

# **The Remember 9/11 Health Act**

## Summary of Legislation

Prepared by the Office of Congresswoman Carolyn Maloney

A bill that provides for the long-term health monitoring, care, research and coordination of the federal governments response to the health effects of the terrorist attacks of the terrorist attacks of September 11, 2001.

### **I. Providing Treatment**

1. Modeled after a program that provides health insurance for injured volunteer forest firefighters, this bill provides federal health insurance to individuals suffering injuries and/or health problem as a result of the September 11<sup>th</sup> Terrorist Attacks. Recipients do not pay for any health care expenses, including prescription drugs and co-payments. This program also includes mental health coverage.
2. In the definition of eligible recipients, all efforts were made to include any person who suffered adverse health effects as a direct result of the terrorist attacks of 9/11 in New York.

### **II. Expanding Health Monitoring**

1. Maintains current program, including the separate program for the Fire Department, while expanding it to a level recommended by the public health community. Eligible recipients are the same as defined in the health care insurance section.
2. The current program is estimated to monitor approximately 12,000 non-firefighters for approximately 5 years. The Bill would expand this monitoring to cover a minimum of 40,000 individuals for 20 years, this number includes the firefighters who will be monitored in their separate program. Monitoring a minimum of 40,000 individuals over 20 years will ensure all who want to be monitored for an adequate time period.
3. Allows the use of health monitoring funds to provide care if there is no other available options for care.
4. The monitoring program will develop clinical protocols, conduct clinical health examinations including mental health assessments, conduct long-term health monitoring, epidemiological and mental health studies. It would also establish and maintain medical surveillance programs and environmental exposure or disease registries.

### **III. Research**

1. The Director of the National Institute of Health shall conduct or support diagnostic and treatment research for health conditions that are associated with the exposure to the

terrorist attacks of September 11, 2001.

2. Any research shall carry out in consultation with the consortium heading the health monitoring program and the fire department's monitoring program.
3. The Director of NIH will submit an annual report on their findings.

#### **IV. Coordination**

1. Establishes the 9/11 Health Emergency Coordinating Council under the direction of the Department of Health and Human Services for the purpose of discussing, examining, and formulating recommendations for the adequacy and coordination of the Federal Government, State government, local governments response to the terrorist attacks of September 11, 2001. It also tracks the care and compensation for the victims and the Federal tracking and monitoring for individuals who are directly suffering from or may have long-term health effects.
2. The council writes advisory opinions regarding disputes between what private insurance and the federal health insurance covers.
3. Defines the required members and the invitees
4. The Council must meet at least once a year and report to Congress annually

If you have any additional question please contact Edward Mills in Congresswoman Maloney's office at 5-7944 or [edward.mills@mail.house.gov](mailto:edward.mills@mail.house.gov).

(Prepared by the office of Congresswoman Maloney)