

108TH CONGRESS
2D SESSION

H. R. 4059

To provide protections and services to certain individuals after the terrorist attack on September 11, 2001, in New York City, in the State of New York, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 30, 2004

Mrs. MALONEY (for herself, Mr. SHAYS, Mr. NADLER, Mr. McHUGH, Mr. HINCHEY, Mr. McNULTY, Mr. OWENS, Mr. WEINER, Mr. SERRANO, Mr. TOWNS, Mr. GRIJALVA, Mr. BISHOP of New York, and Mr. RANGEL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide protections and services to certain individuals after the terrorist attack on September 11, 2001, in New York City, in the State of New York, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Remember 9/11 Health
5 Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Thousands of rescue workers who responded
4 to the areas devastated by the terrorist attacks of
5 September 11th and local residents continue to suf-
6 fer significant medical problems as a result of com-
7 promised air quality and other toxins at the attack
8 sites.

9 (2) To date, the Mount Sinai Center for Occu-
10 pational and Environmental Medicine in New York
11 City has examined approximately 9,000 first re-
12 sponders and Ground Zero workers. Of those exam-
13 ined, more than 50 percent show physical or mental
14 health problems that are directly related to their
15 work at the World Trade Center and Fresh Kill
16 sites.

17 (3) It appears that no Federal program exists
18 to support fully the medical treatment of those who
19 responded to the September 11th aftermath and who
20 continue to experience health problems as a result.

21 (4) A significant portion of those who re-
22 sponded to the September 11th aftermath have no
23 health insurance, lost their health insurance as a re-
24 sult of the attacks, or have inadequate health insur-
25 ance for the medical conditions they developed as a

1 result of recovery work at the World Trade Center
2 site.

3 (5) Rescue workers and volunteers seeking
4 workers compensation apparently have had their ap-
5 plications denied, delayed for months, or redirected,
6 instead of receiving assistance in a timely and sup-
7 portive manner.

8 (6) Confusion still exists within the population
9 of recovery workers and first responders about where
10 to obtain compensation for income losses and med-
11 ical costs related to their service in the September
12 11th recovery effort.

13 (7) Residents of the City of New York need to
14 be included in any health monitoring program to
15 best protect their long-term health.

16 (8) Federal aid allocated for the monitoring of
17 rescue workers' health may need to be increased to
18 ensure the long-term study of health impacts of 9/
19 11.

20 (9) Research on the health impacts of the dev-
21 astation caused by the September 11th terrorist at-
22 tacks has started, with initial findings of relation-
23 ships between the air quality from Ground Zero and
24 a host of health impacts including, lower pregnancy
25 rates, lower birth weights in babies born nine

1 months after the disaster, and higher rates of res-
2 piratory and lung disorders in workers and residents
3 near Ground Zero.

4 (10) Further research is needed to evaluate
5 more comprehensively the health impacts of Sep-
6 tember 11 and research is needed regarding possible
7 treatment for the illnesses and injuries of September
8 11.

9 (11) The Federal response to medical issues
10 arising from September 11th response efforts need
11 improvement to meet the needs of rescue workers
12 and local residents still suffering health problems
13 from the disaster.

14 (12) A Federal agency or official needs to be
15 designated to coordinate and monitor the overall
16 Federal response to the health impacts of September
17 11.

18 **SEC. 3. HEALTH CARE INSURANCE.**

19 Subtitle B of title VI of the Robert T. Stafford Dis-
20 aster Relief and Emergency Assistance Act is amended by
21 adding at the end the following:

22 **“SEC. 630. PROTECTIONS FOR CERTAIN INDIVIDUALS.**

23 “(a) WORK INJURIES.—For the purposes of sub-
24 chapter I of chapter 81 of title 5, United States Code,
25 relating to compensation to Federal employees for work

1 injuries, eligible recipients as defined in subsection (d)
2 under this Act shall be deemed civil employees of the
3 United States within the meaning of the term ‘employee’
4 as defined in section 8101 of title 5, United States Code,
5 and the provisions of that subchapter shall apply.

6 “(b) PERSONAL PROPERTY.—For the purpose of
7 claims relating to damage to, or loss of, personal property
8 of an eligible recipient incident to service, an eligible re-
9 cipient under this Act shall be considered in the same
10 manner as if such eligible recipient was a civil employee
11 of the Government of the United States, except that an
12 eligible recipient shall not be responsible for the payment
13 of any health care expenses, including mental health cov-
14 erage, prescription drugs, or copayments for all health and
15 mental health care expenses that result from exposure to
16 the adverse conditions after the terrorist attack on Sep-
17 tember 11, 2001.

18 “(c) GENERAL RULE.—Except as otherwise provided
19 in this section, an eligible recipient shall not be deemed
20 a Federal employee and shall not be subject to the provi-
21 sions of law relating to Federal employment, including
22 those relating to hours of work, rates of compensation,
23 leave, unemployment compensation, and Federal employee
24 benefits.

25 “(d) ELIGIBLE RECIPIENT DEFINED.—

1 “(1) ELIGIBLE RECIPIENT.—Except as pro-
2 vided in paragraph (2), for purposes of this section,
3 the term ‘eligible recipient’ means—

4 “(A) emergency service personnel and res-
5 cue and recovery personnel who responded to
6 the terrorist attacks that occurred on Sep-
7 tember 11, 2001, in New York City, in the
8 State of New York, any time during the period
9 of September 11, 2001, through August 31,
10 2002;

11 “(B) any other worker or volunteer who re-
12 sponded to such attacks, including—

13 “(i) a police officer;

14 “(ii) a firefighter;

15 “(iii) an emergency medical techni-
16 cian;

17 “(iv) a transit worker;

18 “(v) any participating member of an
19 urban search and rescue team;

20 “(vi) a Federal or State employee;

21 “(vii) any other relief or rescue work-
22 er or volunteer whom the Secretary deter-
23 mines to be appropriate;

24 “(viii) a person who assisted in the re-
25 covery of human remains; and

1 “(ix) a person who assisted in the
2 criminal investigation;

3 “(C) a worker who responded to such at-
4 tacks by assisting in the cleanup or restoration
5 of critical infrastructure in and around New
6 York City;

7 “(D) a person whose place of residence is
8 in the declared disaster area;

9 “(E) a person who was employed in or at-
10 tended school, child care, or adult day care in
11 a building located in the declared disaster area
12 any time during the period of September 11,
13 2001, through August 31, 2002; and

14 “(F) any other person whom the Secretary
15 determines to be appropriate.

16 “(2) Notwithstanding the determination re-
17 quirements of paragraph (1), the immediate family
18 members of an individual who is an eligible recipient
19 under paragraph (1) may receive benefits under this
20 section if the eligible recipient—

21 “(A) is or was on the date of the Sep-
22 tember 11th attacks the policy holder for such
23 family; and

24 “(B) received family health insurance as of
25 September 11, 2001.”.

1 **SEC. 4. HEALTH SCREENINGS, EXAMINATIONS, AND MONI-**
2 **TORING SERVICES.**

3 (a) IN GENERAL.—Part B of title III of the Public
4 Health Service Act (42 U.S.C. 243 et seq.) is amended
5 by inserting after section 317R the following section:

6 **“SEC. 317S. CERTAIN HEALTH SERVICES FOR INDIVIDUALS**
7 **ASSISTING WITH RESPONSE TO SEPTEMBER**
8 **11 TERRORIST ATTACKS IN NEW YORK CITY.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Director of the Centers for Disease Control and Pre-
11 vention, shall make awards of grants or cooperative agree-
12 ments for the purpose of carrying out baseline and follow-
13 up screening and clinical examinations, and long-term
14 health monitoring and analysis, for covered individuals
15 who meet the eligibility criteria under subsection (d).

16 “(b) COVERED INDIVIDUALS.—For purposes of this
17 section, the term ‘covered individuals’ means—

18 “(1) emergency service personnel and rescue
19 and recovery personnel who responded to the ter-
20 rorist attacks that occurred on September 11, 2001,
21 in New York City, in the State of New York, any
22 time during the period of September 11, 2001,
23 through August 31, 2002;

24 “(2) any other worker or volunteer who re-
25 sponded to such attacks, including—

26 “(A) a police officer;

1 “(B) a firefighter;

2 “(C) an emergency medical technician;

3 “(D) a transit worker;

4 “(E) any participating member of an
5 urban search and rescue team;

6 “(F) Federal and State employees;

7 “(G) a person who worked to recover
8 human remains;

9 “(H) a person who worked on the criminal
10 investigation; and

11 “(I) any other relief or rescue worker or
12 volunteer whom the Secretary determines to be
13 appropriate;

14 “(3) a worker who responded to such attacks by
15 assisting in the cleanup or restoration of critical in-
16 frastructure in and around the designated disaster
17 area;

18 “(4) a person whose place of residence is in the
19 declared disaster area;

20 “(5) a person who is employed in or attends
21 school, child care, or adult day care in a building lo-
22 cated in the declared disaster area; and

23 “(6) any other person whom the Secretary de-
24 termines to be appropriate.

25 “(c) AWARD RECIPIENT.—

1 “(1) IN GENERAL.—Subject to the submission
2 of an application satisfactory to the Secretary,
3 awards under subsection (a) shall be made only to—

4 “(A) the consortium of medical entities
5 that, pursuant to the program referred to in
6 subsection (g), provided health services de-
7 scribed in subsection (a) during fiscal year
8 2003 for the personnel described in subsection
9 (b)(1), subject to the consortium meeting the
10 criteria established in paragraph (2); and

11 “(B) the separate program carried out by
12 the New York City Fire Department.

13 “(2) CRITERIA.—For purposes of paragraph
14 (1)(A), the criteria described in this paragraph for
15 the consortium referred to in such paragraph are
16 that the consortium has appropriate experience in
17 the areas of environmental or occupational health,
18 toxicology, and safety, including experience in—

19 “(A) developing clinical protocols and con-
20 ducting clinical health examinations, including
21 mental health assessments;

22 “(B) conducting long-term health moni-
23 toring and epidemiological studies;

24 “(C) conducting long-term mental health
25 studies; and

1 “(D) establishing and maintaining medical
2 surveillance programs and environmental expo-
3 sure or disease registries.

4 “(d) ELIGIBILITY OF COVERED INDIVIDUALS.—The
5 Secretary shall determine eligibility criteria for covered in-
6 dividuals to receive health services under subsection (a).
7 Such criteria shall include the requirement that a covered
8 individual may not receive services through the program
9 under such section unless the individual enrolls in the pro-
10 gram.

11 “(e) CERTAIN PROGRAM REQUIREMENTS.—With re-
12 spect to the program under subsection (a), the Secretary
13 shall provide for the following:

14 “(1) Awards under subsection (a) shall des-
15 ignate an amount to be available only for covered in-
16 dividuals who—

17 “(A) are active or retired firefighters of
18 New York City; and

19 “(B) in responding to the terrorist attacks
20 of September 11, 2001, provided services in the
21 immediate vicinity of the World Trade Center.

22 “(2) A covered individual enrolled in the pro-
23 gram may not receive services under the program for
24 a period exceeding 20 years after the date on which
25 the individual first receive services under the pro-

1 gram, except that the Secretary may designate a
2 longer period if the Secretary determines that a
3 longer period is appropriate with respect to the
4 health of covered individuals.

5 “(3) The program may not establish a max-
6 imum enrollment number of fewer than 40,000 cov-
7 ered individuals.

8 “(f) AUTHORITY REGARDING TREATMENT.—The
9 Secretary may, to the extent determined appropriate by
10 the Secretary, authorize the program under subsection (a)
11 to provide treatment services to covered individuals who
12 have no other means of obtaining treatment.

13 “(g) RELATION TO CERTAIN PROGRAM.—Effective
14 on and after the date of the enactment of the Remember
15 9/11 Health Act, the two programs carried out pursuant
16 to the appropriation of \$90,000,000 made in Public Law
17 107–206 under the heading ‘Public Health and Social
18 Services Emergency Fund’, which programs provide
19 health services described in subsection (a) for the per-
20 sonnel described in subsection (b)(1), shall be considered
21 to be carried out under authority of this section and shall
22 be subject to the requirements of this section, except for
23 any period of transition determined appropriate by the
24 Secretary, not to exceed one year after such date of enact-
25 ment.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of awards under subsection (a), there are author-
3 ized to be appropriated such sums as may be necessary
4 for each of the fiscal years 2004 through 2023, in addition
5 to any other authorizations of appropriations that are
6 available for such purpose.”.

7 (b) PROGRAMS REGARDING ATTACK AT PEN-
8 TAGON.—The Secretary of Health and Human Services
9 may, to the extent determined appropriate by the Sec-
10 retary, establish with respect to the terrorist attack at the
11 Pentagon on September 11, 2001, programs similar to the
12 programs that are established in sections 317S and 409J
13 of the Public Health Service Act with respect to the ter-
14 rorist attacks on such date in New York City, in the State
15 of New York.

16 **SEC. 5. RESEARCH REGARDING CERTAIN HEALTH CONDI-**
17 **TIONS.**

18 Part B of title IV of the Public Health Service Act
19 (42 U.S.C. 284 et seq.) is amended by inserting after sec-
20 tion 409I the following section:

1 **“SEC. 409J. RESEARCH REGARDING CERTAIN HEALTH CON-**
2 **DITIONS OF INDIVIDUALS ASSISTING WITH**
3 **RESPONSE TO SEPTEMBER 11 TERRORIST AT-**
4 **TACKS IN NEW YORK CITY.**

5 “(a) IN GENERAL.—With respect to covered individ-
6 uals as defined in section 317S, the Director of NIH shall
7 conduct or support—

8 “(1) diagnostic research on qualifying health
9 conditions of such individuals, in the case of condi-
10 tions for which there has been diagnostic uncer-
11 tainty; and

12 “(2) research on treating qualifying health con-
13 ditions of such individuals, in the case of conditions
14 for which there has been treatment uncertainty.

15 “(b) QUALIFYING HEALTH CONDITIONS.—For pur-
16 poses of this section, the term ‘qualifying health condi-
17 tions’ means adverse health conditions that are considered
18 by the Secretary to be associated with exposure to one or
19 more of the sites of the terrorist attacks that occurred on
20 September 11, 2001, in New York City, in the State of
21 New York.

22 “(c) CONSORTIUM WITH CERTAIN MEDICAL CON-
23 SORTIUM.—The Secretary shall carry out this section in
24 consultation with—

25 “(1) the consortium of medicine entities re-
26 ferred to in section 317S(c)(1); and

1 “(2) the firefighters department of New York
2 City, and the union for the firefighters of such de-
3 partment.

4 “(d) ANNUAL REPORT.—The Director of NIH shall
5 annually submit to the Congress a report describing the
6 findings of research under subsection (a).

7 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated such sums as may be necessary for
10 each of the fiscal years 2005 through 2008, in addition
11 to any other authorizations of appropriations that are
12 available for such purpose.”.

13 **SEC. 6. 9/11 HEALTH EMERGENCY COORDINATING COUN-**
14 **CIL.**

15 (a) ESTABLISHMENT.—The Secretary of Health and
16 Human Services shall convene a council, to be known as
17 “9/11 Health Emergency Coordinating Council” (in this
18 section referred to as the “Council”), for the following
19 purposes:

20 (1) Discussing, examining, and formulating rec-
21 ommendations with respect to the adequacy and co-
22 ordination of the following:

23 (A) Response by the Federal Government,
24 State governments, local governments, and the

1 private sector to the terrorist attacks of Sep-
2 tember 11, 2001.

3 (B) Care and compensation for the victims
4 of such attacks.

5 (C) Federal tracking of the monitoring of,
6 and possible treatment for, individuals who are
7 directly suffering from, or may have long-term
8 health effects from, such attacks.

9 (D) Coordination among the members of
10 the Council in responding to the terrorist at-
11 tacks of September 11, 2001.

12 (2) In accordance with subsection (c), rendering
13 advisory opinions on the scope of any obligation of
14 the Federal Government resulting from the terrorist
15 attacks of September 11, 2001, relative to any obli-
16 gation of an insurance company resulting from such
17 attacks.

18 (b) MEMBERSHIP.—

19 (1) CHAIRPERSON.—The Secretary of Health
20 and Human Services (or the Secretary's designee)
21 shall serve as the chairperson of the Council.

22 (2) REQUIRED MEMBERS.—The members of the
23 Council shall include the following:

24 (A) The Secretary of Defense (or the Sec-
25 retary's designee).

1 (B) The Secretary of Labor (or the Sec-
2 retary's designee).

3 (C) The Director of the Federal Emer-
4 gency Management Agency (or the Director's
5 designee).

6 (D) The Director of the National Insti-
7 tutes of Health (or the Director's designee).

8 (E) The Director of the National Institute
9 for Occupational Safety and Health (or the Di-
10 rector's designee).

11 (F) A representative of the Crime Victims
12 Fund established under section 1402 of the Vic-
13 tims of Crime Act of 1984 (42 U.S.C. 10601).

14 (3) INVITEES.—The Secretary of Health and
15 Human Services shall invite the following individuals
16 to serve as members of the Council:

17 (A) The Governor of the State of New
18 York (or the Governor's designee).

19 (B) The Mayor of New York City (or the
20 Mayor's designee).

21 (C) 1 representative of the New York City
22 Fire Department.

23 (D) 2 representatives of the unions of New
24 York City Fire Department employees.

1 (E) 1 representative of the New York City
2 Police Department.

3 (F) 2 representatives of the unions of New
4 York City Police Department employees.

5 (G) 1 representative of the police depart-
6 ment of the Port Authority of New York and
7 New Jersey.

8 (H) 2 representatives of the union of the
9 police department of the Port Authority of New
10 York and New Jersey.

11 (I) 1 representative of the New York State
12 Department of Health.

13 (J) 1 representative of the New York State
14 Workers' Compensation Board.

15 (K) 1 representative of the New York City
16 Department of Health.

17 (L) 1 representative of the New York City
18 Office of Emergency Management.

19 (M) 1 representative of the Association of
20 Occupational and Environmental Clinics.

21 (N) 1 representative of the New York
22 Committee for Occupational Safety and Health
23 (NYCOSH).

24 (O) 1 representative of charitable organiza-
25 tions that had volunteers at Ground Zero.

1 (P) 10 representatives of labor unions in
2 New York City that—

3 (i) are not otherwise listed in this
4 paragraph; and

5 (ii) reflect a cross section of labor
6 unions (including construction, municipal,
7 and other labor unions) whose members re-
8 sponded to, or assisted with the cleanup
9 resulting from, the attacks of September
10 11, 2001.

11 (Q) 5 representatives of nonprofit volun-
12 teer entities that assisted in recovery efforts fol-
13 lowing the terrorist attacks of September 11,
14 2001.

15 (R) 5 representatives of a regional occupa-
16 tional provider that—

17 (i) works with the World Trade Cen-
18 ter Worker and Volunteer Medical Screen-
19 ing Program; and

20 (ii) is under the direction of the
21 Mount Sinai Center for Occupational and
22 Environmental Medicine.

23 (c) ADVISORY OPINIONS.—

24 (1) IN GENERAL.—Subject to paragraph (2),
25 the Council may render an advisory opinion on the

1 scope of any obligation of the Federal Government
2 resulting from the terrorist attacks of September 11,
3 2001, relative to any obligation of an insurance com-
4 pany resulting from such attacks.

5 (2) LIMITATION.—The Council may issue an
6 advisory opinion described in this subsection only at
7 the request of a party to one of the obligations in-
8 volved.

9 (d) MEETINGS.—The Council shall meet not less than
10 4 times each calendar year.

11 (e) REPORTS.—Not less than once each calendar
12 year, the Council shall submit to the Congress a report
13 on the recommendations of the Council.

14 (f) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2005 through 2014.

○