

PERSONAL CARE ATTENDANTS WORKFORCE ADVISORY  
PANEL

Pub. L. 111-148, title VIII, §8002(c), Mar. 23, 2010, 124 Stat. 846, which required the Secretary of Health and Human Services to establish a Personal Care Attendants Workforce Advisory Panel for the purpose of examining and advising the Secretary and Congress on workforce issues related to personal care attendant workers and which set out membership requirements for the Panel, was repealed by Pub. L. 112-240, title VI, §642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

SUBCHAPTER XXXI—WORLD TRADE  
CENTER HEALTH PROGRAM

PART A—ESTABLISHMENT OF PROGRAM;  
ADVISORY COMMITTEE

**§ 300mm. Establishment of World Trade Center Health Program**

**(a) In general**

There is hereby established within the Department of Health and Human Services a program to be known as the World Trade Center Health Program, which shall be administered by the WTC Program Administrator, to provide beginning on July 1, 2011—

(1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks; and

(2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks.

**(b) Components of program**

The WTC Program includes the following components:

**(1) Medical monitoring for responders**

Medical monitoring under section 300mm-21 of this title, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

**(2) Initial health evaluation for survivors**

An initial health evaluation under section 300mm-31 of this title, including an evaluation to determine eligibility for followup monitoring and treatment.

**(3) Followup monitoring and treatment for WTC-related health conditions for responders and survivors**

Provision under sections 300mm-22, 300mm-32, and 300mm-33 of this title of followup monitoring and treatment and payment, subject to the provisions of subsection (d), for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

**(4) Outreach**

Establishment under section 300mm-2 of this title of an education and outreach program to potentially eligible individuals concerning the benefits under this subchapter.

**(5) Clinical data collection and analysis**

Collection and analysis under section 300mm-3 of this title of health and mental health data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data under section 300mm-52 of this title.

**(6) Research on health conditions**

Establishment under part C of a research program on health conditions resulting from the September 11, 2001, terrorist attacks.

**(c) No cost sharing**

Monitoring and treatment benefits and initial health evaluation benefits are provided under part B without any deductibles, copayments, or other cost sharing to an enrolled WTC responder or certified-eligible WTC survivor. Initial health evaluation benefits are provided under part B without any deductibles, copayments, or other cost sharing to a screening-eligible WTC survivor.

**(d) Preventing fraud and unreasonable administrative costs**

**(1) Fraud**

The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program's health care expenditures to detect fraudulent or duplicate billing and payment for inappropriate services. This subchapter is a Federal health care program (as defined in section 1320a-7b(f) of this title) and is a health plan (as defined in section 1320a-7c(c) of this title) for purposes of applying sections 1320a-7 through 1320a-7e of this title.

**(2) Unreasonable administrative costs**

The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program for unreasonable administrative costs, including with respect to infrastructure, administration, and claims processing.

**(e) Quality assurance**

The WTC Program Administrator working with the Clinical Centers of Excellence shall develop and implement a quality assurance program for the monitoring and treatment delivered by such Centers of Excellence and any other participating health care providers. Such program shall include—

(1) adherence to monitoring and treatment protocols;

(2) appropriate diagnostic and treatment referrals for participants;

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

(4) such other elements as the Administrator specifies in consultation with the Clinical Centers of Excellence.

**(f) Annual program report**

**(1) In general**

Not later than 6 months after the end of each fiscal year in which the WTC Program is in operation, the WTC Program Administrator shall submit an annual report to the Congress

on the operations of this subchapter for such fiscal year and for the entire period of operation of the program.

**(2) Contents included in report**

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

**(A) Eligible individuals**

Information for each clinical program described in paragraph (3)—

(i) on the number of individuals who applied for certification under part B and the number of such individuals who were so certified;

(ii) of the individuals who were certified, on the number who received monitoring under the program and the number of such individuals who received medical treatment under the program;

(iii) with respect to individuals so certified who received such treatment, on the WTC-related health conditions for which they were treated; and

(iv) on the projected number of individuals who will be certified under part B in the succeeding fiscal year and the succeeding 10-year period.

**(B) Monitoring, initial health evaluation, and treatment costs**

For each clinical program so described—

(i) information on the costs of monitoring and initial health evaluation and the costs of treatment and on the estimated costs of such monitoring, evaluation, and treatment in the succeeding fiscal year; and

(ii) an estimate of the cost of medical treatment for WTC-related health conditions that have been paid for or reimbursed by workers' compensation, by public or private health plans, or by New York City under section 300mm-41 of this title.

**(C) Administrative costs**

Information on the cost of administering the program, including costs of program support, data collection and analysis, and research conducted under the program.

**(D) Administrative experience**

Information on the administrative performance of the program, including—

(i) the performance of the program in providing timely evaluation of and treatment to eligible individuals; and

(ii) a list of the Clinical Centers of Excellence and other providers that are participating in the program.

**(E) Scientific reports**

A summary of the findings of any new scientific reports or studies on the health effects associated with exposure described in section 300mm-5(1) of this title, including the findings of research conducted under section 300mm-51(a) of this title.

**(F) Advisory Committee recommendations**

A list of recommendations by the WTC Scientific/Technical Advisory Committee on additional WTC Program eligibility criteria

and on additional WTC-related health conditions and the action of the WTC Program Administrator concerning each such recommendation.

**(3) Separate clinical programs described**

In paragraph (2), each of the following shall be treated as a separate clinical program of the WTC Program:

**(A) Firefighters and related personnel**

The benefits provided for enrolled WTC responders described in section 300mm-21(a)(2)(A) of this title.

**(B) Other WTC responders**

The benefits provided for enrolled WTC responders not described in subparagraph (A).

**(C) WTC survivors**

The benefits provided for screening-eligible WTC survivors and certified-eligible WTC survivors in section 300mm-31(a) of this title.

**(g) Notification to Congress upon reaching 80 percent of eligibility numerical limits**

The Secretary shall promptly notify the Congress of each of the following:

(1) When the number of enrollments of WTC responders subject to the limit established under section 300mm-21(a)(4) of this title has reached 80 percent of such limit.

(2) When the number of certifications for certified-eligible WTC survivors subject to the limit established under section 300mm-31(a)(3) of this title has reached 80 percent of such limit.

**(h) Consultation**

The WTC Program Administrator shall engage in ongoing outreach and consultation with relevant stakeholders, including the WTC Health Program Steering Committees and the Advisory Committee under section 300mm-1 of this title, regarding the implementation and improvement of programs under this subchapter.

**(i) GAO studies**

**(1) Report**

Not later than 18 months after December 18, 2015, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that assesses, with respect to the WTC Program, the effectiveness of each of the following:

(A) The quality assurance program developed and implemented under subsection (e).

(B) The procedures for providing certifications of coverage of conditions as WTC-related health conditions for enrolled WTC responders under section 300mm-22(b)(2)(B)(iii) of this title and for screening-eligible WTC survivors and certified-eligible WTC survivors under such section as applied under section 300mm-32(a) of this title.

(C) Any action under the WTC Program to ensure appropriate payment (including the avoidance of improper payments), including determining the extent to which individuals

enrolled in the WTC Program are eligible for workers compensation or sources of health coverage, ascertaining the liability of such compensation or sources of health coverage, and making recommendations for ensuring effective and efficient coordination of benefits for individuals enrolled in the WTC Program that does not place an undue burden on such individuals.

**(2) Subsequent assessments**

Not later than 6 years and 6 months after December 18, 2015, and every 5 years thereafter through fiscal year 2042, the Comptroller General of the United States shall—

(A) consult the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the objectives in assessing the WTC Program; and

(B) prepare and submit to such Committees a report that assesses the WTC Program for the applicable reporting period, including the objectives described in subparagraph (A).

**(j) Regulations**

The WTC Program Administrator is authorized to promulgate such regulations as the Administrator determines necessary to administer this subchapter.

**(k) Termination**

The WTC Program shall terminate on October 1, 2090.

(July 1, 1944, ch. 373, title XXXIII, §3301, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3624; amended Pub. L. 114-113, div. O, title III, §302(b), Dec. 18, 2015, 129 Stat. 2998.)

AMENDMENTS

2015—Subsecs. (i) to (k). Pub. L. 114-113 added subsecs. (i) to (k).

**§ 300mm-1. WTC Health Program Scientific/Technical Advisory Committee; WTC Health Program Steering Committees**

**(a) Advisory Committee**

**(1) Establishment**

The WTC Program Administrator shall establish an advisory committee to be known as the WTC Health Program Scientific/Technical Advisory Committee (in this subsection 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.

**(2) Composition**

The WTC Program Administrator shall appoint the members of the Advisory Committee and shall include at least—

(A) 4 occupational physicians, at least 2 of whom have experience treating WTC rescue and recovery workers;

(B) 1 physician with expertise in pulmonary medicine;

(C) 2 environmental medicine or environmental health specialists;

(D) 2 representatives of WTC responders;

(E) 2 representatives of certified-eligible WTC survivors;

(F) an industrial hygienist;

(G) a toxicologist;

(H) an epidemiologist; and

(I) a mental health professional.

**(3) Meetings**

The Advisory Committee shall meet at such frequency as may be required to carry out its duties.

**(4) Reports**

The WTC Program Administrator shall provide for publication of recommendations of the Advisory Committee on the public Web site established for the WTC Program.

**(5) 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.

**(6) Application of FACA**

Except as otherwise specifically provided, the Advisory Committee shall be subject to the Federal Advisory Committee Act.

**(b) WTC Health Program Steering Committees**

**(1) Consultation**

The WTC Program Administrator shall consult with 2 steering committees (each in this section referred to as a “Steering Committee”) that are established as follows:

**(A) WTC Responders Steering Committee**

One Steering Committee, to be known as the WTC Responders Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of monitoring and treatment programs for the enrolled WTC responders under subpart 1 of part B.

**(B) WTC Survivors Steering Committee**

One Steering Committee, to be known as the WTC Survivors Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of initial health evaluations, monitoring, and treatment programs for screening-eligible and certified-eligible WTC survivors under subpart 2 of part B.

**(2) Membership**

**(A) WTC Responders Steering Committee**

**(i) Representation**

The WTC Responders Steering Committee shall include—

(I) representatives of the Centers of Excellence providing services to WTC responders;

(II) representatives of labor organizations representing firefighters, police, other New York City employees, and recovery and cleanup workers who responded to the September 11, 2001, terrorist attacks; and

(III) 3 representatives of New York City, 1 of whom will be selected by the police commissioner of New York City, 1 by the health commissioner of New York

City, and 1 by the mayor of New York City.

**(ii) Initial membership**

The WTC Responders Steering Committee shall initially be composed of members of the WTC Monitoring and Treatment Program Steering Committee (as in existence on the day before January 2, 2011).

**(B) WTC Survivors Steering Committee**

**(i) Representation**

The WTC Survivors Steering Committee shall include representatives of—

(I) the Centers of Excellence providing services to screening-eligible and certified-eligible WTC survivors;

(II) the population of residents, students, and area and other workers affected by the September 11, 2001, terrorist attacks;

(III) screening-eligible and certified-eligible survivors receiving initial health evaluations, monitoring, or treatment under subpart 2 of part B and organizations advocating on their behalf; and

(IV) New York City.

**(ii) Initial membership**

The WTC Survivors Steering Committee shall initially be composed of members of the WTC Environmental Health Center Survivor Advisory Committee (as in existence on the day before January 2, 2011).

**(C) Additional appointments**

Each Steering Committee may recommend, if approved by a majority of voting members of the Committee, additional members to the Committee.

**(D) Vacancies**

A vacancy in a Steering Committee shall be filled by an individual recommended by the Steering Committee.

(July 1, 1944, ch. 373, title XXXIII, §3302, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3627.)

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (a)(6), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which is set out in the Appendix to Title 5, Government Organization and Employees.

**§ 300mm-2. Education and outreach**

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—

(A) the establishment of a public Web site with information about the WTC Program;

(B) meetings with potentially eligible populations;

(C) development and dissemination of outreach materials informing people about the program; and

(D) the establishment of phone information services; 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.

(July 1, 1944, ch. 373, title XXXIII, §3303, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3629.)

**§ 300mm-3. Uniform data collection and analysis**

**(a) In general**

The WTC Program Administrator shall provide for the uniform collection of data, including claims data (and analysis of data and regular reports to the Administrator) on the prevalence of WTC-related health conditions and the identification of new WTC-related health conditions. Such data shall be collected for all individuals provided monitoring or treatment benefits under part B and regardless of their place of residence or Clinical Center of Excellence through which the benefits are provided. The WTC Program Administrator shall provide, through the Data Centers or otherwise, for the integration of such data into the monitoring and treatment program activities under this subchapter.

**(b) Coordinating through Centers of Excellence**

Each Clinical Center of Excellence shall collect data described in subsection (a) and report such data to the corresponding Data Center for analysis by such Data Center.

**(c) Collaboration with WTC Health Registry**

The WTC Program Administrator shall provide for collaboration between the Data Centers and the World Trade Center Health Registry described in section 300mm-52 of this title.

**(d) Privacy**

The data collection and analysis under this section shall be conducted and maintained in a manner that protects the confidentiality of individually identifiable health information consistent with applicable statutes and regulations, including, as applicable, HIPAA privacy and security law (as defined in section 300jj-19(a)(2) of this title) and section 552a of title 5.

(July 1, 1944, ch. 373, title XXXIII, §3304, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3629.)

**§ 300mm-4. Clinical Centers of Excellence and Data Centers**

**(a) In general**

**(1) Contracts with Clinical Centers of Excellence**

The WTC Program Administrator shall, subject to subsection (b)(1)(B), enter into contracts with Clinical Centers of Excellence (as defined in subsection (b)(1)(A))—

(A) for the provision of monitoring and treatment benefits and initial health evaluation benefits under part B;

(B) for the provision of outreach and retention activities to individuals eligible for such monitoring and treatment benefits, for initial health evaluation benefits, and for followup to individuals who are enrolled in the monitoring program;

(C) for the provision of counseling for benefits under part B, with respect to WTC-related health conditions, for individuals eligible for such benefits;

(D) for the provision of counseling for benefits for WTC-related health conditions that may be available under workers' compensation or other benefit programs for work-related injuries or illnesses, health insurance, disability insurance, or other insurance plans or through public or private social service agencies and assisting eligible individuals in applying for such benefits;

(E) for the provision of translational and interpretive services for program participants who are not English language proficient; and

(F) for the collection and reporting of data, including claims data, in accordance with section 300mm-3 of this title.

## **(2) Contracts with Data Centers**

### **(A) In general**

The WTC Program Administrator shall enter into contracts with one or more Data Centers (as defined in subsection (b)(2))—

(i) for receiving, analyzing, and reporting to the WTC Program Administrator on data, in accordance with section 300mm-3 of this title, that have been collected and reported to such Data Centers by the corresponding Clinical Centers of Excellence under subsection (b)(1)(B)(iii);

(ii) for the development of monitoring, initial health evaluation, and treatment protocols, with respect to WTC-related health conditions;

(iii) for coordinating the outreach and retention activities conducted under paragraph (1)(B) by each corresponding Clinical Center of Excellence;

(iv) for establishing criteria for the credentialing of medical providers participating in the nationwide network under section 300mm-23 of this title;

(v) for coordinating and administering the activities of the WTC Health Program Steering Committees established under section 300mm-1(b)<sup>1</sup> of this title; and

(vi) for meeting periodically with the corresponding Clinical Centers of Excellence to obtain input on the analysis and reporting of data collected under clause (i) and on the development of monitoring, initial health evaluation, and treatment protocols under clause (ii).

### **(B) Medical provider selection**

The medical providers under subparagraph (A)(iv) shall be selected by the WTC Program Administrator on the basis of their experience treating or diagnosing the health conditions included in the list of WTC-related health conditions.

### **(C) Clinical discussions**

In carrying out subparagraph (A)(ii), a Data Center shall engage in clinical discussions across the WTC Program to guide treatment approaches for individuals with a WTC-related health condition.

### **(D) Transparency of data**

A contract entered into under this subsection with a Data Center shall require the Data Center to make any data collected and reported to such Center under subsection (b)(1)(B)(iii) available to health researchers and others as provided in the CDC/ATSDR Policy on Releasing and Sharing Data.

### **(3) Authority for contracts to be class specific**

A contract entered into under this subsection with a Clinical Center of Excellence or a Data Center may be with respect to one or more class of enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors.

### **(4) Use of cooperative agreements**

Any contract under this subchapter between the WTC Program Administrator and a Data Center or a Clinical Center of Excellence may be in the form of a cooperative agreement.

### **(5) Review on feasibility of consolidating Data Centers**

Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the feasibility of consolidating Data Centers into a single Data Center.

## **(b) Centers of Excellence**

### **(1) Clinical Centers of Excellence**

#### **(A) Definition**

For purposes of this subchapter, the term "Clinical Center of Excellence" means a Center that demonstrates to the satisfaction of the Administrator that the Center—

(i) uses an integrated, centralized health care provider approach to create a comprehensive suite of health services under this subchapter that are accessible to enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors;

(ii) has experience in caring for WTC responders and screening-eligible WTC survivors or includes health care providers who have been trained pursuant to section 300mm-23(c) of this title;

(iii) employs health care provider staff with expertise that includes, at a minimum, occupational medicine, environmental medicine, trauma-related psychiatry and psychology, and social services counseling; and

(iv) meets such other requirements as specified by the Administrator.

#### **(B) Contract requirements**

The WTC Program Administrator shall not enter into a contract with a Clinical Center of Excellence under subsection (a)(1) unless the Center agrees to do each of the following:

(i) Establish a formal mechanism for consulting with and receiving input from representatives of eligible populations receiving monitoring and treatment benefits under part B from such Center.

<sup>1</sup> See References in Text note below.

(ii) Coordinate monitoring and treatment benefits under part B with routine medical care provided for the treatment of conditions other than WTC-related health conditions.

(iii) Collect and report to the corresponding Data Center data, including claims data, in accordance with section 300mm-3(b) of this title.

(iv) Have in place safeguards against fraud that are satisfactory to the Administrator, in consultation with the Inspector General of the Department of Health and Human Services.

(v) Treat or refer for treatment all individuals who are enrolled WTC responders or certified-eligible WTC survivors with respect to such Center who present themselves for treatment of a WTC-related health condition.

(vi) Have in place safeguards, consistent with section 300mm-3(d) of this title, to ensure the confidentiality of an individual's individually identifiable health information, including requiring that such information not be disclosed to the individual's employer without the authorization of the individual.

(vii) Use amounts paid under subsection (c)(1) only for costs incurred in carrying out the activities described in subsection (a), other than those described in subsection (a)(1)(A).

(viii) Utilize health care providers with occupational and environmental medicine expertise to conduct physical and mental health assessments, in accordance with protocols developed under subsection (a)(2)(A)(ii).

(ix) Communicate with WTC responders and screening-eligible and certified-eligible WTC survivors in appropriate languages and conduct outreach activities with relevant stakeholder worker or community associations.

(x) Meet all the other applicable requirements of this subchapter, including regulations implementing such requirements.

**(C) Transition rule to ensure continuity of care**

The WTC Program Administrator shall to the maximum extent feasible ensure continuity of care in any period of transition from monitoring and treatment of an enrolled WTC responder or certified-eligible WTC survivor by a provider to a Clinical Center of Excellence or a health care provider participating in the nationwide network under section 300mm-23 of this title.

**(2) Data Centers**

For purposes of this subchapter, the term "Data Center" means a Center that the WTC Program Administrator determines has the capacity to carry out the responsibilities for a Data Center under subsection (a)(2).

**(3) Corresponding centers**

For purposes of this subchapter, a Clinical Center of Excellence and a Data Center shall be treated as "corresponding" to the extent

that such Clinical Center and Data Center serve the same population group.

**(c) Payment for infrastructure costs**

**(1) In general**

The WTC Program Administrator shall reimburse a Clinical Center of Excellence for the fixed infrastructure costs of such Center in carrying out the activities described in part B at a rate negotiated by the Administrator and such Centers. Such negotiated rate shall be fair and appropriate and take into account the number of enrolled WTC responders receiving services from such Center under this subchapter.

**(2) Fixed infrastructure costs**

For purposes of paragraph (1), the term "fixed infrastructure costs" means, with respect to a Clinical Center of Excellence, the costs incurred by such Center that are not otherwise reimbursable by the WTC Program Administrator under section 300mm-22(c) of this title for patient evaluation, monitoring, or treatment but which are needed to operate the WTC program such as the costs involved in outreach to participants or recruiting participants, data collection and analysis, social services for counseling patients on other available assistance outside the WTC program, and the development of treatment protocols. Such term does not include costs for new construction or other capital costs.

**(d) GAO analysis**

Not later than July 1, 2011, the Comptroller General shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate an analysis on whether Clinical Centers of Excellence with which the WTC Program Administrator enters into a contract under this section have financial systems that will allow for the timely submission of claims data for purposes of section 300mm-3 of this title and subsections (a)(1)(F) and (b)(1)(B)(iii).

(July 1, 1944, ch. 373, title XXXIII, §3305, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3630; amended Pub. L. 114-113, div. O, title III, §302(c), Dec. 18, 2015, 129 Stat. 2998.)

REFERENCES IN TEXT

Section 300mm-1(b) of this title, referred to in subsec. (a)(2)(A)(v), was in the original "section 3002(b)" and was translated as meaning section 3302(b) of act July 1, 1944, to reflect the probable intent of Congress.

AMENDMENTS

2015—Subsec. (a)(1)(B). Pub. L. 114-113, §302(c)(1)(A), inserted "and retention" after "outreach".

Subsec. (a)(2)(A)(iii). Pub. L. 114-113, §302(c)(1)(B), inserted "and retention" after "outreach".

Subsec. (b)(1)(B)(vi). Pub. L. 114-113, §302(c)(2), substituted "section 300mm-3(d)" for "section 300mm-3(c)".

**§ 300mm-5. Definitions**

In this subchapter:

(1) The term "aggravating" means, with respect to a health condition, a health condition that existed on September 11, 2001, and that,

as a result of exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, requires medical treatment that is (or will be) in addition to, more frequent than, or of longer duration than the medical treatment that would have been required for such condition in the absence of such exposure.

(2) The term “certified-eligible WTC survivor” has the meaning given such term in section 300mm-31(a)(2) of this title.

(3) The terms “Clinical Center of Excellence” and “Data Center” have the meanings given such terms in section 300mm-4 of this title.

(4) The term “enrolled WTC responder” means a WTC responder enrolled under section 300mm-21(a)(3) of this title.

(5) The term “initial health evaluation” includes, with respect to an individual, a medical and exposure history, a physical examination, and additional medical testing as needed to evaluate whether the individual has a WTC-related health condition and is eligible for treatment under the WTC Program.

(6) The term “list of WTC-related health conditions” means—

(A) for WTC responders, the health conditions listed in section 300mm-22(a)(3) of this title; and

(B) for screening-eligible and certified-eligible WTC survivors, the health conditions listed in section 300mm-32(b) of this title.

(7) The term “New York City disaster area” means the area within New York City that is—

(A) the area of Manhattan that is south of Houston Street; and

(B) any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site.

(8) The term “New York metropolitan area” means an area, specified by the WTC Program Administrator, within which WTC responders and eligible WTC screening-eligible survivors who reside in such area are reasonably able to access monitoring and treatment benefits and initial health evaluation benefits under this subchapter through a Clinical Center of Excellence described in subparagraphs (A), (B), or (C) of section 300mm-4(b)(1) of this title.

(9) The term “screening-eligible WTC survivor” has the meaning given such term in section 300mm-31(a)(1) of this title.

(10) Any reference to “September 11, 2001” shall be deemed a reference to the period on such date subsequent to the terrorist attacks at the World Trade Center, Shanksville, Pennsylvania, or the Pentagon, as applicable, on such date.

(11) The term “September 11, 2001, terrorist attacks” means the terrorist attacks that occurred on September 11, 2001, in New York City, in Shanksville, Pennsylvania, and at the Pentagon, and includes the aftermath of such attacks.

(12) The term “WTC Health Program Steering Committee” means such a Steering Committee established under section 300mm-1(b) of this title.

(13) The term “WTC Program” means the World Trade Center Health Program established under section 300mm(a) of this title.

(14)(A) The term “WTC Program Administrator” means—

(i) subject to subparagraph (B), with respect to paragraphs (3) and (4) of section 300mm-21(a) of this title (relating to enrollment of WTC responders), section 300mm-22(c) of this title and the corresponding provisions of section 300mm-32 of this title (relating to payment for initial health evaluation, monitoring, and treatment,<sup>1</sup> paragraphs (1)(C), (2)(B), and (3) of section 300mm-31(a) of this title (relating to determination or certification of screening-eligible or certified-eligible WTC responders), and subpart 3 of part B (relating to payor provisions), an official in the Department of Health and Human Services, to be designated by the Secretary; and

(ii) with respect to any other provision of this subchapter, the Director of the National Institute for Occupational Safety and Health, or a designee of such Director.

(B) In no case may the Secretary designate under subparagraph (A)(i) the Director of the National Institute for Occupational Safety and Health or a designee of such Director with respect to section 300mm-32 of this title (relating to payment for initial health evaluation, monitoring, and treatment).

(15) The term “WTC-related health condition” is defined in section 300mm-22(a) of this title.

(16) The term “WTC responder” is defined in section 300mm-21(a) of this title.

(17) The term “WTC Scientific/Technical Advisory Committee” means such Committee established under section 300mm-1(a) of this title.

(July 1, 1944, ch. 373, title XXXIII, §3306, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3633.)

#### PART B—PROGRAM OF MONITORING, INITIAL HEALTH EVALUATIONS, AND TREATMENT

##### SUBPART 1—WTC RESPONDERS

#### § 300mm-21. Identification of WTC responders and provision of WTC-related monitoring services

##### (a) WTC responder defined

###### (1) In general

For purposes of this subchapter, the term “WTC responder” means any of the following individuals, subject to paragraph (4):

###### (A) Currently identified responder

An individual who has been identified as eligible for monitoring under the arrangements as in effect on January 2, 2011, between the National Institute for Occupational Safety and Health and—

(i) the consortium coordinated by Mt. Sinai Hospital in New York City that coordinates the monitoring and treatment for enrolled WTC responders other than with respect to those covered under the ar-

<sup>1</sup> So in original. A closing parenthesis probably should precede the comma.

rangement with the Fire Department of New York City; or

(ii) the Fire Department of New York City.

**(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 September 11, 2001, 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 September 11, 2001, terrorist attacks as the WTC Program Administrator, after consultation with the WTC Scientific/Technical Advisory Committee, determines appropriate.

The WTC Program Administrator shall not modify such eligibility criteria on or after the date that the number of enrollments of WTC responders has reached 80 percent of the limit described in paragraph (4) or on or after the date that the number of certifications for certified-eligible WTC survivors under section 300mm-31(a)(2)(B) of this title has reached 80 percent of the limit described in section 300mm-31(a)(3) of this title.

**(2) Current eligibility criteria**

The eligibility criteria described in this paragraph for an individual is that the individual is described in any of the following categories:

**(A) Firefighters and related personnel**

The individual—

(i) was a member of the Fire Department of New York City (whether fire or emergency personnel, active or retired) who participated at least one day in the rescue and recovery effort at any of the former World Trade Center sites (including Ground Zero, Staten Island Landfill, and the New York City Chief Medical Examiner's Office) for any time during the period beginning on September 11, 2001, and ending on July 31, 2002; or

(ii)(I) is a surviving immediate family member of an individual who was a member of the Fire Department of New York City (whether fire or emergency personnel, active or retired) and was killed at the World Trade site on September 11, 2001; and

(II) received any treatment for a WTC-related health condition described in section 300mm-22(a)(1)(A)(ii) of this title (relating to mental health conditions) on or before September 1, 2008.

**(B) Law enforcement officers and WTC rescue, recovery, and cleanup workers**

The individual—

(i) worked or volunteered onsite 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)(I) was a member of the Police Department of New York City (whether active or retired) or a member of the Port Authority Police of the Port Authority of New York and New Jersey (whether active or retired) who participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.), including Ground Zero, the Staten Island Landfill, or the barge loading piers, for at least 4 hours during the period beginning September 11, 2001, and ending on September 14, 2001;

(II) participated onsite in rescue, recovery, debris cleanup, or related services at Ground Zero, the Staten Island Landfill, or the barge loading piers, for at least one day during the period beginning on September 11, 2001, and ending on July 31, 2002;

(III) participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.) for at least 24 hours during the period beginning on September 11, 2001, and ending on September 30, 2001; or

(IV) participated onsite in rescue, recovery, debris cleanup, or related services in lower Manhattan (south of Canal St.) for at least 80 hours during the period beginning on September 11, 2001, and ending on July 31, 2002;

(iii) was an employee of the Office of the Chief Medical Examiner of New York City involved in the examination and handling of human remains from the World Trade Center attacks, or other morgue worker who performed similar post-September 11 functions for such Office staff, during the period beginning on September 11, 2001, and ending on July 31, 2002;

(iv) 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

(v) 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 September 11, 2001, terrorist attacks during a duration and period described in subparagraph (A).



**(C) Responders to the September 11 attacks at the Pentagon and Shanksville, Pennsylvania**

The individual—

(i)(I) was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Pentagon site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on the date on which the cleanup of the site was concluded, as determined by the WTC Program Administrator; or

(II) was a member of a fire or police department (whether fire or emergency personnel, active or retired), worked for a recovery or cleanup contractor, or was a volunteer; and performed rescue, recovery, demolition, debris cleanup, or other related services at the Shanksville, Pennsylvania, site of the terrorist-related aircraft crash of September 11, 2001, during the period beginning on September 11, 2001, and ending on the date on which the cleanup of the site was concluded, as determined by the WTC Program Administrator; and

(ii) is determined by the WTC Program Administrator to be at an increased risk of developing a WTC-related health condition as a result of exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks, and meets such eligibility criteria related to such exposures, as the WTC Program Administrator determines are appropriate, after consultation with the WTC Scientific/Technical Advisory Committee.

**(3) Enrollment process**

**(A) In general**

The WTC Program Administrator shall establish a process for enrolling WTC responders in the WTC Program. Under such process—

(i) WTC responders described in paragraph (1)(A) shall be deemed to be enrolled in such Program;

(ii) subject to clause (iii), the Administrator shall enroll in such program individuals who are determined to be WTC responders;

(iii) the Administrator shall deny such enrollment to an individual if the Administrator determines that the numerical limitation in paragraph (4) on enrollment of WTC responders has been met;

(iv) there shall be no fee charged to the applicant for making an application for such enrollment;

(v) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application; and

(vi) an individual who is denied enrollment in such Program shall have an opportunity to appeal such determination in a manner established under such process.

**(B) Timing**

**(i) Currently identified responders**

In accordance with subparagraph (A)(i), the WTC Program Administrator shall enroll an individual described in paragraph (1)(A) in the WTC Program not later than July 1, 2011.

**(ii) Other responders**

In accordance with subparagraph (A)(ii) and consistent with paragraph (4), the WTC Program Administrator shall enroll any other individual who is determined to be a WTC responder in the WTC Program at the time of such determination.

**(4) Numerical limitation on eligible WTC responders**

**(A) In general**

The total number of individuals not described in paragraph (1)(A) or (2)(A)(ii) who may be enrolled under paragraph (3)(A)(ii) shall not exceed 25,000 at any time, of which no more than 2,500 may be individuals enrolled based on modified eligibility criteria established under paragraph (1)(C).

**(B) Process**

In implementing subparagraph (A), the WTC Program Administrator shall—

(i) limit the number of enrollments made under paragraph (3)—

(I) in accordance with such subparagraph; and

(II) to such number, as determined by the Administrator based on the best available information and subject to amounts available under section 300mm-61 of this title, that will ensure sufficient funds will be available to provide treatment and monitoring benefits under this subchapter, with respect to all individuals who are enrolled; and

(ii) provide priority (subject to paragraph (3)(A)(i)) in such enrollments in the order in which individuals apply for enrollment under paragraph (3).

**(5) Disqualification of individuals on terrorist watch list**

No individual who is on the terrorist watch list maintained by the Department of Homeland Security shall qualify as an eligible WTC responder. Before enrolling any individual as a WTC responder in the WTC Program under paragraph (3), the Administrator, in consultation with the Secretary of Homeland Security, shall determine whether the individual is on such list.

**(b) Monitoring benefits**

**(1) In general**

In the case of an enrolled WTC responder (other than one described in subsection (a)(2)(A)(ii)), the WTC Program shall provide for monitoring benefits that include monitoring consistent with protocols approved by the WTC Program Administrator and including clinical examinations and long-term health monitoring and analysis. In the case of an enrolled WTC responder who is an active member

of the Fire Department of New York City, the responder shall receive 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 300mm-23 of this title.

(July 1, 1944, ch. 373, title XXXIII, §3311, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3635; amended Pub. L. 114-113, div. O, title III, §302(d), Dec. 18, 2015, 129 Stat. 2999.)

AMENDMENTS

2015—Subsec. (a)(4)(B)(i)(II). Pub. L. 114-113 struck out “through the end of fiscal year 2020” after “who are enrolled”.

**§ 300mm-22. Treatment of enrolled WTC responders for WTC-related health conditions**

**(a) WTC-related health condition defined**

**(1) In general**

For purposes of this subchapter, the term “WTC-related health condition” means a condition that—

(A)(i) is an illness or health condition for which exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, based on an examination by a medical professional with experience in treating or diagnosing the health conditions included in the applicable list of WTC-related health conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition, as determined under paragraph (2); or

(ii) is a mental health condition for which such attacks, based on an examination by a medical professional with experience in treating or diagnosing the health conditions included in the applicable list of WTC-related health conditions, is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition, as determined under paragraph (2); and

(B) is included in the applicable list of WTC-related health conditions or—

(i) with respect to a WTC responder, is provided certification of coverage under subsection (b)(2)(B)(iii); or

(ii) with respect to a screening-eligible WTC survivor or certified-eligible WTC survivor, is provided certification of coverage under subsection (b)(2)(B)(iii), as applied under section 300mm-32(a) of this title.

In the case of a WTC responder described in section 300mm-21(a)(2)(A)(ii) of this title (relating to a surviving immediate family member of a firefighter), such term does not include an illness or health condition described in subparagraph (A)(i).

**(2) Determination**

The determination under paragraph (1) or subsection (b) of whether the September 11,

2001, terrorist attacks were substantially likely to be a significant factor in aggravating, contributing to, or causing an individual's illness or health condition shall be made based on an assessment of the following:

(A) The individual's exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the terrorist attacks. Such exposure shall be—

(i) evaluated and characterized through the use of a standardized, population-appropriate questionnaire approved by the Director of the National Institute for Occupational Safety and Health; and

(ii) assessed and documented by a medical professional with experience in treating or diagnosing health conditions included on the list of WTC-related health conditions.

(B) The type of symptoms and temporal sequence of symptoms. Such symptoms shall be—

(i) assessed through the use of a standardized, population-appropriate medical questionnaire approved by the Director of the National Institute for Occupational Safety and Health and a medical examination; and

(ii) diagnosed and documented by a medical professional described in subparagraph (A)(ii).

**(3) List of health conditions for WTC responders**

The list of health conditions for WTC responders consists of the following:

**(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 obstructive pulmonary disease (COPD).

(vi) Chronic cough syndrome.

(vii) Upper airway hyperreactivity.

(viii) Chronic rhinosinusitis.

(ix) Chronic nasopharyngitis.

(x) Chronic laryngitis.

(xi) Gastroesophageal reflux disorder (GERD).

(xii) Sleep apnea exacerbated by or related to a condition described in a previous clause.

**(B) Mental health conditions**

(i) Posttraumatic 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.

**(C) Musculoskeletal disorders for certain WTC responders**

In the case of a WTC responder described in paragraph (4), a condition described in such paragraph.

**(D) Additional conditions**

Any cancer (or type of cancer) or other condition added, pursuant to paragraph (5) or (6), to the list under this paragraph.

**(4) Musculoskeletal disorders****(A) In general**

For purposes of this subchapter, in the case of a WTC responder who received any treatment for a WTC-related musculoskeletal disorder on or before September 11, 2003, the list of health conditions in paragraph (3) shall include:

- (i) Low back pain.
- (ii) Carpal tunnel syndrome (CTS).
- (iii) Other musculoskeletal disorders.

**(B) Definition**

The term “WTC-related musculoskeletal disorder” means a chronic or recurrent disorder of the musculoskeletal system caused by heavy lifting or repetitive strain on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the September 11, 2001, terrorist attacks.

**(5) Cancer****(A) In general**

The WTC Program Administrator shall periodically conduct a review of all available scientific and medical evidence, including findings and recommendations of Clinical Centers of Excellence, published in peer-reviewed journals to determine if, based on such evidence, cancer or a certain type of cancer should be added to the applicable list of WTC-related health conditions. The WTC Program Administrator shall conduct the first review under this subparagraph not later than 180 days after January 2, 2011.

**(B) Proposed regulations and rulemaking**

Based on the periodic reviews under subparagraph (A), if the WTC Program Administrator determines that cancer or a certain type of cancer should be added to such list of WTC-related health conditions, the WTC Program Administrator shall propose regulations, through rulemaking, to add cancer or the certain type of cancer to such list.

**(C) Final regulations**

Based on all the available evidence in the rulemaking record, the WTC Program Administrator shall make a final determination of whether cancer or a certain type of cancer should be added to such list of WTC-related health conditions. If such a determination is made to make such an addition, the WTC Program Administrator shall by regulation add cancer or the certain type of cancer to such list.

**(D) Determinations not to add cancer or certain types of cancer**

In the case that the WTC Program Administrator determines under subparagraph (B) or (C) that cancer or a certain type of cancer should not be added to such list of WTC-related health conditions, the WTC Program Administrator shall publish an explanation

for such determination in the Federal Register. Any such determination to not make such an addition shall not preclude the addition of cancer or the certain type of cancer to such list at a later date.

**(6) Addition of health conditions to list for WTC responders****(A) In general**

Whenever the WTC Program Administrator determines that a proposed rule should be promulgated to add a health condition to the list of health conditions in paragraph (3), the Administrator may request a recommendation of the Advisory Committee or may publish such a proposed rule in the Federal Register in accordance with subparagraph (D).

**(B) Administrator's options after receipt of petition**

In the case that the WTC Program Administrator receives a written petition by an interested party to add a health condition to the list of health conditions in paragraph (3), not later than 90 days after the date of receipt of such petition the Administrator shall—

- (i) request a recommendation of the Advisory Committee;
- (ii) publish a proposed rule in the Federal Register to add such health condition, in accordance with subparagraph (D);
- (iii) publish in the Federal Register the Administrator's determination not to publish such a proposed rule and the basis for such determination; or
- (iv) publish in the Federal Register a determination that insufficient evidence exists to take action under clauses (i) through (iii).

**(C) Action by Advisory Committee**

In the case that the Administrator requests a recommendation of the Advisory Committee under this paragraph, with respect to adding a health condition to the list in paragraph (3), the Advisory Committee shall submit to the Administrator such recommendation not later than 90 days after the date of such request or by such date (not to exceed 180 days after such date of request) as specified by the Administrator. Not later than 90 days after the date of receipt of such recommendation, the Administrator shall, in accordance with subparagraph (D), publish in the Federal Register a proposed rule with respect to such recommendation or a determination not to propose such a proposed rule and the basis for such determination.

**(D) Publication**

The WTC Program Administrator shall, with respect to any proposed rule under this paragraph—

- (i) publish such proposed rule in accordance with section 553 of title 5; and
- (ii) provide interested parties a period of 30 days after such publication to submit written comments on the proposed rule.

The WTC Program Administrator may extend the period described in clause (ii) upon

a finding of good cause. In the case of such an extension, the Administrator shall publish such extension in the Federal Register.

**(E) Interested party defined**

For purposes of this paragraph, the term “interested party” includes a representative of any organization representing WTC responders, a nationally recognized medical association, a Clinical or Data Center, a State or political subdivision, or any other interested person.

**(F) Independent peer reviews**

Prior to issuing a final rule to add a health condition to the list in paragraph (3), the WTC Program Administrator shall provide for an independent peer review of the scientific and technical evidence that would be the basis for issuing such final rule.

**(G) Additional advisory committee recommendations**

**(i) Program policies**

**(I) Existing policies**

Not later than 1 year after December 18, 2015, the WTC Program Administrator shall request the Advisory Committee to review and evaluate the policies and procedures, in effect at the time of the review and evaluation, that are used to determine whether sufficient evidence exists to support adding a health condition to the list in paragraph (3).

**(II) Subsequent policies**

Prior to establishing any substantive new policy or procedure used to make the determination described in subclause (I) or prior to making any substantive amendment to any policy or procedure described in such subclause, the WTC Program Administrator shall request the Advisory Committee to review and evaluate such substantive policy, procedure, or amendment.

**(ii) Identification of individuals conducting independent peer reviews**

Not later than 1 year after December 18, 2015, and not less than every 2 years thereafter, the WTC Program Administrator shall seek recommendations from the Advisory Committee regarding the identification of individuals to conduct the independent peer reviews under subparagraph (F).

**(b) Coverage of treatment for WTC-related health conditions**

**(1) Determination for enrolled WTC responders based on a WTC-related health condition**

**(A) In general**

If a physician at a Clinical Center of Excellence that is providing monitoring benefits under section 300mm-21 of this title for an enrolled WTC responder makes a determination that the responder has a WTC-related health condition that is in the list in subsection (a)(3) and that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 1, 2001,

terrorist attacks is substantially likely to be a significant factor in aggravating, contributing to, or causing the condition—

(i) the physician shall promptly transmit such determination to the WTC Program Administrator and provide the Administrator with the medical facts supporting such determination; and

(ii) on and after the date of such transmittal and subject to subparagraph (B), the WTC Program shall provide for payment under subsection (c) for medically necessary treatment for such condition.

**(B) Review; certification; appeals**

**(i) Review**

A Federal employee designated by the WTC Program Administrator shall review determinations made under subparagraph (A).

**(ii) Certification**

The Administrator shall provide a certification 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 WTC-related health condition in the list in subsection (a)(3) or that exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 1, 2001, terrorist attacks is not substantially likely to be a significant factor in aggravating, contributing to, or causing the condition.

**(iii) Appeal process**

The Administrator shall establish, by rule, a process for the appeal of determinations under clause (ii).

**(2) Determination based on medically associated WTC-related health conditions**

**(A) In general**

If a physician at a Clinical Center of Excellence determines pursuant to subsection (a) that the enrolled WTC responder has a health condition described in subsection (a)(1)(A) that is not in the list in subsection (a)(3) but which is medically associated with a 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) the Administrator shall make a determination under subparagraph (B) with respect to such physician’s determination.

**(B) Procedures for review, certification, and appeal**

The WTC Program Administrator shall, by rule, establish procedures for the review and certification of physician determinations under subparagraph (A). Such rule shall provide for—

(i) the timely review of such a determination by a physician panel with appropriate expertise for the condition and recommendations to the WTC Program Administrator;

(ii) not later than 60 days after the date of the transmittal under subparagraph (A)(i), a determination by the WTC Program Administrator on whether or not the condition involved is described in subsection (a)(1)(A) and is medically associated with a WTC-related health condition;

(iii) certification in accordance with paragraph (1)(B)(ii) of coverage of such condition if determined to be described in subsection (a)(1)(A) and medically associated with a WTC-related health condition; and

(iv) a process for appeals of determinations relating to such conditions.

**(C) Inclusion in list of health conditions**

If the WTC Program Administrator provides certification under subparagraph (B)(iii) for coverage of a condition, the Administrator may, pursuant to subsection (a)(6), add the condition to the list in subsection (a)(3).

**(D) Conditions already declined for inclusion in list**

If the WTC Program Administrator publishes a determination under subsection (a)(6)(B) not to include a condition in the list in subsection (a)(3), the WTC Program Administrator shall not provide certification under subparagraph (B)(iii) for coverage of the condition. In the case of an individual who is certified under subparagraph (B)(iii) with respect to such condition before the date of the publication of such determination the previous sentence shall not apply.

**(3) Requirement of medical necessity**

**(A) In general**

In providing treatment for a WTC-related health condition, a physician or other provider shall provide treatment that is medically necessary and in accordance with medical treatment protocols established under subsection (d).

**(B) Regulations relating to medical necessity**

For the purpose of this subchapter, the WTC Program Administrator shall issue regulations specifying a standard for determining medical necessity with respect to health care services and prescription pharmaceuticals, a process for determining whether treatment furnished and pharmaceuticals prescribed under this subchapter meet such standard (including any prior authorization requirement), and a process for appeal of a determination under subsection (c)(3).

**(4) Scope of treatment covered**

**(A) In general**

The scope of treatment covered under this subsection includes services of physicians and other health care providers, diagnostic and laboratory tests, prescription drugs, inpatient and outpatient hospital services, and other medically necessary treatment.

**(B) Pharmaceutical coverage**

With respect to ensuring coverage of medically necessary outpatient prescription

drugs, such drugs shall be provided, under arrangements made by the WTC Program Administrator, directly through participating Clinical Centers of Excellence or through one or more outside vendors.

**(C) Transportation expenses for nationwide network**

The WTC Program Administrator may provide for necessary and reasonable transportation and expenses incident to the securing of medically necessary treatment through the nationwide network under section 300mm-23 of this title involving travel of more than 250 miles and for which payment is made under this section in the same manner in which individuals may be furnished necessary and reasonable transportation and expenses incident to services involving travel of more than 250 miles under regulations implementing section 7384t(c) of this title.

**(5) Provision of treatment pending certification**

With respect to an enrolled WTC responder for whom a determination is made by an examining physician under paragraph (1) or (2), but for whom the WTC Program Administrator has not yet determined whether to certify the determination, the WTC Program Administrator may establish by rule a process through which the Administrator may approve the provision of medical treatment under this subsection (and payment under subsection (c)) with respect to such responder and such responder's WTC-related health condition (under such terms and conditions as the Administrator may provide) until the Administrator makes a decision on whether to certify the determination.

**(c) Payment for initial health evaluation, monitoring, and treatment of WTC-related health conditions**

**(1) Medical treatment**

**(A) Use of FECA payment rates**

**(i) In general**

Subject to clause (ii):

(I) Subject to subparagraphs (B) and (C), the WTC Program Administrator shall reimburse costs for medically necessary treatment under this subchapter for WTC-related health conditions according to the payment rates that would apply to the provision of such treatment and services by the facility under the Federal Employees Compensation Act.

(II) For treatment not covered under subclause (i) or subparagraph (B), the WTC Program Administrator shall establish by regulation a reimbursement rate for such treatment.

**(ii) Exception**

In no case shall payments for products or services under clause (i) be made at a rate higher than the Office of Worker's Compensation Programs in the Department<sup>1</sup> Labor would pay for such products or serv-

<sup>1</sup> So in original. The word "of" probably should appear.

ices rendered at the time such products or services were provided.

**(B) Pharmaceuticals**

**(i) In general**

The WTC Program Administrator shall establish a program for paying for the medically necessary outpatient prescription pharmaceuticals prescribed under this subchapter for WTC-related health conditions through one or more contracts with outside vendors.

**(ii) Competitive bidding**

Under such program the Administrator shall—

(I) select one or more appropriate vendors through a Federal competitive bid process; and

(II) select the lowest bidder (or bidders) meeting the requirements for providing pharmaceutical benefits for participants in the WTC Program.

**(iii) Treatment of FDNY participants**

Under such program the Administrator may enter into an agreement with a separate vendor to provide pharmaceutical benefits to enrolled WTC responders for whom the Clinical Center of Excellence is described in section 300mm-4 of this title if such an arrangement is deemed necessary and beneficial to the program by the WTC Program Administrator.

**(iv) Pharmaceuticals**

Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on whether existing Federal pharmaceutical purchasing programs can provide pharmaceutical benefits more efficiently and effectively than through the WTC program.

**(C) Improving quality and efficiency through modification of payment amounts and methodologies**

The WTC Program Administrator may modify the amounts and methodologies for making payments for initial health evaluations, monitoring, or treatment, if, taking into account utilization and quality data furnished by the Clinical Centers of Excellence under section 300mm-4(b)(1)(B)(iii) of this title, the Administrator determines that a bundling, capitation, pay for performance, or other payment methodology would better ensure high quality and efficient delivery of initial health evaluations, monitoring, or treatment to an enrolled WTC responder, screening-eligible WTC survivor, or certified-eligible WTC survivor.

**(2) Monitoring and initial health evaluation**

The WTC Program Administrator shall reimburse the costs of monitoring and the costs of an initial health evaluation provided under this subchapter at a rate set by the Administrator by regulation.

**(3) Determination of medical necessity**

**(A) Review of medical necessity and protocols**

As part of the process for reimbursement or payment under this subsection, the WTC Program Administrator shall provide for the review of claims for reimbursement or payment for the provision of medical treatment to determine if such treatment is medically necessary and in accordance with medical treatment protocols established under subsection (d).

**(B) Withholding of payment for medically unnecessary treatment**

The Administrator shall withhold such reimbursement or payment for treatment that the Administrator determines is not medically necessary or is not in accordance with such medical treatment protocols.

**(d) Medical treatment protocols**

**(1) Development**

The Data Centers shall develop medical treatment protocols for the treatment of enrolled WTC responders and certified-eligible WTC survivors for health conditions included in the applicable list of WTC-related health conditions.

**(2) Approval**

The medical treatment protocols developed under paragraph (1) shall be subject to approval by the WTC Program Administrator.

(July 1, 1944, ch. 373, title XXXIII, §3312, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3639; amended Pub. L. 114-113, div. O, title III, §302(e), Dec. 18, 2015, 129 Stat. 2999.)

REFERENCES IN TEXT

The Federal Employees Compensation Act, referred to in subsec. (c)(1)(A)(i)(I), is act Sept. 7, 1916, ch. 458, 39 Stat. 742. The act was repealed, and the provisions thereof were reenacted as subchapter I (§8101 et seq.) of chapter 81 of Title 5, Government Organization and Employees, by Pub. L. 89-554, Sept. 6, 1966, 80 Stat. 378.

AMENDMENTS

2015—Subsec. (a)(6)(B). Pub. L. 114-113, §302(e)(1)(A), substituted “90 days” for “60 days” in introductory provisions.

Subsec. (a)(6)(C). Pub. L. 114-113, §302(e)(1)(B), substituted “90 days” for “60 days” in two places.

Subsec. (a)(6)(F), (G). Pub. L. 114-113, §302(e)(2), added subpars. (F) and (G).

**§ 300mm-23. National arrangement for benefits for eligible individuals outside New York**

**(a) In general**

In order to ensure reasonable access to benefits under this part for individuals who are enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors and who reside in any State, as defined in section 201(f) of this title, outside the New York metropolitan area, the WTC Program Administrator shall establish a nationwide network of health care providers to provide monitoring and treatment benefits and initial health evaluations near such individuals’ areas of residence in such States. Nothing in this subsection shall be

construed as preventing such individuals from being provided such monitoring and treatment benefits or initial health evaluation through any Clinical Center of Excellence.

**(b) Network requirements**

Any health care provider participating in the network under subsection (a) shall—

- (1) meet criteria for credentialing established by the Data Centers;
- (2) follow the monitoring, initial health evaluation, and treatment protocols developed under section 300mm-4(a)(2)(A)(ii) of this title;
- (3) collect and report data in accordance with section 300mm-3 of this title; and
- (4) meet such fraud, quality assurance, and other requirements as the WTC Program Administrator establishes, including sections 1320a-7 through 1320a-7e of this title, as applied by section 300mm(d) of this title.

**(c) Training and technical assistance**

The WTC Program Administrator<sup>1</sup> may provide, including through contract, for the provision of training and technical assistance to health care providers participating in the network under subsection (a).

**(d) Provision of services through the VA**

**(1) In general**

The WTC Program Administrator may enter into an agreement with the Secretary of Veterans Affairs for the Secretary to provide services under this section through facilities of the Department of Veterans Affairs.

**(2) National program**

Not later than July 1, 2011, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on whether the Department of Veterans Affairs can provide monitoring and treatment services to individuals under this section more efficiently and effectively than through the nationwide network to be established under subsection (a).

(July 1, 1944, ch. 373, title XXXIII, §3313, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3647.)

SUBPART 2—WTC SURVIVORS

**§ 300mm-31. Identification and initial health evaluation of screening-eligible and certified-eligible WTC survivors**

**(a) Identification of screening-eligible WTC survivors and certified-eligible WTC survivors**

**(1) Screening-eligible WTC survivors**

**(A) Definition**

In this subchapter, the term “screening-eligible WTC survivor” means, subject to subparagraph (C) and paragraph (3), an individual who is described in any of the following clauses:

**(i) Currently identified survivor**

An individual, including a WTC responder, who has been identified as eligible

for medical treatment and monitoring by the WTC Environmental Health Center as of January 2, 2011.

**(ii) Survivor who meets current eligibility criteria**

An individual who is not a WTC responder, for purposes of the initial health evaluation under subsection (b), claims symptoms of a WTC-related health condition and meets any of the current eligibility criteria described in subparagraph (B).

**(iii) Survivor who meets modified eligibility criteria**

An individual who is not a WTC responder, for purposes of the initial health evaluation under subsection (b), claims symptoms of a WTC-related health condition and meets such eligibility criteria relating to exposure to airborne toxins, other hazards, or adverse conditions resulting from the September 11, 2001, terrorist attacks as the WTC Administrator determines, after consultation with the Data Centers described in section 300mm-4 of this title and the WTC Scientific/Technical Advisory Committee and WTC Health Program Steering Committees under section 300mm-1 of this title.

The Administrator shall not modify such criteria under clause (iii) on or after the date that the number of certifications for certified-eligible WTC survivors under paragraph (2)(B) has reached 80 percent of the limit described in paragraph (3) or on or after the date that the number of enrollments of WTC responders has reached 80 percent of the limit described in section 300mm-21(a)(4) of this title.

**(B) Current eligibility criteria**

The eligibility criteria described in this subparagraph for an individual are that the individual is described in any of the following clauses:

(i) A person who was present in the New York City disaster area in the dust or dust cloud on September 11, 2001.

(ii) A person who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area for—

(I) at least 4 days during the 4-month period beginning on September 11, 2001, and ending on January 10, 2002; or

(II) at least 30 days during the period beginning on September 11, 2001, and ending on July 31, 2002.

(iii) Any person who worked as a cleanup worker or performed maintenance work in the New York City disaster area during the 4-month period described in subparagraph (B)(i) and had extensive exposure to WTC dust as a result of such work.

(iv) 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 re-

<sup>1</sup> So in original. Probably should be “Administrator”.

sided in such residence during the period beginning on September 11, 2001, and ending on May 31, 2003.

(v) 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 September 11, 2001, terrorist attacks.

**(C) Application and determination process for screening eligibility**

**(i) In general**

The WTC Program Administrator in consultation with the Data Centers shall establish a process for individuals, other than individuals described in subparagraph (A)(i), to be determined to be screening-eligible WTC survivors. Under such process—

(I) there shall be no fee charged to the applicant for making an application for such determination;

(II) the Administrator shall make a determination on such an application not later than 60 days after the date of filing the application;

(III) the Administrator shall make such a determination relating to an applicant's compliance with this subchapter and shall not determine that an individual is not so eligible or deny written documentation under clause (ii) to such individual unless the Administrator determines that—

(aa) based on the application submitted, the individual does not meet the eligibility criteria; or

(bb) the numerical limitation on certifications of certified-eligible WTC survivors set forth in paragraph (3) has been met; and

(IV) an individual who is determined not to be a screening-eligible WTC survivor shall have an opportunity to appeal such determination in a manner established under such process.

**(ii) Written documentation of screening-eligibility**

**(I) In general**

In the case of an individual who is described in subparagraph (A)(i) or who is determined under clause (i) (consistent with paragraph (3)) to be a screening-eligible WTC survivor, the WTC Program Administrator shall provide an appropriate written documentation of such fact.

**(II) Timing**

**(aa) Currently identified survivors**

In the case of an individual who is described in subparagraph (A)(i), the

WTC Program Administrator shall provide the written documentation under subclause (I) not later than July 1, 2011.

**(bb) Other members**

In the case of another individual who is determined under clause (i) and consistent with paragraph (3) to be a screening-eligible WTC survivor, the WTC Program Administrator shall provide the written documentation under subclause (I) at the time of such determination.

**(2) Certified-eligible WTC survivors**

**(A) Definition**

The term “certified-eligible WTC survivor” means, subject to paragraph (3), a screening-eligible WTC survivor who the WTC Program Administrator certifies under subparagraph (B) to be eligible for followup monitoring and treatment under this subpart.

**(B) Certification of eligibility for monitoring and treatment**

**(i) In general**

The WTC Program Administrator shall establish a certification process under which the Administrator shall provide appropriate certification to screening-eligible WTC survivors who, pursuant to the initial health evaluation under subsection (b), are determined to be eligible for followup monitoring and treatment under this subpart.

**(ii) Timing**

**(I) Currently identified survivors**

In the case of an individual who is described in paragraph (1)(A)(i), the WTC Program Administrator shall provide the certification under clause (i) not later than July 1, 2011.

**(II) Other members**

In the case of another individual who is determined under clause (i) to be eligible for followup monitoring and treatment, the WTC Program Administrator shall provide the certification under such clause at the time of such determination.

**(3) Numerical limitation on certified-eligible WTC survivors**

**(A) In general**

The total number of individuals not described in paragraph (1)(A)(i) who may be certified as certified-eligible WTC survivors under paragraph (2)(B) shall not exceed 25,000 at any time.

**(B) Process**

In implementing subparagraph (A), the WTC Program Administrator shall—

(i) limit the number of certifications provided under paragraph (2)(B)—

(I) in accordance with such subparagraph; and

(II) to such number, as determined by the Administrator based on the best



available information and subject to amounts made available under section 300mm-61 of this title, that will ensure sufficient funds will be available to provide treatment and monitoring benefits under this subchapter, with respect to all individuals receiving such certifications; and

(ii) provide priority in such certifications in the order in which individuals apply for a determination under paragraph (2)(B).

**(4) Disqualification of individuals on terrorist watch list**

No individual who is on the terrorist watch list maintained by the Department of Homeland Security shall qualify as a screening-eligible WTC survivor or a certified-eligible WTC survivor. Before determining any individual to be a screening-eligible WTC survivor under paragraph (1) or certifying any individual as a certified eligible<sup>1</sup> WTC survivor under paragraph (2), the Administrator, in consultation with the Secretary of Homeland Security, shall determine whether the individual is on such list.

**(b) Initial health evaluation to determine eligibility for followup monitoring or treatment**

**(1) In general**

In the case of a screening-eligible WTC survivor, the WTC Program shall provide for an initial health evaluation to determine if the survivor has a WTC-related health condition and is eligible for followup monitoring and treatment benefits under the WTC Program. Initial health evaluation protocols under section 300mm-4(a)(2)(A)(ii) of this title shall be subject to approval by the WTC Program Administrator.

**(2) Initial health evaluation providers**

The initial health evaluation described in paragraph (1) shall be provided through a Clinical Center of Excellence with respect to the individual involved.

**(3) Limitation on initial health evaluation benefits**

Benefits for an initial health evaluation under this subpart for a screening-eligible WTC survivor shall consist only of a single medical initial health evaluation consistent with initial health evaluation protocols described in paragraph (1). Nothing in this paragraph shall be construed as preventing such an individual from seeking additional medical initial health evaluations at the expense of the individual.

(July 1, 1944, ch. 373, title XXXIII, §3321, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3648; amended Pub. L. 114-113, div. O, title III, §302(f), Dec. 18, 2015, 129 Stat. 3000.)

AMENDMENTS

2015—Subsec. (a)(3)(B)(i)(II). Pub. L. 114-113 struck out “through the end of fiscal year 2020” after “certifications”.

<sup>1</sup> So in original. Probably should be “certified-eligible”.

**§ 300mm-32. Followup monitoring and treatment of certified-eligible WTC survivors for WTC-related health conditions**

**(a) In general**

Subject to subsection (b), the provisions of sections 300mm-21 and 300mm-22 of this title shall apply to followup monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors in the same manner as such provisions apply to the monitoring and treatment of WTC-related health conditions for enrolled WTC responders.

**(b) List of WTC-related health conditions for survivors**

The list of health conditions for screening-eligible WTC survivors and certified-eligible WTC survivors consists of the following:

**(1) Aerodigestive disorders**

- (A) Interstitial lung diseases.
- (B) Chronic respiratory disorder—fumes/vapors.
- (C) Asthma.
- (D) Reactive airways dysfunction syndrome (RADS).
- (E) WTC-exacerbated chronic obstructive pulmonary disease (COPD).
- (F) Chronic cough syndrome.
- (G) Upper airway hyperreactivity.
- (H) Chronic rhinosinusitis.
- (I) Chronic nasopharyngitis.
- (J) Chronic laryngitis.
- (K) Gastroesophageal reflux disorder (GERD).
- (L) Sleep apnea exacerbated by or related to a condition described in a previous clause.

**(2) Mental health conditions**

- (A) Posttraumatic stress disorder (PTSD).
- (B) Major depressive disorder.
- (C) Panic disorder.
- (D) Generalized anxiety disorder.
- (E) Anxiety disorder (not otherwise specified).
- (F) Depression (not otherwise specified).
- (G) Acute stress disorder.
- (H) Dysthymic disorder.
- (I) Adjustment disorder.
- (J) Substance abuse.

**(3) Additional conditions**

Any cancer (or type of cancer) or other condition added to the list in section 300mm-22(a)(3) of this title pursuant to paragraph (5) or (6) of section 300mm-22(a) of this title, as such provisions are applied under subsection (a) with respect to certified-eligible WTC survivors.

(July 1, 1944, ch. 373, title XXXIII, §3322, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3652.)

**§ 300mm-33. Followup monitoring and treatment of other individuals with WTC-related health conditions**

**(a) In general**

Subject to subsection (c), the provisions of section 300mm-32 of this title shall apply to the followup monitoring and treatment of WTC-re-

lated health conditions in the case of individuals described in subsection (b) in the same manner as such provisions apply to the followup monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors.

**(b) Individuals described**

An individual described in this subsection is an individual who, regardless of location of residence—

(1) is not an enrolled WTC responder or a certified-eligible WTC survivor; and

(2) is diagnosed at a Clinical Center of Excellence with a WTC-related health condition for certified-eligible WTC survivors.

**(c) Limitation**

**(1) In general**

The WTC Program Administrator shall limit benefits for any fiscal year under subsection (a) in a manner so that payments under this section for such fiscal year do not exceed the amount specified in paragraph (2) for such fiscal year.

**(2) Limitation**

The amount specified in this paragraph for—

(A) the last calendar quarter of fiscal year 2011 is \$5,000,000;

(B) fiscal year 2012 is \$20,000,000; or

(C) a succeeding fiscal year is the amount specified in this paragraph for the previous fiscal year increased by the annual percentage increase in the medical care component of the consumer price index for all urban consumers.

(July 1, 1944, ch. 373, title XXXIII, §3323, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3652.)

SUBPART 3—PAYOR PROVISIONS

**§ 300mm-41. Payment of claims**

**(a) In general**

Except as provided in subsections (b) and (c), the cost of monitoring and treatment benefits and initial health evaluation benefits provided under subparts 1 and 2 of this part shall be paid for by the WTC Program from the World Trade Center Health Program Fund.

**(b) Workers' compensation payment**

**(1) In general**

Subject to paragraph (2), payment for treatment under subparts 1 and 2 of this part of a WTC-related health condition of an individual that is work-related shall be reduced or recouped to the extent that the WTC Program Administrator determines that payment has been made, or can reasonably be expected to be made, under a workers' compensation law or plan of the United States, a State, or a locality, or other work-related injury or illness benefit plan of the employer of such individual, for such treatment. The provisions of clauses (iii), (iv), (v), and (vi) of paragraph (2)(B) of section 1862(b) of the Social Security Act [42 U.S.C. 1395y(b)] and paragraphs (3) and (4) of such section shall apply to the recoupment under this subsection of a payment to the WTC Program (with respect to a

workers' compensation law or plan, or other work-related injury or illness plan of the employer involved, and such individual) in the same manner as such provisions apply to the reimbursement of a payment under section 1862(b)(2) of such Act [42 U.S.C. 1395y(b)(2)] to the Secretary (with respect to such a law or plan and an individual entitled to benefits under title XVIII of such Act [42 U.S.C. 1395 et seq.]) except that any reference in such paragraph (4) to payment rates under title XVIII of the Social Security Act shall be deemed a reference to payment rates under this subchapter.

**(2) Exception**

Paragraph (1) shall not apply for any quarter, with respect to any workers' compensation law or plan, including line of duty compensation, to which New York City is obligated to make payments, if, in accordance with terms specified under the contract under subsection (d)(1)(A), New York City has made the full payment required under such contract for such quarter.

**(3) Rules of construction**

Nothing in this subchapter shall be construed to affect, modify, or relieve any obligations under a worker's compensation law or plan, other work-related injury or illness benefit plan of an employer, or any health insurance plan.

**(c) Health insurance coverage**

**(1) In general**

In the case of an individual who has a WTC-related health condition that is not work-related and has health coverage for such condition through any public or private health plan (including health benefits under title XVIII, XIX, or XXI of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq., 1397aa et seq.]) the provisions of section 1862(b) of the Social Security Act [42 U.S.C. 1395y(b)] shall apply to such a health plan and such individual in the same manner as they apply to group<sup>1</sup> health plan and an individual entitled to benefits under title XVIII of such Act pursuant to section 226(a) of such Act [42 U.S.C. 426(a)]. Any costs for items and services covered under such plan that are not reimbursed by such health plan, due to the application of deductibles, copayments, coinsurance, other cost sharing, or otherwise, are reimbursable under this subchapter to the extent that they are covered under the WTC Program. The program under this subchapter shall not be treated as a legally liable party for purposes of applying section 1902(a)(25) of the Social Security Act [42 U.S.C. 1396a(a)(25)].

**(2) Recovery by individual providers**

Nothing in paragraph (1) shall be construed as requiring an entity providing monitoring and treatment under this subchapter to seek reimbursement under a health plan with which the entity has no contract for reimbursement.

<sup>1</sup> So in original. Probably should be preceded by "a".

**(3) Maintenance of required minimum essential coverage**

No payment may be made for monitoring and treatment under this subchapter for an individual for a month (beginning with July 2014) if with respect to such month the individual—

(A) is an applicable individual (as defined in subsection (d) of section 5000A of title 26) for whom the exemption under subsection (e) of such section does not apply; and

(B) is not covered under minimum essential coverage, as required under subsection (a) of such section.

**(d) Required contribution by New York City in program costs**

**(1) Contract requirement**

**(A) In general**

No funds may be disbursed from the World Trade Center Health Program Fund under section 300mm-61 of this title unless New York City has entered into a contract with the WTC Program Administrator under which New York City agrees, in a form and manner specified by the Administrator, to pay the full contribution described in subparagraph (B) in accordance with this subsection on a timely basis, plus any interest owed pursuant to subparagraph (E)(i). Such contract shall specify the terms under which New York City shall be considered to have made the full payment required for a quarter for purposes of subsection (b)(2).

**(B) Full contribution amount**

Under such contract, with respect to each calendar quarter of fiscal year 2016 and of each subsequent fiscal year through fiscal year 2090, the full contribution amount under this subparagraph shall be equal to 10 percent of the expenditures in carrying out this subchapter for the respective quarter.

**(C) Satisfaction of payment obligation**

The payment obligation under such contract may not be satisfied through any of the following:

(i) An amount derived from Federal sources.

(ii) An amount paid before January 2, 2011.

(iii) An amount paid to satisfy a judgment or as part of a settlement related to injuries or illnesses arising out of the September 11, 2001, terrorist attacks.

**(D) Timing of contribution**

The payment obligation under such contract for a calendar quarter in a fiscal year shall be paid not later than the last day of the second succeeding calendar quarter.

**(E) Compliance**

**(i) Interest for late payment**

If New York City fails to pay to the WTC Program Administrator pursuant to such contract the amount required for any calendar quarter by the day specified in subparagraph (D), interest shall accrue on the amount not so paid at the rate (deter-

mined by the Administrator) based on the average yield to maturity, plus 1 percentage point, on outstanding municipal bonds issued by New York City with a remaining maturity of at least 1 year.

**(ii) Recovery of amounts owed**

The amounts owed to the WTC Program Administrator under such contract shall be recoverable by the United States in an action in the same manner as payments made under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.] may be recoverable in an action brought under section 1862(b)(2)(B)(iii) of such Act [42 U.S.C. 1395y(b)(2)(B)(iii)].

**(F) Deposit in fund**

The WTC Program Administrator shall deposit amounts paid under such contract into the World Trade Center Health Program Fund under section 300mm-61 of this title.

**(2) Payment of New York City share of monitoring and treatment costs**

With respect to each calendar quarter for which a contribution is required by New York City under the contract under paragraph (1), the WTC Program Administrator shall—

(A) provide New York City with an estimate of such amount of the required contribution at the beginning of such quarter and with an updated estimate of such amount at the beginning of each of the subsequent 2 quarters;

(B) bill such amount directly to New York City; and

(C) certify periodically, for purposes of this subsection, whether or not New York City has paid the amount so billed.

Such amount shall initially be estimated by the WTC Program Administrator and shall be subject to adjustment and reconciliation based upon actual expenditures in carrying out this subchapter.

**(3) Rule of construction**

Nothing in this subsection shall be construed as authorizing the WTC Administrator, with respect to a fiscal year, to reduce the numerical limitation under section 300mm-21(a)(4) or 300mm-31(a)(3) of this title for such fiscal year if New York City fails to comply with paragraph (1) for a calendar quarter in such fiscal year.

**(e) Work-related described**

For the purposes of this section, a WTC-related health condition shall be treated as a condition that is work-related if—

(1) the condition is diagnosed in an enrolled WTC responder, or in an individual who qualifies as a certified-eligible WTC survivor on the basis of being a rescue, recovery, or cleanup worker; or

(2) with respect to the condition the individual has filed and had established a claim under a workers' compensation law or plan of the United States or a State, or other work-related injury or illness benefit plan of the employer of such individual.

(July 1, 1944, ch. 373, title XXXIII, §3331, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011,

124 Stat. 3653; amended Pub. L. 114-113, div. O, title III, § 302(g), Dec. 18, 2015, 129 Stat. 3000.)

#### REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (b)(1), (c)(1), and (d)(1)(E)(ii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII, XIX, and XXI of the Act are classified generally to subchapters XVIII (§1395 et seq.), XIX (§1396 et seq.), and XXI (§1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

#### AMENDMENTS

2015—Subsec. (d)(1)(B). Pub. L. 114-113 substituted “each calendar quarter of fiscal year 2016 and of each subsequent fiscal year through fiscal year 2090,” for “the last calendar quarter of fiscal year 2011 and each calendar quarter in fiscal years 2012 through 2015” and struck out “and with respect to calendar quarters in fiscal year 2016, such full contribution amount shall be equal to ½ of the Federal expenditures in carrying out this subchapter for the respective quarter” before period at end.

#### § 300mm-42. 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 sections 300mm-22, 300mm-23, 300mm-32, and 300mm-33 of this title.

(July 1, 1944, ch. 373, title XXXIII, §3332, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3656.)

#### PART C—RESEARCH INTO CONDITIONS

#### § 300mm-51. Research regarding certain health conditions related to September 11 terrorist attacks

##### (a) In general

With respect to individuals, including enrolled WTC responders and certified-eligible WTC survivors, receiving monitoring or treatment under part 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, 2001, 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.

The Administrator may provide such support through continuation and expansion of research that was initiated before January 2, 2011, and through the World Trade Center Health Registry (referred to in section 300mm-52 of this title), through a Clinical Center of Excellence, or through a Data Center.

##### (b) Types of research

The research under subsection (a)(1) shall include epidemiologic and other research studies on WTC-related health conditions or emerging conditions—

(1) among enrolled WTC responders and certified-eligible WTC survivors under treatment; and

(2) in sampled populations outside the New York City disaster area in Manhattan as far north as 14th Street and in Brooklyn, along with control populations, to identify potential for long-term adverse health effects in less exposed populations.

##### (c) Consultation

The WTC Program Administrator shall carry out this section in consultation with the WTC Scientific/Technical Advisory Committee.

##### (d) 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 conducted or funded by the Department of Health and Human Services.

(July 1, 1944, ch. 373, title XXXIII, §3341, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3656.)

#### § 300mm-52. World Trade Center Health Registry

For the purpose of ensuring ongoing data collection relating to victims of the September 11, 2001, terrorist attacks, the WTC Program Administrator shall ensure that a registry of such victims is maintained that is at least as comprehensive as the World Trade Center Health Registry maintained under the arrangements in effect as of January 1, 2015, with the New York City Department of Health and Mental Hygiene.

(July 1, 1944, ch. 373, title XXXIII, §3342, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3657; amended Pub. L. 114-113, div. O, title III, §302(h), Dec. 18, 2015, 129 Stat. 3000.)

#### AMENDMENTS

2015—Pub. L. 114-113 substituted “January 1, 2015” for “April 20, 2009”.

#### PART D—FUNDING

#### § 300mm-61. World Trade Center Health Program Fund

##### (a) Establishment of Fund

###### (1) In general

There is established a fund to be known as the World Trade Center Health Program Fund (referred to in this section as the “Fund”).

###### (2) Funding

Out of any money in the Treasury not otherwise appropriated, there shall be deposited into the Fund for fiscal year 2016 and each subsequent fiscal year through fiscal year 2090—

(A) the Federal share, consisting of an amount equal to—

- (i) for fiscal year 2016, \$330,000,000;
- (ii) for fiscal year 2017, \$345,610,000;
- (iii) for fiscal year 2018, \$380,000,000;
- (iv) for fiscal year 2019, \$440,000,000;
- (v) for fiscal year 2020, \$485,000,000;
- (vi) for fiscal year 2021, \$501,000,000;
- (vii) for fiscal year 2022, \$518,000,000;
- (viii) for fiscal year 2023, \$535,000,000;

(ix) for fiscal year 2024, \$552,000,000;  
 (x) for fiscal year 2025, \$570,000,000; and  
 (xi) for each subsequent fiscal year through fiscal year 2090, the amount specified under this subparagraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year; plus

(B) the New York City share, consisting of the amount contributed under the contract under section 300mm-41(d) of this title.

**(3) Contract requirement**

**(A) In general**

No funds may be disbursed from the Fund unless New York City has entered into a contract with the WTC Program Administrator under section 300mm-41(d)(1) of this title.

**(B) Breach of contract**

In the case of a failure to pay the amount so required under the contract—

- (i) the amount is recoverable under subparagraph (E)(ii) of such section;
- (ii) such failure shall not affect the disbursement of amounts from the Fund; and
- (iii) the Federal share described in paragraph (2)(A) shall not be increased by the amount so unpaid.

**(4) Amounts from prior fiscal years**

Amounts that were deposited, or identified for deposit, into the Fund for any fiscal year under paragraph (2), as such paragraph was in effect on the day before December 18, 2015, that were not expended in carrying out this subchapter for any such fiscal year, shall remain deposited, or be deposited, as the case may be, into the Fund.

**(5) Amounts to remain available until expended**

Amounts deposited into the Fund under this subsection, including amounts deposited under paragraph (2) as in effect on the day before December 18, 2015, for a fiscal year shall remain available, for the purposes described in this subchapter, until expended for such fiscal year and any subsequent fiscal year through fiscal year 2090.

**(b) Mandatory funds for monitoring, initial health evaluations, treatment, and claims processing**

**(1) In general**

The amounts deposited into the Fund under subsection (a)(2) shall be available, without further appropriation, consistent with paragraph (2) and subsection (c), to carry out part B and sections 300mm(e), 300mm(f), 300mm-1(a), 300mm-1(b), 300mm-2, 300mm-3, 300mm-4(a)(1), 300mm-4(a)(2), 300mm-4(c), 300mm-51, and 300mm-52 of this title.

**(2) Limitation on mandatory funding**

This subchapter does not establish any Federal obligation for payment of amounts in excess of the amounts available from the Fund for such purpose.

**(3) Limitation on authorization for further appropriations**

This subchapter does not establish any authorization for appropriation of amounts in excess of the amounts available from the Fund under paragraph (1).

**(c) Limits on spending for certain purposes**

Of the amounts made available under subsection (b)(1), not more than each of the following amounts may be available for each of the following purposes:

**(1) Surviving immediate family members of firefighters**

For the purposes of carrying out part B with respect to WTC responders described in section 300mm-21(a)(2)(A)(ii) of this title—

(A) for fiscal year 2016, the amount determined for such fiscal year under subparagraph (C)<sup>1</sup> as in effect on the day before December 18, 2015; and

(B) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

**(2) WTC Health Program Scientific/Technical Advisory Committee**

For the purpose of carrying out section 300mm-1(a) of this title—

(A) for fiscal year 2016, \$200,000;<sup>2</sup>

(B) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

**(3) Education and outreach**

For the purpose of carrying out section 300mm-2 of this title, for fiscal year 2016 and each subsequent fiscal year, \$750,000.

**(4) Uniform data collection**

For the purpose of carrying out section 300mm-3 of this title and for reimbursing Data Centers (as defined in section 300mm-4(b)(2) of this title) for the costs incurred by such Centers in carrying out activities under contracts entered into under section 300mm-4(a)(2) of this title—

(A) for fiscal year 2016, the amount determined for such fiscal year under subparagraph (C) as in effect on the day before December 18, 2015;

(B) for fiscal year 2017, \$15,000,000; and

(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the

<sup>1</sup> See References in Text note below.

<sup>2</sup> So in original. Probably should be followed by "and".

Secretary for the 12-month period ending with March of the previous year.

**(5) Research regarding certain health conditions**

For the purpose of carrying out section 300mm-51 of this title—

(A) for fiscal year 2016, the amount determined for such fiscal year under subparagraph (C)<sup>1</sup> as in effect on the day before December 18, 2015; and

(B) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

**(6) World Trade Center Health Registry**

For the purpose of carrying out section 300mm-52 of this title—

(A) for fiscal year 2016, the amount determined for such fiscal year under subparagraph (C)<sup>1</sup> as in effect on the day before December 18, 2015; and

(B) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.

(July 1, 1944, ch. 373, title XXXIII, § 3351, as added Pub. L. 111-347, title I, § 101, Jan. 2, 2011, 124 Stat. 3657; amended Pub. L. 114-113, div. O, title III, § 302(a), Dec. 18, 2015, 129 Stat. 2996.)

REFERENCES IN TEXT

Subparagraph (C) as in effect on the day before December 18, 2015, referred to in subsec. (c)(1)(A), (5)(A), (6)(A), refers to subpar. (C) as in effect on the day before the amendments made by Pub. L. 114-113, which redesignated subpar. (C) as (B) in pars. (1), (5), and (6) of subsec. (c). See 2015 Amendment notes below.

PRIOR PROVISIONS

A prior section 300aaa, act July 1, 1944, ch. 373, title XXVII, § 2701, formerly title V, § 501, 58 Stat. 709, as amended, which related to gifts for benefit of Service, was renumbered section 231 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238 of this title.

A prior section 300aaa-1, act July 1, 1944, ch. 373, title XXVII, § 2702, formerly title V, § 502, 58 Stat. 710, as amended, which related to use of immigration station hospitals, was renumbered section 232 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238a of this title.

A prior section 300aaa-2, act July 1, 1944, ch. 373, title XXVII, § 2703, formerly title V, § 503, 58 Stat. 710, as amended, which related to disposition of money collected for care of patients, was renumbered section 233 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238b of this title.

A prior section 300aaa-3, act July 1, 1944, ch. 373, title XXVII, § 2704, formerly title V, § 506, 58 Stat. 710, as amended, which related to transportation of remains of officers, was renumbered section 234 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3),

June 10, 1993, 107 Stat. 213, and transferred to section 238c of this title.

A prior section 300aaa-4, act July 1, 1944, ch. 373, title XXVII, § 2705, formerly title V, § 507, as added June 24, 1967, Pub. L. 90-31, § 5, 81 Stat. 79, and amended, which related to availability of appropriations for grants to Federal institutions, was renumbered section 235 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238d of this title.

A prior section 300aaa-5, act July 1, 1944, ch. 373, title XXVII, § 2706, formerly title V, § 508, 58 Stat. 711, as amended, which related to transfer of funds for continuance of transferred functions, was renumbered section 236 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238e of this title.

A prior section 300aaa-6, act July 1, 1944, ch. 373, title XXVII, § 2707, formerly title V, § 509, 58 Stat. 711, as amended, which related to availability of appropriations, was renumbered section 237 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238f of this title.

A prior section 300aaa-7, act July 1, 1944, ch. 373, title XXVII, § 2708, formerly title V, § 510, 58 Stat. 711, as amended, which related to wearing of uniforms, was renumbered section 238 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238g of this title.

A prior section 300aaa-8, act July 1, 1944, ch. 373, title XXVII, § 2709, formerly title V, § 511, 58 Stat. 711, as amended, which related to annual report of Surgeon General, was renumbered section 239 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238h of this title.

A prior section 300aaa-9, act July 1, 1944, ch. 373, title XXVII, § 2710, formerly title V, § 512, as added Oct. 15, 1968, Pub. L. 90-574, title V, § 503(a), 82 Stat. 1012, and amended, which related to memorials and other acknowledgements for contributions to the health of the Nation, was renumbered section 240 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238i of this title.

A prior section 300aaa-10, act July 1, 1944, ch. 373, title XXVII, § 2711, formerly title V, § 513, as added June 30, 1970, Pub. L. 91-296, title IV, § 401(a), 84 Stat. 351, and amended, which related to evaluation of programs, was renumbered section 241 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238j of this title.

A prior section 300aaa-11, act July 1, 1944, ch. 373, title XXVII, § 2712, formerly title V, § 514, as added Nov. 9, 1978, Pub. L. 95-623, § 11(e), 92 Stat. 3456, and amended, which related to contract authority, was renumbered section 242 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238k of this title.

A prior section 300aaa-12, act July 1, 1944, ch. 373, title XXVII, § 2713, formerly title V, § 515, formerly Pub. L. 88-164, title II, § 225, as added Pub. L. 94-63, title III, § 303, July 29, 1975, 89 Stat. 326, and amended, which related to recovery by United States of base amount plus interest in certain circumstances, was renumbered section 243 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238l of this title.

A prior section 300aaa-13, act July 1, 1944, ch. 373, title XXVII, § 2714, formerly title XXI, § 2116, as added Apr. 7, 1986, Pub. L. 99-272, title XVII, § 17003, 100 Stat. 359, and amended, which related to use of fiscal agents, was renumbered section 244 of title II of act July 1, 1944, by Pub. L. 103-43, title XX, § 2010(a)(1)-(3), June 10, 1993, 107 Stat. 213, and transferred to section 238m of this title.

AMENDMENTS

2015—Subsec. (a)(2). Pub. L. 114-113, § 302(a)(1)(A)(i), substituted “fiscal year 2016 and each subsequent fiscal

year through fiscal year 2090” for “each of fiscal years 2012 through 2016 (and the last calendar quarter of fiscal year 2011)” in introductory provisions.

Subsec. (a)(2)(A). Pub. L. 114–113, §302(a)(1)(A)(ii), added subpar. (A) and struck out former subpar. (A) which read as follows: “the Federal share, consisting of an amount equal to the lesser of—

“(i) 90 percent of the expenditures in carrying out this subchapter for the respective fiscal year (initially based on estimates, subject to subsequent reconciliation based on actual expenditures); or

“(ii)(I) \$71,000,000 for the last calendar quarter of fiscal year 2011, \$318,000,000 for fiscal year 2012, \$354,000,000 for fiscal year 2013, \$382,000,000 for fiscal year 2014, and \$431,000,000 for fiscal year 2015; and

“(II) subject to paragraph (4), an additional amount for fiscal year 2016 from unexpended amounts for previous fiscal years; plus”.

Subsec. (a)(4), (5). Pub. L. 114–113, §302(a)(1)(B), added pars. (4) and (5) and struck out former par. (4). Prior to amendment, text of par. (4) read as follows: “Beginning with fiscal year 2016, in no case shall the share of Federal funds deposited into the Fund under paragraph (2) for such fiscal year and previous fiscal years and quarters exceed the sum of the amounts specified in paragraph (2)(A)(ii)(I).”

Subsec. (b)(1). Pub. L. 114–113, §302(a)(2), substituted “sections 300mm(e), 300mm(f), 300mm-1(a), 300mm-1(b), 300mm-2, 300mm-3, 300mm-4(a)(1), 300mm-4(a)(2), 300mm-4(c), 300mm-51, and 300mm-52 of this title” for “sections 300mm-1(a), 300mm-2, 300mm-3, 300mm-4(a)(2), 300mm-4(c), 300mm-51, and 300mm-52 of this title”.

Subsec. (c)(1)(A). Pub. L. 114–113, §302(a)(3)(A)(iii), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “for the last calendar quarter of fiscal year 2011, \$100,000;”.

Subsec. (c)(1)(B), (C). Pub. L. 114–113, §302(a)(3)(A)(i), (ii), redesignated subpar. (C) as (B) and struck out former subpar. (B) which read as follows: “for fiscal year 2012, \$400,000; and”.

Subsec. (c)(2)(A). Pub. L. 114–113, §302(a)(3)(B)(i), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “for the last calendar quarter of fiscal year 2011, \$25,000;”.

Subsec. (c)(2)(B), (C). Pub. L. 114–113, §302(a)(3)(B)(ii), (iii), redesignated subpar. (C) as (B) and struck out former subpar. (B) which read as follows: “for fiscal year 2012, \$100,000; and”.

Subsec. (c)(3). Pub. L. 114–113, §302(a)(3)(C), substituted “section 300mm-2 of this title, for fiscal year 2016 and each subsequent fiscal year, \$750,000.” for “section 300mm-2 of this title—

“(A) for the last calendar quarter of fiscal year 2011, \$500,000;

“(B) for fiscal year 2012, \$2,000,000; and

“(C) for each subsequent fiscal year, the amount specified under this paragraph for the previous fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) as estimated by the Secretary for the 12-month period ending with March of the previous year.”

Subsec. (c)(4)(A), (B). Pub. L. 114–113, §302(a)(3)(D), added subpars. (A) and (B) and struck out former subpars. (A) and (B) which read as follows:

“(A) for the last calendar quarter of fiscal year 2011, \$2,500,000;

“(B) for fiscal year 2012, \$10,000,000; and”.

Subsec. (c)(5)(A). Pub. L. 114–113, §302(a)(3)(E)(iii), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “for the last calendar quarter of fiscal year 2011, \$3,750,000;”.

Subsec. (c)(5)(B), (C). Pub. L. 114–113, §302(a)(3)(E)(i), (ii), redesignated subpar. (C) as (B) and struck out former subpar. (B) which read as follows: “for fiscal year 2012, \$15,000,000; and”.

Subsec. (c)(6)(A). Pub. L. 114–113, §302(a)(3)(F)(iii), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “for the last calendar quarter of fiscal year 2011, \$1,750,000;”.

Subsec. (c)(6)(B), (C). Pub. L. 114–113, §302(a)(3)(F)(i), (ii), redesignated subpar. (C) as (B) and struck out former subpar. (B) which read as follows: “for fiscal year 2012, \$7,000,000; and”.

## CHAPTER 7—SOCIAL SECURITY

### SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE

Sec.	
301.	Authorization of appropriations.
302.	State old-age plans.
303.	Payments to States and certain territories; computation of amount; eligibility of State to receive payment.
304.	Stopping payment on deviation from required provisions of plan or failure to comply therewith.
305.	Omitted.
306.	Definitions.

### SUBCHAPTER II—FEDERAL OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE BENEFITS

401.	Trust Funds.
401a.	Omitted.
402.	Old-age and survivors insurance benefit payments.
403.	Reduction of insurance benefits.
404.	Overpayments and underpayments.
405.	Evidence, procedure, and certification for payments.
405a.	Regulations pertaining to frequency or due dates of payments and reports under voluntary agreements covering State and local employees; effective date.
405b.	Reducing identity fraud.
406.	Representation of claimants before Commissioner.
407.	Assignment of benefits.
408.	Penalties.
409.	“Wages” defined.
410.	Definitions relating to employment.
410a.	Transferred.
411.	Definitions relating to self-employment.
412.	Self-employment income credited to calendar years.
413.	Quarter and quarter of coverage.
414.	Insured status for purposes of old-age and survivors insurance benefits.
415.	Computation of primary insurance amount.
416.	Additional definitions.
417.	Benefits for veterans.
418.	Voluntary agreements for coverage of State and local employees.
418a.	Voluntary agreements for coverage of Indian tribal council members.
419.	Repealed.
420.	Disability provisions inapplicable if benefit rights impaired.
421.	Disability determinations.
422.	Rehabilitation services.
423.	Disability insurance benefit payments.
424.	Repealed.
424a.	Reduction of disability benefits.
425.	Additional rules relating to benefits based on disability.
426.	Entitlement to hospital insurance benefits.
426-1.	End stage renal disease program.
426a.	Transitional provision on eligibility of uninsured individuals for hospital insurance benefits.
427.	Transitional insured status for purposes of old-age and survivors benefits.
428.	Benefits at age 72 for certain uninsured individuals.
429.	Benefits in case of members of uniformed services.