

109TH CONGRESS
2^D SESSION

S. 4022

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 SENATE OF THE UNITED STATES

SEPTEMBER 29, 2006

Mrs. CLINTON (for herself, Mr. SCHUMER, and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

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

15 (3) Except for funds recently appropriated by
16 Congress reversing a rescission by the President's
17 Budget, it appears that there is no Federal program
18 currently in existence to support the full medical and
19 mental health treatment needs of those who re-
20 sponded to the September 11, 2001 attacks and who
21 continue to experience health problems as a result.

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

1 ance for the medical conditions they developed as a
2 result of recovery work at the World Trade Center
3 site.

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

9 (6) Confusion still exists within the population
10 of recovery workers and first responders about where
11 to obtain compensation for income losses and med-
12 ical costs related to their service in the September
13 11th recovery effort.

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

17 (8) Federal aid allocated for the monitoring of
18 rescue workers' health may need to be increased to
19 ensure the long-term study of the health impacts of
20 9/11.

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

1 rates, lower birth weights in babies born 9 months
2 after the disaster, and higher rates of respiratory
3 and lung disorders in workers and residents near
4 Ground Zero.

5 (10) Further research is needed to evaluate
6 more comprehensively the health impacts of the
7 events of September 11, 2001 and research is need-
8 ed regarding possible treatment for the illnesses and
9 injuries as a result of such events.

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

15 (12) A Federal agency or official needs to be
16 designated to coordinate and monitor the overall
17 Federal response to the health impacts of the events
18 of September 11, 2001.

19 **SEC. 3. HEALTH CARE INSURANCE.**

20 Subtitle B of title VI of the Robert T. Stafford Dis-
21 aster Relief and Emergency Assistance Act (42 U.S.C.
22 5197 et seq.) is amended by adding at the end the fol-
23 lowing:

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

2 “(a) **WORK INJURIES.**—For purposes of subchapter
3 I of chapter 81 of title 5, United States Code (relating
4 to compensation to Federal employees for work injuries),
5 eligible recipients (as defined in subsection (d)) shall be
6 deemed civil employees of the United States within the
7 meaning of the term ‘employee’ as defined in section 8101
8 of title 5, United States Code, and the provisions of such
9 subchapter shall apply to such recipients.

10 “(b) **PERSONAL PROPERTY.**—For the purpose of
11 claims relating to damage to, or loss of, the personal prop-
12 erty of an eligible recipient incident to service, an eligible
13 recipient shall be considered in the same manner as if such
14 eligible recipient was a civil employee of the Government
15 of the United States, except that an eligible recipient shall
16 not be responsible for the payment of any health care ex-
17 penses, including mental health coverage, prescription
18 drugs, or copayments for any health or mental health care
19 expenses that result from exposure to the adverse condi-
20 tions existing after the terrorist attack on September 11,
21 2001.

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

1 leave, unemployment compensation, and Federal employee
2 benefits.

3 “(d) ELIGIBLE RECIPIENT DEFINED.—

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

7 “(A) an emergency service personnel or
8 rescue and recovery personnel who responded to
9 the terrorist attacks that occurred on Sep-
10 tember 11, 2001, in New York City, in the
11 State of New York, any time during the period
12 of September 11, 2001, through August 31,
13 2002;

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

16 “(i) a police officer;

17 “(ii) a firefighter;

18 “(iii) an emergency medical techni-
19 cian;

20 “(iv) a transit worker;

21 “(v) any participating member of an
22 urban search and rescue team;

23 “(vi) a Federal or State employee;

1 “(vii) any other relief or rescue work-
2 er or volunteer whom the Secretary deter-
3 mines to be appropriate;

4 “(viii) an individual who assisted in
5 the recovery of human remains; and

6 “(ix) an individual who assisted in the
7 criminal investigation;

8 “(C) a worker who responded to such at-
9 tacks by assisting in the cleanup or restoration
10 of critical infrastructure in and around New
11 York City;

12 “(D) an individual whose place of resi-
13 dence is in the declared disaster area;

14 “(E) an individual who was employed in or
15 attended school, child care, or adult day care in
16 a building located in the declared disaster area
17 any time during the period of September 11,
18 2001, through August 31, 2002; or

19 “(F) any other individual who the Sec-
20 retary determines to be appropriate.

21 “(2) FAMILY MEMBERS.—Notwithstanding
22 paragraph (1), the immediate family members of an
23 individual who is an eligible recipient under para-
24 graph (1) may receive benefits under this section if
25 the eligible recipient—

1 “(A) is or was on September 11th, 2001
2 the policyholder for such family; and

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

5 **SEC. 4. HEALTH SCREENINGS, EXAMINATIONS, AND MONI-**
6 **TORING SERVICES.**

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

10 **“SEC. 317T. CERTAIN HEALTH SERVICES FOR INDIVIDUALS**
11 **ASSISTING WITH RESPONSE TO SEPTEMBER**
12 **11 TERRORIST ATTACKS IN NEW YORK CITY.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Director of the Centers for Disease Control and Pre-
15 vention shall award grants or cooperative agreements for
16 the purpose of establishing a program to carry out base-
17 line and follow-up screening and clinical examinations, and
18 long-term health monitoring and analysis, for covered indi-
19 viduals who meet the eligibility criteria under subsection
20 (d).

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

23 “(1) an emergency service personnel or rescue
24 and recovery personnel who responded to the ter-
25 rorist attacks that occurred on September 11, 2001,

1 in New York City, in the State of New York, any
2 time during the period of September 11, 2001,
3 through August 31, 2002;

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

6 “(A) a police officer;

7 “(B) a firefighter;

8 “(C) an emergency medical technician;

9 “(D) a transit worker;

10 “(E) any participating member of an
11 urban search and rescue team;

12 “(F) Federal and State employees;

13 “(G) an individual who worked to recover
14 human remains;

15 “(H) an individual who worked on the
16 criminal investigation; and

17 “(I) any other relief or rescue worker or
18 volunteer who the Secretary determines to be
19 appropriate;

20 “(3) a worker who responded to such attacks by
21 assisting in the cleanup or restoration of critical in-
22 frastructure in and around the designated disaster
23 area;

1 “(4) an individual whose place of residence was
2 in the declared disaster area during the period of
3 September 11, 2001, through August 31, 2002;

4 “(5) an individual who is employed in or at-
5 tends school, child care, or adult day care in a build-
6 ing located in the declared disaster area during the
7 period of September 11, 2001, through August 31,
8 2002; and

9 “(6) any other individual who 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 (1)(A)
2 are that the consortium has appropriate experience
3 in 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 subsection unless the individual enrolls in the
21 program.

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 received 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 such 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 the 2002
5 Supplemental Appropriations Act for Further Recovery
6 From and Response To Terrorist Attacks on the United
7 States (Public Law 107–206) under the heading ‘Public
8 Health and Social Services Emergency Fund’, which pro-
9 grams provide health services described in subsection (a)
10 for the personnel described in subsection (b)(1), shall be
11 considered to be carried out under authority of this section
12 and shall be subject to the requirements of this section,
13 except for any period of transition determined appropriate
14 by the Secretary, not to exceed 1 year after such date of
15 enactment.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of the fiscal years
19 2007 through 2024, in addition to any other amounts ap-
20 propriated for such purpose.”.

21 **SEC. 5. RESEARCH REGARDING CERTAIN HEALTH CONDI-**
22 **TIONS.**

23 Part B of title IV of the Public Health Service Act
24 (42 U.S.C. 284 et seq.) is amended by inserting after sec-
25 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 317T(b), the Director of the
7 National Institutes of Health shall 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 1 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 medical entities referred
26 to in section 317T(c)(1); and

1 tion referred to as the “Council”), for the following pur-
2 poses:

3 (1) Discussing, examining, and formulating rec-
4 ommendations with respect to the adequacy and co-
5 ordination of the following:

6 (A) Response by the Federal Government,
7 State governments, local governments, and the
8 private sector to the terrorist attacks of Sep-
9 tember 11, 2001.

10 (B) Care and compensation for the victims
11 of such attacks.

12 (C) Federal tracking of the monitoring of,
13 and possible treatment for, individuals who are
14 directly suffering from, or may have long-term
15 health effects from, such attacks.

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

19 (2) In accordance with subsection (c), rendering
20 advisory opinions on the scope of any obligation of
21 the Federal Government resulting from the terrorist
22 attacks of September 11, 2001, relative to any obli-
23 gation of an insurance company resulting from such
24 attacks.

25 (b) MEMBERSHIP.—

1 (1) CHAIRPERSON.—The Secretary of Health
2 and Human Services (or the Secretary’s designee)
3 shall serve as the chairperson of the Council.

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

6 (A) The Secretary of Defense (or the Sec-
7 retary’s designee).

8 (B) The Secretary of Labor (or the Sec-
9 retary’s designee).

10 (C) The Director of the Federal Emer-
11 gency Management Agency (or the Director’s
12 designee).

13 (D) The Director of the National Insti-
14 tutes of Health (or the Director’s designee).

15 (E) The Director of the National Institute
16 for Occupational Safety and Health (or the Di-
17 rector’s designee).

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

21 (3) INVITEES.—The Secretary of Health and
22 Human Services, shall invite the following individ-
23 uals to serve as members of the Council:

24 (A) The Governor of the State of New
25 York (or the Governor’s designee).

1 (B) The Mayor of New York City (or the
2 Mayor's designee).

3 (C) 1 representative of the New York City
4 Fire Department.

5 (D) 2 representatives of the unions of New
6 York City Fire Department employees.

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

9 (F) 2 representatives of the unions of New
10 York City Police Department employees.

11 (G) 1 representative of the police depart-
12 ment of the Port Authority of New York and
13 New Jersey.

14 (H) 2 representatives of the union of the
15 police department of the Port Authority of New
16 York and New Jersey.

17 (I) 1 representative of the New York State
18 Department of Health.

19 (J) 1 representative of the New York State
20 Workers' Compensation Board.

21 (K) 1 representative of the New York City
22 Department of Health.

23 (L) 1 representative of the New York City
24 Office of Emergency Management.

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

3 (N) 1 representative of the New York
4 Committee for Occupational Safety and Health
5 (NYCOSH).

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

8 (P) 10 representatives of labor unions in
9 New York City that—

10 (i) are not otherwise described in this
11 paragraph; and

12 (ii) reflect a cross section of labor
13 unions (including construction, municipal,
14 and other labor unions) whose members re-
15 sponded to, or assisted with the cleanup
16 resulting from, the attacks of September
17 11, 2001.

18 (Q) 5 representatives of nonprofit volun-
19 teer entities that assisted in recovery efforts fol-
20 lowing the terrorist attacks of September 11,
21 2001.

22 (R) 5 representatives of a regional occupa-
23 tional provider that—

1 (i) works with the World Trade Cen-
2 ter Worker and Volunteer Medical Screen-
3 ing Program; and

4 (ii) is under the direction of the
5 Mount Sinai Center for Occupational and
6 Environmental Medicine.

7 (c) ADVISORY OPINIONS.—

8 (1) IN GENERAL.—Subject to paragraph (2),
9 the Council may render an advisory opinion on the
10 scope of any obligation of the Federal Government
11 resulting from the terrorist attacks of September 11,
12 2001, relative to any obligation of an insurance com-
13 pany resulting from such attacks.

14 (2) LIMITATION.—The Council may issue an
15 advisory opinion described in this subsection only at
16 the request of a party to one of the obligations in-
17 volved.

18 (d) MEETINGS.—The Council shall meet not less than
19 4 times each calendar year.

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

23 (f) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

- 1 such sums as may be necessary for each of fiscal years
- 2 2007 through 2015.

