



MOUNT SINAI
SCHOOL OF
MEDICINE

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December 6, 2010

The Honorable Kirsten Gillibrand
United States Senator for New York
780 Third Avenue
Suite 2601
New York, New York 10017

Dear Senator Gillibrand:

This letter is in response to your inquiry regarding the funding mechanism for the World Trade Center medical programs.

The Mount Sinai School of Medicine has been providing medical care to World Trade Center rescue and recovery workers since shortly after September 11, 2001. Most of this care was initially funded by philanthropic organizations and later through the National Institute for Occupational Safety and Health (NIOSH). Currently, we receive this funding through a grant from CDC/NIOSH. Mount Sinai carefully accounts for this funding using standard, NIH-mandated grants management procedures, and we receive reimbursement for the services we provide through a typical grant funding mechanism. This accounting attributes costs to categories specified in our grant award from CDC/NIOSH similar to what is required for other federal grants. While individual charges to each cost category can be tracked back to a specific invoice related to providing care for a WTC patient, this grant accounting mechanism is not designed to attribute costs to a specific patient encounter as is done for a medical claim billed to an insurance company or Medicare.

We understand and support the need for more detailed cost accounting for this program, and we have worked closely with NIOSH to provide additional patient cost data. For the last few years, we have also provided similar information upon request to House and Senate staff (including Majority and Minority staff of the Senate HELP committee) and have explained to them the difficulties imposed by the accounting system which is required by our federal grant. However, it is not possible to provide the full cost accounting information available from a medical claims system through our current grant award. To attempt to fully translate all of these individual medical care charges from the grant accounting system to the equivalent of a medical claims reimbursement database would be a monumental task.

We supported Dr. Howard's 2007 proposal to switch funding for the medical treatment program to a medical claims system, and we were disappointed when the Bush administration canceled that proposal. We also fully support the reimbursement system and safeguards included in HR847. We believe that the reimbursement method required by the legislation will help us to provide better patient cost information for the program in the future that will benefit both the program and those providing oversight over the program.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip J. Landrigan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Philip J. Landrigan, MD, MSc