

**AMENDMENT**

**OFFERED BY MR. BAZTON**

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 (a) IN GENERAL.—Part P of title III of the Public  
4 Health Service Act (42 U.S.C. 280g et seq.) is amended  
5 by adding at the end the following:

**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-  
18 sult of the September 11, 2001, terrorists attacks or  
19 an injury resulting from such attacks.

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

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

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

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

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

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

21           “(c) PROGRAM COMPONENTS.—The 9-11 Health  
22           Program shall build upon and coordinate Federal, State,  
23           and local efforts that are ongoing as of the date of the  
24           enactment of this section in order to achieve the following:

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

4           “(2) Medically necessary treatment for any 9-  
5 11 condition (including medically necessary prescrip-  
6 tion drugs).

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

9           “(4) Uniform data collection and coordination,  
10 including—

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

15           “(B) coordination among eligible entities of  
16 such data and related research.

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

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

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

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

5           “(e) ADDITIONAL PROVISIONS.—

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

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

15           “(B) health coverage through any public or  
16           private health plan.

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

23          “(3) ANNUAL ACCOUNTING.—As a condition on  
24          receipt of a grant under this section, an eligible enti-  
25          ty shall agree to provide to the Secretary an annual

1 accounting of the use of all funds received by the en-  
2 tity under this section.

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

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

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

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

16 “(h) ANNUAL PROGRAM REPORT.—Not later than 6  
17 months after the end of each fiscal year in which the 9-  
18 11 Health Program is in operation, the Inspector General  
19 of the Department of Health and Human Services shall  
20 submit a report to the Congress on the activities con-  
21 ducted pursuant to this section during such fiscal year and  
22 for the entire period of operation of the Program. Each  
23 such report shall include—

24 “(1) a description of—

1           “(A) the number of eligible individuals  
2           being served;

3           “(B) monitoring and treatment costs;

4           “(C) administrative costs for each grantee;  
5           and

6           “(D) administrative performance of the 9-  
7           11 Health Program, including an accounting of  
8           all funds and unobligated balances;

9           “(2) a summary of each accounting provided to  
10          the Secretary under subsection (e)(3) for such fiscal  
11          year;

12          “(3) an evaluation of the effectiveness of the 9-  
13          11 Health Program (such as health outcomes); and

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

17          “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
18          carry out this section, there is authorized to be appro-  
19          priated—

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

21                 “(2) for each of fiscal years 2012 through  
22                 2016, the amount specified in this subsection for the  
23                 previous fiscal year increased by the annual percent-  
24                 age increase in the medical care component of the  
25                 consumer price index for all urban consumers.”.

1 (b) PREVENTION AND PUBLIC HEALTH FUND.—Sec-  
2 tion 4002(b) of the Patient Protection and Affordable  
3 Care Act (Public Law 111-148) is amended by adding at  
4 the end the following sentence:  
5 “For each of fiscal years 2011 through 2016, the amount  
6 specified for such fiscal year in the previous sentence shall  
7 be reduced by the amount authorized to be appropriated  
8 for such fiscal year under section 399V-5(i) of the Public  
9 Health Service Act.”.

Strike title III, redesignate title IV as title III, and  
revise the table of contents in section 1(b) accordingly.

