

108TH CONGRESS
2D SESSION

H. R. 4974

To provide health services for individuals assisting with the response to the terrorist attacks in New York City on September 11, 2001, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2004

Mr. MEEKS of New York introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 health services for individuals assisting with the response to the terrorist attacks in New York City on September 11, 2001, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Post 9/11 Health Pro-
5 tection Act of 2004”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) On September 11, 2001, in New York City,
2 firefighters, paramedics, emergency medical techni-
3 cians, police officers, laborers, survivors, and others
4 risked their lives far and beyond what was expected
5 of them. They took upon themselves a burden that
6 weighed so heavily that they still carry the repercus-
7 sions almost three years later.

8 (2) It is not only necessary but obligatory upon
9 our Nation to address the health consequences from
10 the environmental exposures these individuals experi-
11 enced after the World Trade Centers disaster, which
12 are, as demonstrated by extensive research, directly
13 associated with significant adverse effects on health.

14 (3) The dust from the disaster produced bron-
15 chial hyperactivity, persistent cough, and increased
16 risk of asthma, as well as plausible causes of ob-
17 served increase in the number of infants with lower
18 birthweights.

19 (4) Substantial research has in addition dem-
20 onstrated that these individuals have an increased
21 future risk of mesothelioma, especially those exposed
22 to asbestos.

23 (5) According to the National Institutes of
24 Health, the attacks have confirmed a “positive rela-
25 tionship between the intensity of their exposure to

1 airborne pollutants and the severity of their pul-
2 monary symptoms.”.

3 (6) In an article published September 5, 2003,
4 the Agency for Toxic Substances and Disease Reg-
5 istry stated that “The effects of 9/11 are still being
6 felt today by all New Yorkers, and all Americans.”.
7 In that article, Dr. Frieden stated that “Hundreds
8 of thousands of people from all walks of life were in
9 the vicinity of the twin towers when they collapsed,
10 and were exposed to a combination of smoke, dust,
11 and debris.”.

12 (7) Research has proved that the smoke and de-
13bris have been detrimental in that they have caused
14 various health ailments such as respiratory prob-
15lems, birth defects, and cancer.

16 (8) Out of 10,116 firefighters, 332 have dis-
17played persistent cough accompanied by other res-
18piratory symptoms severe enough to require up to
19four weeks leave of absence. Among the firefighters
20without a cough, many were diagnosed with bron-
21chial hyperactivity.

22 (9) Of iron workers that were involved in clean-
23ing and recovery, approximately 1/3 have a chronic
24cough, 24 percent have reported a new onset of

1 phlegm production, and more than 17 percent have
2 complained of a new onset of wheeze.

3 (10) One of the greater health risks has been
4 exposure to asbestos, which was found in the rubble
5 in concentrations as high as 20 percent. This mate-
6 rial may cause lung cancer and malignant mesothe-
7 lioma.

8 (11) Researchers studied 187 pregnant women,
9 and discovered that, for women within a half mile of
10 ground zero who inhaled the soot, pulverized glass,
11 and other toxins, the effects were detrimental
12 enough to result in the delivery of infants who aver-
13 aged a half-pound lighter than infants of unexposed
14 mothers, a condition known as smaller-for-gesta-
15 tional-age (“SGA”).

16 (12) In the Journal of the American Medical
17 Association, researchers of Mount Sinai Medical
18 Center explained the pollutants as a toxic cocktail,
19 with a potential for long-term adverse health effects.
20 Other studies have associated the pollutants with a
21 direct connection to heart disease and an array of
22 chronic disorders. One example is the condition
23 known as the World Trade Center cough; fire-
24 fighters and other rescue workers have complained
25 of this persistent respiratory illness.

1 (13) According to Inter Press Service, 2.5 years
 2 after the attacks laborers are still suffering from se-
 3 vere breathing problems, skin rashes, nausea, de-
 4 pression, or anxiety.

5 (14) Of emergency respondents, 80 percent
 6 have reported of having at least one respiratory
 7 symptom, such as sore throat, chest tightness, or
 8 cough and wheezing. One half complained of having
 9 problems one year later.

10 (15) Dr. Rafael de la Hoz noted that, of about
 11 150 day workers examined at Mount Sinai Medical
 12 Center, about 75 percent are suffering from upper
 13 airway diseases, and some have reported aggravated
 14 asthma or bronchial disease, back and musculo-
 15 skeletal pain, or psychological problems such as post
 16 traumatic stress syndrome.

17 **SEC. 2. SEPTEMBER 11 EMERGENCY PERSONNEL TRUST**
 18 **FUND.**

19 (a) **ADDITIONAL TAX ON HIGH INCOME TAX-**
 20 **PAYERS.**—Section 1 of the Internal Revenue Code of 1986
 21 is amended by adding at the end the following new sub-
 22 section:

23 “(j) **ADDITIONAL TAX ON HIGH INCOME TAX-**
 24 **PAYERS.**—The amount determined under subsection (a),
 25 (b), (c), or (d), as the case may be, shall be increased by

1 1 percent of so much of adjusted gross income as exceeds
 2 \$1,000,000 in the case of individuals to whom subsection
 3 (a) applies (\$500,000 in any other case).”.

4 (b) SEPTEMBER 11 EMERGENCY PERSONNEL TRUST
 5 FUND.—Subchapter A of chapter 98 of the Internal Rev-
 6 enue Code of 1986 (relating to trust fund code) is amend-
 7 ed by adding at the end the following new section:

8 **“SEC. 9511. SEPTEMBER 11 EMERGENCY PERSONNEL**
 9 **TRUST FUND.**

10 “(a) CREATION OF TRUST FUND.—There is estab-
 11 lished in the Treasury of the United States a trust fund
 12 to be known as the ‘September 11 Emergency Personnel
 13 Trust Fund’, consisting of such amounts as may be appro-
 14 priated or credited to such Trust Fund as provided in this
 15 section or section 9602(b).

16 “(b) TRANSFERS TO TRUST FUND.—There are here-
 17 by appropriated to the September 11 Emergency Per-
 18 sonnel Trust Fund amounts equivalent to the taxes re-
 19 ceived in the Treasury under section 1(j).

20 “(c) EXPENDITURES.—Amounts in the September 11
 21 Emergency Personnel Trust Fund shall be available to
 22 carry out sections 317T and 409J of the Public Health
 23 Service Act.”.

1 (c) CLERICAL AMENDMENT.—The table of sections
 2 for such subchapter is amended by adding at the end
 3 thereof the following new item:

“Sec. 9511. September 11 Emergency Personnel Trust Fund.”.

4 (d) EFFECTIVE DATE.—The amendments made by
 5 this section shall apply to taxable years beginning after
 6 December 31, 2004.

7 **SEC. 3. CERTAIN HEALTH SERVICES FOR INDIVIDUALS AS-**
 8 **SISTING WITH RESPONSE TO SEPTEMBER 11**
 9 **TERRORIST ATTACKS IN NEW YORK CITY.**

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

13 **“SEC. 317T. CERTAIN HEALTH SERVICES FOR INDIVIDUALS**
 14 **ASSISTING WITH RESPONSE TO SEPTEMBER**
 15 **11 TERRORIST ATTACKS IN NEW YORK CITY.**

16 “(a) IN GENERAL.—From the September 11 Emer-
 17 gency Personnel Trust Fund under section 9511 of the
 18 Internal Revenue Code of 1986, the Secretary, acting
 19 through the Director of the Centers for Disease Control
 20 and Prevention, shall make awards of grants or coopera-
 21 tive agreements for the purpose of carrying out baseline
 22 and follow-up screening and clinical examinations, and
 23 long-term health monitoring and analysis, for covered indi-
 24 viduals who meet the eligibility criteria under subsection
 25 (d).

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

3 “(1) emergency service personnel and rescue
4 and recovery personnel who responded to the ter-
5 rorist attacks that occurred on September 11, 2001,
6 in New York City, in the State of New York, any
7 time during the period of September 11, 2001,
8 through August 31, 2002;

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

11 “(A) a police officer;

12 “(B) a firefighter;

13 “(C) an emergency medical technician;

14 “(D) a transit worker;

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

17 “(F) Federal and State employees;

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

20 “(H) a person who worked on the criminal
21 investigation; and

22 “(I) any other relief or rescue worker or
23 volunteer whom the Secretary determines to be
24 appropriate;

1 “(3) a worker who responded to such attacks by
2 assisting in the cleanup or restoration of critical in-
3 frastructure in and around;

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

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

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

11 “(c) AWARD RECIPIENT.—

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

15 “(A) the consortium of medical entities
16 that, pursuant to the program referred to in
17 subsection (g), provided health services de-
18 scribed in subsection (a) during fiscal year
19 2003 for the personnel described in subsection
20 (b)(1), subject to the consortium meeting the
21 criteria established in paragraph (2); and

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

24 “(2) CRITERIA.—For purposes of paragraph
25 (1)(A), the criteria described in this paragraph for

1 the consortium referred to in such paragraph are
2 that the consortium has appropriate experience in
3 the areas of environmental or occupational health,
4 toxicology, and safety, including experience in—

5 “(A) developing clinical protocols and con-
6 ducting clinical health examinations, including
7 mental health assessments;

8 “(B) conducting long-term health moni-
9 toring and epidemiological studies;

10 “(C) conducting long-term mental health
11 studies; and

12 “(D) establishing and maintaining medical
13 surveillance programs and environmental expo-
14 sure or disease registries.

15 “(d) ELIGIBILITY OF COVERED INDIVIDUALS.—The
16 Secretary shall determine eligibility criteria for covered in-
17 dividuals to receive health services under subsection (a).
18 Such criteria shall include the requirement that a covered
19 individual may not receive services through the program
20 under such section unless the individual enrolls in the pro-
21 gram.

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

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

4 “(A) are active or retired firefighters of
5 New York City; and

6 “(B) in responding to the terrorist attacks
7 of September 11, 2001, provided services in the
8 immediate vicinity of the World Trade Center.

9 “(2) A covered individual enrolled in the pro-
10 gram may not receive services under the program for
11 a period exceeding 20 years after the date on which
12 the individual first receives services under the pro-
13 gram, except that the Secretary may designate a
14 longer period if the Secretary determines that a
15 longer period is appropriate with respect to the
16 health of covered individuals.

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

20 “(f) AUTHORITY REGARDING TREATMENT.—The
21 Secretary may, to the extent determined appropriate by
22 the Secretary, authorize the program under subsection (a)
23 to provide treatment services to covered individuals who
24 have no other means of obtaining treatment.

1 “(g) RELATION TO CERTAIN PROGRAM.—Effective
2 on and after the date of the enactment of the Remember
3 9/11 Health Act, the two programs carried out pursuant
4 to the appropriation of \$90,000,000 made in Public Law
5 107–206 under the heading ‘Public Health and Social
6 Services Emergency Fund’, which programs provide
7 health services described in subsection (a) for the per-
8 sonnel described in subsection (b)(1), shall be considered
9 to be carried out under authority of this section and shall
10 be subject to the requirements of this section, except for
11 any period of transition determined appropriate by the
12 Secretary, not to exceed one year after such date of enact-
13 ment.”.

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

1 **SEC. 4. RESEARCH REGARDING CERTAIN HEALTH CONDI-**
2 **TIONS.**

3 Part B of title IV of the Public Health Service Act
4 (42 U.S.C. 284 et seq.) is amended by inserting after sec-
5 tion 409I the following section:

6 **“SEC. 409J. RESEARCH REGARDING CERTAIN HEALTH CON-**
7 **DITIONS OF INDIVIDUALS ASSISTING WITH**
8 **RESPONSE TO SEPTEMBER 11 TERRORIST AT-**
9 **TACKS IN NEW YORK CITY.**

10 “(a) IN GENERAL.—With respect to covered individ-
11 uals as defined in section 317T, the Director of NIH shall
12 conduct or support—

13 “(1) diagnostic research on qualifying health
14 conditions of such individuals, in the case of condi-
15 tions for which there has been diagnostic uncer-
16 tainty; and

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

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

1 “(c) CONSULTATION WITH CERTAIN MEDICAL CON-
2 SORTIUM.—The Secretary shall carry out this section in
3 consultation with—

4 “(1) the consortium of medicine entities re-
5 ferred to in section 317T(c)(1); and

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

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

12 “(e) FUNDING.—Amounts in the September 11
13 Emergency Personnel Trust Fund under section 9511 of
14 the Internal Revenue Code of 1986 are available to the
15 Director of NIH for the purpose of research under this
16 section.”.

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