtitle B, with respect to WTC-related health conditions, for individuals eligible for such benefits; and

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

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

“(A) for receiving, analyzing, and reporting to the WTC program administrator on data, in accordance with section 3005, that has been collected and reported to such Coordinating Centers by the corresponding Clinical Centers of Excellence under subsection (d)(3);

“(B) for the development of medical monitoring and treatment protocols, with respect to WTC-related health conditions; and

“(C) for coordinating the outreach activities conducted under paragraph (1)(B) by each corresponding Clinical Center of Excellence.

“(b) CENTERS OF EXCELLENCE DEFINED.—

“(1) CLINICAL CENTER OF EXCELLENCE.—In this title, the term ‘Clinical Center of Excellence’ means the following:
“(A) For FDNY Responders in New York.—With respect to an eligible WTC responder who responded to the 9/11 attacks as an employee of the Fire Department of the City of New York and who resides in the New York Metropolitan area, such Fire Department (or such entity as has entered into a contract with the Fire Department for monitoring or treatment of such responders).

“(B) Other WTC Responders in New York.—With respect to other eligible WTC responders who reside in the New York Metropolitan area, the Mt. Sinai coordinated consortium, Queens College, State University of New York at Stony Brook, University of Medicine and Dentistry of New Jersey, and Bellevue Hospital.

“(C) WTC Residents and Other Non-Responders in New York.—With respect to eligible WTC residents and other non-responders who reside in the New York Metropolitan area, the World Trade Center Environmental Health Center at Bellevue Hospital and such hospitals or other facilities, including but not limited to those within the New York City
Health and Hospitals Corporation, as are identified by the WTC program administrator.

“(D) ALL WTC RESPONDERS AND NON-RESPONDERS.—With respect to all eligible WTC responders and non-responders, such other hospitals or other facilities as are identified by the WTC program administrator.

“(2) COORDINATING CENTER OF EXCELLENCE.—In this title, the term ‘Coordinating Center of Excellence’ means the following:

“(A) FOR FDNY RESPONDERS.—With respect to an eligible WTC responder who responded to the 9/11 attacks as an employee of the Fire Department of the City of New York, such Fire Department.

“(B) OTHER WTC RESPONDERS.—With respect to other eligible WTC responders, the Mt. Sinai coordinated consortium.

“(C) WTC RESIDENTS AND OTHER NON-RESPONDERS.—With respect to eligible WTC residents and other non-responders, the World Trade Center Environmental Health Center at Bellevue Hospital.

“(3) CORRESPONDING CENTERS.—In this title, a Clinical Center of Excellence and a Coordinating
Center of Excellence shall be treated as ‘corresponding’ to the extent that such Clinical Center and Coordinating Center serve the same population group.

“(c) ENTITLEMENT.—A Clinical or Coordinating Center of Excellence with a contract under this section is entitled to payment of the costs of such Center in carrying out the activities described in subsection (a).

“(d) REQUIREMENTS.—The WTC program administrator shall not enter into a contract with a Clinical Center of Excellence under subsection (a)(1) unless—

“(1) the Center establishes a formal mechanism for consulting with and receiving input from representatives of eligible populations receiving monitoring and treatment benefits under subtitle B from such Center;

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

“(3) the Center collects and reports to the corresponding Coordinating Center of Excellence data in accordance with section 3005.
“SEC. 3007. PROGRAMS REGARDING ATTACK AT PENTAGON.

“The Secretary may, to the extent determined appropriate by the Secretary, establish with respect to the terrorist attack at the Pentagon on September 11, 2001, programs similar to the programs that are established in subtitles B and C with respect to the 9/11 NYC terrorist attacks.

“SEC. 3008. ENTITLEMENT AUTHORITIES.

“Subtitle B constitutes budget authority in advance of appropriations Acts and represents the obligation of the Federal Government to provide for the payment of costs of monitoring and treatment in accordance with such subtitle and section 3006(c) constitutes such budget authority and represents the obligation of the Federal Government to provide for the payment of costs described in such section.

“SEC. 3009. DEFINITIONS.

“In this title:

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

“(2) The term ‘current consortium arrangements’ means the arrangements as in effect on the date of the enactment of this title between the National Institute for Occupational Safety and Health
and the Mt. Sinai-coordinated consortium and the Fire Department of the City of New York.

“(3) The terms ‘eligible WTC responder’ and ‘eligible WTC resident or other non-responder’ are defined in sections 3011(a) and 3021(a), respectively.

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

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

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

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

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

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

“(10) The term ‘WTC-related health condition’
is defined in section 3012(a).
“(11) The term ‘WTC Scientific/Technical Ad-
visory Committee’ means such Committee estab-
lished under section 3003.

“Subtitle B—Program of
Monitoring and Treatment

“PART 1—FOR WTC RESPONDERS

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

“(a) Eligible WTC Responder Defined.—

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

“(A) Currently identified re-
ssponer.—An individual who has been identi-
ied as eligible for medical monitoring under the
current consortium arrangements (as defined in
section 3009(2)).

“(B) Responder who meets current
eligibility criteria.—An individual who
meets the current eligibility criteria described in
paragraph (2).

“(C) Responder who meets modified
eligibility criteria.—An individual who—
“(i) performed rescue, recovery, demolition, debris cleanup, or other related services in the New York City disaster area in response to the 9/11 NYC terrorist attacks, regardless of whether such services were performed by a State or Federal employee or member of the National Guard or otherwise; and

“(ii) meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the 9/11 NYC terrorist attacks as the WTC program administrator, after consultation with the WTC Health Program Steering Committee and the WTC Scientific/Technical Advisory Committee, determines appropriate.

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

“(A) FIRE FIGHTERS AND RELATED PERSONNEL.—All members of the Fire Department of the City of New York (whether fire or emergency personnel, active or retired) who partici-
participated at least one day in the rescue and recovery effort at any of the former World Trade sites (including Ground Zero, Staten Island land fill, and the NYC Chief Medical Examiner’s office) for any time during the period beginning on September 11, 2001, and ending on July 31, 2002.

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

“(i) worked or volunteered on-site in rescue, recovery, debris-cleanup or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers, for at least 4 hours during the period beginning on September 11, 2001, and ending on September 14, 2001, for at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001, or for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002;

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

“(iii) was a worker in the Port Authority Trans-Hudson Corporation tunnel for at least 24 hours during the period beginning on February 1, 2002, and ending on July 1, 2002; or

“(iv) was a vehicle-maintenance worker who was exposed to debris from the former World Trade Center while retrieving, driving, cleaning, repairing, and maintaining vehicles contaminated by airborne toxins from the 9/11 NYC terrorist attacks during a duration and period described in subparagraph (A).

“(3) APPLICATION PROCESS.—The Coordinating Centers of Excellence shall establish a process for individuals, other than eligible WTC responders described in paragraph (1)(A), to apply to be determined to be eligible WTC responders.

“(4) CERTIFICATION.—

“(A) IN GENERAL.—In the case of an individual described in paragraph (1)(A) or who is
determined under paragraph (3) to be an eligible WTC responder, the WTC program administrator shall provide an appropriate certification of such fact and of eligibility for monitoring and treatment benefits under this part. The administrator shall not deny such a certification to an individual who is an eligible WTC responder.

“(B) TIMING.—In the case of an individual who is determined under paragraph (3) to be an eligible WTC responder, the WTC program administrator shall provide the certification under subparagraph (A) within 60 days of such determination.

“(b) MONITORING BENEFITS.—

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

“(2) Provision of Monitoring Benefits.—

The monitoring benefits under paragraph (1) shall be provided through the Clinical Center of Excellence for the type of individual involved or, in the case of an individual residing outside the New York metropolitan area, under an arrangement under section 3031.

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

“(a) WTC-Related Health Condition Defined.—

“(1) In general.—For purposes of this title, the term ‘WTC-related health condition’ means—

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

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

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

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

“(A) AERODIGESTIVE DISORDERS.—

“(i) Interstitial lung diseases.

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

“(iii) Asthma.

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

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

“(vi) Chronic cough syndrome.

“(vii) Upper airway hyperreactivity.

“(viii) Chronic rhinosinusitis.

“(ix) Chronic nasopharyngitis.

“(x) Chronic laryngitis.

“(xi) Gastro-esophageal reflux dis-
order (GERD).
“(xii) Sleep apnea exacerbated by or related to a condition described in a previous clause.

“(B) MENTAL HEALTH CONDITIONS.—

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

“(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.

“(xi) V codes (treatments not specifically related to psychiatric disorders, such as marital problems, parenting problems etc.)

“(C) MUSCULOSKELETAL DISORDERS.—

“(i) Low back pain.

“(ii) Carpal tunnel syndrome (CTS).

“(iii) Other musculoskeletal disorders.
“(3) Application for additional presumed WTC-related health conditions.—

“(A) Application.—Any individual or organization can apply to the WTC program administrator for an illness or health condition not described in paragraph (2) to be added to the list of presumed WTC-related conditions.

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

“(C) Considerations.—In making determinations on such applications, the findings and recommendations of Clinical Centers of Excellence published in peer reviewed journals should be given deference in the determination of whether an additional illness or health condition, such as cancer, should be added to the list of presumed WTC-related health conditions.

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

“(E) Determination.—The WTC program administrator shall add an illness or health condition to the list of presumed WTC-related health conditions if, based on a review of the evidence and consultations conducted under subparagraphs (B), (C), and (D), the administrator determines that exposure to airborne toxins, other hazards, or other adverse conditions resulting from the 9/11 NYC terrorist attacks is at least as likely as not to be a significant factor in aggravating, contributing to, or causing the illness or health condition.

“(b) Coverage of Treatment for WTC-Related Health Conditions.—

“(1) Determination Based on Presumed WTC-Related Health Condition.—

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

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

“(ii) on and after the date of such
transmittal and subject to paragraph (2),
the WTC program shall provide for pay-
ment under subsection (c) of the costs of
medically necessary treatment for such
condition.

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

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

“(ii) CERTIFICATION.—The adminis-
trator shall provide a certification of cov-
verage of the treatment of such condition based upon reviews conducted under clause (i). Such a certification shall be provided unless the administrator determines that the responder’s condition is not a presumed WTC-related health condition or that exposure to airborne toxins, other hazards, or adverse conditions resulting from the 9/11 terrorist attacks is not at least as likely as not to be a significant factor in aggravating, contributing to, or causing the condition.

“(iii) APPEAL PROCESS.—The administrator shall provide a process for the appeal of determinations under clause (ii).

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

“(A) IN GENERAL.—If a physician at a Clinical Center of Excellence that is providing monitoring benefits under section 3011 for an eligible WTC responder determines that the responder has a WTC-related health condition that is not a presumed WTC-related health condition—
“(i) the physician shall promptly transmit such determination to the WTC program administrator and provide the administrator with the facts supporting such determination; and

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

“(B) REVIEW; CERTIFICATION.—

“(i) USE OF PHYSICIAN PANEL.—The WTC program administrator shall provide for the review of each determination made under subparagraph (A)(i) of a WTC-related health condition to be made by a physician panel with appropriate expertise appointed by the WTC program administrator. Such a panel shall make recommendations to the administrator on the evidence supporting such determination.

“(ii) REVIEW OF RECOMMENDATIONS OF PANEL; CERTIFICATION.—The adminis-
ator, based on such recommendations shall determine whether or not the condition is a WTC-related health condition and, if it is, provide for a certification under paragraph (1)(B)(ii) of coverage of such condition. The administrator shall provide a process for the appeal of determinations that the responder’s condition is not a WTC-related health condition.

“(3) Requirement of Medical Necessity.—The determination under paragraphs (1)(A)(ii) and (2)(A)(ii) of whether treatment is medically necessary for a WTC-related health condition shall be made by physicians at the appropriate Clinical Center of Excellence, taking into account, for presumed WTC-related health conditions, medical treatment protocols established under subsection (d).

“(4) Scope of Treatment Covered.—The scope of treatment covered under such paragraphs includes physician services, diagnostic and laboratory tests, prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment.

“(5) Continuation of Treatment While Being Enrolled in Medical Monitoring Pro-
GRAM.—In the case of a WTC responder receiving medical treatment under the current consortium arrangements but who has not been determined to be an eligible WTC responder or enrolled in the medical monitoring program under section 3011, while the individual is being enrolled in such program the treatment shall be considered to be treatment under this subsection for which payment may be made under subsection (c).

“(c) Payment for Costs of Treatment of WTC-Related Health Conditions.—

“(1) In general.—The WTC program shall provide for payment of the costs of medically necessary treatment of WTC-related health conditions of eligible WTC responders. The WTC program administrator shall establish methods for determining the costs for such treatment.

“(2) Administrative arrangement authority.—The WTC program administrator may enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims under this section.

“(d) Medical Treatment Protocols.—
“(1) Development.—The Coordinating Centers of Excellence shall develop medical treatment protocols for the treatment of eligible WTC responders and eligible WTC residents and other non-responders for presumed WTC-related health conditions under subsection (b).

“(2) Approval.—The WTC program administrator shall approve the medical treatment protocols, in consultation with the WTC Health Program Steering Committee.

“PART 2—COMMUNITY PROGRAM

“SEC. 3021. IDENTIFICATION OF ELIGIBLE WTC RESIDENTS AND OTHER NON-RESPONDERS AND PROVISION OF WTC-RELATED MONITORING SERVICES.

“(a) Eligible WTC Resident and Other Non-Responder Defined.—

“(1) In general.—For purposes of this title, the term ‘eligible WTC resident and other non-responder’ means an individual who—

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

“(B) is not an eligible WTC responder; and
“(C) meets such eligibility criteria relating to exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the 9/11 NYC terrorist attacks as the WTC program administrator, after consultation with the WTC Health Program Steering Committee and the WTC Scientific/Technical Advisory Committee, determines appropriate.

“(2) WTC RESIDENT AND OTHER NON-RESPONDER DEFINED.—In this title, the term ‘WTC resident and other non-responder’ means an individual who is described in any of the following sub-paragraphs:

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

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

“(C) A person who attended school, child care, or adult day care at any time during such period in a building located in the New York City disaster area.
“(D) A person who was present in the New York City disaster area on September 11, 2001.

“(E) A person who was deemed eligible to receive a grant from the Lower Manhattan Development Corporation Residential Grant Program, who possessed a lease for a residence or purchased a residence in the New York City disaster area, and who resided in such residence after September 11, 2001 and prior to May 31, 2003.

“(F) A person whose place of employment—

“(i) at any time during the period beginning on September 11, 2001, and ending on May 31, 2003, was in the New York City disaster area; and

“(ii) was deemed eligible to receive a grant from the Lower Manhattan Development Corporation WTC Small Firms Attraction and Retention Act program or other government incentive program designed to revitalize the Lower Manhattan economy after the 9/11 NYC terrorist attacks.
“(G) Any other person whom the WTC program administrator determines to be appropriate.

“(3) Eligibility criteria.—In establishing eligibility criteria under paragraph (1)(C), the WTC program administrator shall—

“(A) with respect to clause (i) of such paragraph, take into account the period, and, to the extent feasible, intensity, of exposure to airborne toxins, other hazard, or other adverse condition;

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

“(C) consult with the WTC Health Program Steering Committee, Coordinating Centers of Excellence described in section 3006(b)(1)(C), and affected populations.

The administrator shall first establish such criteria not later than 90 days after the date of the enactment of this title.

“(b) Monitoring Benefits.—

“(1) In general.—In the case of an eligible WTC resident or other non-responder, the WTC program shall provide for monitoring benefits that in-
clude medical monitoring consistent with protocols approved by the WTC program administrator, in consultation with the World Trade Center Environmental Health Center at Bellevue Hospital and the WTC Health Program Steering Committee, and including screening, clinical examinations, and long-term health monitoring and analysis.

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

“SEC. 3022. TREATMENT OF ELIGIBLE WTC RESIDENTS AND OTHER NON-RESPONDERS FOR WTC-RELATED HEALTH CONDITIONS.

“(a) IN GENERAL.—Subject to subsection (b), the provisions of section 3012 shall apply to the treatment of WTC-related health conditions for eligible WTC residents and other non-responders in the same manner as such provisions apply to the treatment of WTC-related health conditions for eligible WTC responders.

“(b) SUBSTITUTION OF LIST OF HEALTH CONDITIONS FOR PRESUMED WTC-RELATED HEALTH CONDITIONS.—

“(1) IN GENERAL.—In applying subsection (a), instead of applying the presumed WTC-related
health conditions described in section 3102(a)(2),
the WTC program administrator shall establish,
with input from the Coordinating Center of Excel-

lence described in section 3006(b)(2)(C), a list of
WTC-related health conditions and associated expo-
sure criteria for which treatment benefits are pre-
sumptively available for eligible WTC residents and
other non-responders, or subgroups of eligible WTC
residents or other non-responders. In establishing
such list, the WTC program administrator shall re-

view the presumed WTC-related health conditions
listed in paragraph (2) of section 3012(a) to deter-

mine which of the conditions meets the criteria for
a WTC-related health condition, as defined in para-

graph (1) of such section, for eligible WTC residents
and other non-responders or sub-groups of eligible
WTC residents or other non-responders.

“(2) CONSIDERATIONS.—The list of health con-
ditions and associated exposure criteria under para-

graph (1) shall, with respect to airborne toxins,
other hazards, and other adverse conditions, be
based upon the best available scientific and clinical
evidence on adverse health effects related to expo-
sures to such toxins, hazards, or adverse conditions,
respectively, in the eligible WTC resident and other non-responder populations.

“(3) Consultation.—The WTC program administrator shall consult with and receive input from the WTC Health Program Steering Committee and affected populations, and shall provide an opportunity for public comment, in establishing the list under paragraph (1).

“(4) Deadline.—The WTC program administrator shall first establish and publish the list under paragraph (1) in the Federal Register not later than 180 days after the date of the enactment of this title.

“(5) Treatment during interim period.—Until the date on which WTC program administrator first publishes under paragraph (4) the list under paragraph (1) for eligible WTC residents and other non-responder populations, the Clinical Centers of Excellence described in section 3006(b)(1)(C) may provide medical treatment to such a resident or member of such a population, if a physician at the Clinical Center of Excellence involved determines that the resident or member, respectively, has a WTC-related health condition. Such treatment shall
be provided, without regard to the requirements of section 3012(b)(2).

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

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

“(a) In General.—In order to ensure reasonable access to monitoring and treatment benefits under this subtitle for individuals who reside in any State, as defined in section 2(f), outside the New York metropolitan area, the WTC program administrator shall establish a nationwide network of health care providers to provide such monitoring and treatment benefits near such individuals’ areas of residence in such States, or to establish a mechanism whereby individuals who are entitled to benefits for such monitoring or treatment can be reimbursed for the cost of such monitoring or treatment.

“(b) Network Requirements.—Any health care provider participating in the network under subsection (a) shall—

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

“(2) follow the monitoring and treatment protocols developed under section 3006(a)(1); and
“(3) collect and report data in accordance with section 3005.

“Subtitle C—Research Into Conditions

“SEC. 3041. RESEARCH REGARDING CERTAIN HEALTH CONDITIONS RELATED TO SEPTEMBER 11 TERRORIST ATTACKS IN NEW YORK CITY.

“(a) In General.—With respect to individuals, including WTC responders and non-responders, receiving monitoring under subtitle B, the WTC program administrator shall conduct or support—

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

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

“(3) research on treating WTC-related health conditions of such individuals, in the case of conditions for which there has been treatment uncertainty.

“(b) Consultation.—The WTC program administrator shall carry out this section in consultation with the WTC Health Program Steering Committee.
“(c) Application of Privacy and Human Subject Protections.—The privacy and human subject protections applicable to research conducted under this section shall not be less than such protections applicable to research otherwise conducted by the National Institutes of Health.

“(d) Annual Report.—The WTC program administrator shall annually submit to the Congress a report describing the findings of research under subsection (a).

“(e) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2026, in addition to any other authorizations of appropriations that are available for such purpose.

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

“SEC. 3051. WORLD TRADE CENTER HEALTH REGISTRY.

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

“(b) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary.

“Sec. 3052. Mental Health Services.

“The WTC program administrator may make grants to the New York City Department of Health and Mental Hygiene to provide mental health services to address mental health needs relating to the 9/11 NYC terrorist attacks.”.

Title II—September 11 Victim Compensation Fund of 2001


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

“(3) Limitation.—

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

“(B) Exceptions.—
“(i) In general.—A claim may be filed under paragraph (1) by an individual (or by a personal representative on behalf of a deceased individual) during the period described in clause (ii), if the Special Master determines that—

“(I) the individual first knew that the individual had suffered a physical or psychological harm as a result of the terrorist-related aircraft crashes of September 11, 2001, or the aftermath of such attacks, after December 22, 2003, and before the date that is 5 years after the date of the enactment of the James Zadroga 9/11 Health and Compensation Act of 2007;

“(II) the individual did not for any reason other than as described in subclause (I) know that the individual was eligible to file a claim under paragraph (1) until after December 22, 2003;

“(III) the individual filed a claim under this title before, on, or after
December 22, 2003, and suffered a significantly greater physical or psychological harm as a result of the terrorist-related aircraft crashes of September 11, 2001, or the aftermath of such attacks, than was known to the individual as of the date the most recent previous claim was filed, and before the date that is 5 years after the date of the enactment of the James Zadroga 9/11 Health and Compensation Act of 2007; or

“(IV) the individual was not eligible to file a claim under this title before December 22, 2003, but who becomes so eligible because of the amendments made by the James Zadroga 9/11 Health and Compensation Act of 2007.

“(ii) PERIOD.—

“(I) IN GENERAL.—Except as provided in subclause (II), the period described in this clause is the two-year period beginning on the date of the enactment of the James Zadroga

“(II) EXCEPTION.—In the case of an individual who first knew on a date after such date of enactment that the individual had suffered physical or psychological harm described in sub-clause (I) of clause (i) or a significantly greater harm, described in sub-clause (III) of such clause, the period described in this clause is the two-year period beginning on the date the individual first acquired such knowledge.”.

SEC. 202. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN CERTAIN CIRCUMSTANCES.

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

“(A) SINGLE CLAIM.—

“(i) IN GENERAL.—Except as provided by clause (ii), not more than 1 claim may be submitted under this title by an individual or on behalf of a deceased individual.
“(ii) Exception.—A second claim may be filed under subsection (a)(1) by an individual (or by a personal representative on behalf of a deceased individual) if the individual is an individual described in clause (i)(II), (i)(III), or (ii)(II) of subsection (a)(3)(B).”.

SEC. 203. ELIGIBILITY OF CLAIMANTS SUFFERING FROM PSYCHOLOGICAL HARM.

(a) In General.—Section 405(c)(2)(A)(ii) of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended by inserting “, psychological harm,” before “or death”.

(b) Conforming Amendments.—

(1) Section 403 of such Act is amended by striking “physically injured” and inserting “physically or psychologically injured”.

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

SEC. 204. IMMEDIATE AFTERMATH DEFINED.

Section 402 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. 40101 note) is amended by adding at the end the following new paragraph:
“(11) IMMEDIATE AFTERMATH.—In section 405(e)(2)(A)(i), the term ‘immediate aftermath’ means any period beginning with the terrorist-related aircraft crashes of September 11, 2001, and ending on July 31, 2002.”.

SEC. 205. ELIGIBLE INDIVIDUALS TO INCLUDE ELIGIBLE WTC RESPONDERS AND ELIGIBLE WTC RESIDENTS AND OTHER NON-RESPONDERS.

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

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

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

(3) in subparagraph (C), by striking “subparagraph (A) or (B)” and inserting “subparagraph (A), (B), or (C)”;
(4) by redesignating subparagraph (C) as subparagraph (D); and

(5) by adding after subparagraph (B) the following new subparagraph:

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

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