

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 847
OFFERED BY MR. Rogers**

Strike title I and insert the following (and revise the
table of contents in section 1(b) accordingly):

1 TITLE I—9-11 HEALTH PROGRAM

2 SEC. 101. 9-11 HEALTH PROGRAM.

3 Part P of the Public Health Service Act (42 U.S.C.
4 280g et seq.) is amended by adding at the end the fol-
5 lowing:

6 “SEC. 399V-5. 9-11 HEALTH PROGRAM.

7 “(a) IN GENERAL.—The Secretary shall establish
8 and implement a program, to be known as the 9-11 Health
9 Program, consisting of making grants to eligible entities
10 to provide medical monitoring and health treatment for
11 eligible individuals who suffer from a 9-11 condition.

12 “(b) DEFINITIONS.—

13 “(1) 9-11 CONDITION.—In this section, the term
14 ‘9-11 condition’ means a disease or disorder that, as
15 determined by the Secretary based on peer-reviewed
16 scientific evidence, may have resulted from or been
17 impacted by exposure to toxins or pollutants as a re-

1 sult of the September 11, 2001, terrorists attacks or
2 an injury resulting from such attacks.

3 “(2) OTHER DEFINITIONS.—In this section:

4 “(A) ELIGIBLE ENTITY.—The term ‘eligi-
5 ble entity’ shall be defined by the Secretary.

6 “(B) ELIGIBLE INDIVIDUAL.—The term
7 ‘eligible individual’ means an individual who—

8 “(i) performed rescue, recovery, clean-
9 up, or restoration in response to the Sep-
10 tember 11, 2001 terrorist attacks; or

11 “(ii) was present in the New York
12 City area or the Pentagon area (as such
13 areas are determined by the Secretary) on
14 September 11, 2001 or during a period
15 thereafter (as such period is determined by
16 the Secretary).

17 “(C) SEPTEMBER 11, 2001, TERRORIST AT-
18 TACKS.—The term ‘September 11, 2001, ter-
19 rorist attacks’ means the terrorist attacks that
20 occurred on September 11, 2001, at the World
21 Trade Center in New York City, New York, and
22 the Pentagon in Arlington, Virginia.

23 “(c) PROGRAM COMPONENTS.—The 9-11 Health
24 Program shall build upon and coordinate Federal, State,

1 and local efforts that are ongoing as of the date of the
2 enactment of this section in order to achieve the following:

3 “(1) Medical monitoring for eligible individuals,
4 including screening, clinical examinations, and long-
5 term health monitoring analysis.

6 “(2) Medically necessary treatment for any 9-
7 11 condition (including medically necessary prescrip-
8 tion drugs).

9 “(3) An outreach program to educate eligible
10 individuals about the benefits under this section.

11 “(4) Uniform data collection and coordination,
12 including—

13 “(A) a uniform system for collection of
14 health and mental health data on individuals re-
15 ceiving monitoring or treatment benefits under
16 this section; and

17 “(B) coordination among eligible entities of
18 such data and related research.

19 “(d) APPLICATIONS.—To be eligible to receive a
20 grant under this section, an eligible entity shall submit
21 an application to the Secretary at such time, in such man-
22 ner, and containing such information as the Secretary may
23 require, including at a minimum—

1 “(1) a description of how grant funds will be
2 used, including a description of the services to be
3 provided;

4 “(2) a projection of the number of eligible indi-
5 viduals to be served through the grant; and

6 “(3) a breakdown of the administrative costs to
7 be incurred.

8 “(e) ADDITIONAL PROVISIONS.—

9 “(1) SUPPLEMENT, NOT SUPPLANT.—The bene-
10 fits provided to an eligible individual under this sec-
11 tion shall not supplant, replace, or otherwise sub-
12 stitute for health or workers compensation benefits
13 otherwise owed to the individual, including under—

14 “(A) a workers’ compensation law or plan
15 of the United States, a State, or a locality, or
16 other work-related injury or illness benefit plan
17 of the employer of such individual; or

18 “(B) health coverage through any public or
19 private health plan.

20 “(2) VERIFICATION OF CITIZENSHIP OR LEGAL
21 RESIDENCY.—As a condition on receipt of a grant
22 under this section, an eligible entity shall agree to
23 verify and document that no individual receiving
24 services through the grant is unlawfully present in
25 the United States.

1 “(3) ANNUAL ACCOUNTING.—As a condition on
2 receipt of a grant under this section, an eligible enti-
3 ty shall agree to provide to the Secretary an annual
4 accounting of the use of all funds received by the en-
5 tity under this section.

6 “(f) PRIVACY.—The Secretary shall ensure that all
7 aspects of the 9-11 Health Program are conducted in ac-
8 cordance with all applicable Federal and State privacy
9 laws, including any activities of the Program relating to
10 information gathered as a result of medical monitoring
11 and health treatment.

12 “(g) FRAUD.—The Secretary shall establish and im-
13 plement a program to—

14 “(1) review the 9-11 Health Program’s health
15 care expenditures to detect fraudulent or duplicate
16 billing and payment for inappropriate services; and

17 “(2) conduct enforcement actions against those
18 found to have violated applicable requirements.

19 “(h) ANNUAL PROGRAM REPORT.—Not later than 6
20 months after the end of each fiscal year in which the 9-
21 11 Health Program is in operation, the Inspector General
22 of the Department of Health and Human Services shall
23 submit a report to the Congress on the activities con-
24 ducted pursuant to this section during such fiscal year and

1 for the entire period of operation of the Program. Each
2 such report shall include—

3 “(1) a description of—

4 “(A) the number of eligible individuals
5 being served;

6 “(B) monitoring and treatment costs;

7 “(C) administrative costs for each grantee;
8 and

9 “(D) administrative performance of the 9-
10 11 Health Program, including an accounting of
11 all funds and unobligated balances;

12 “(2) a summary of each accounting provided to
13 the Secretary under subsection (e)(3) for such fiscal
14 year;

15 “(3) an evaluation of the effectiveness of the 9-
16 11 Health Program (such as health outcomes); and

17 “(4) a summary of the program established
18 under subsection (g) (relating to fraudulent or dupli-
19 cate billing and payment for inappropriate services).

20 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this section, there is authorized to be appro-
22 priated—

23 “(1) for fiscal year 2011, \$150,000,000; and

24 “(2) for each of fiscal years 2012 through
25 2016, the amount specified in this subsection for the

1 previous fiscal year increased by the annual percent-
2 age increase in the medical care component of the
3 consumer price index for all urban consumers.”.

