

## REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (d), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which is set out in the Appendix to Title 5, Government Organization and Employees.

**§ 300I-7. Solvency and fiscal independence; regulations; annual report**

**(a) Solvency**

The Secretary shall regularly consult with the Board of Trustees of the CLASS Independence Fund and the CLASS Independence Advisory Council, for purposes of ensuring that enrollees<sup>1</sup> premiums are adequate to ensure the financial solvency of the CLASS program, both with respect to fiscal years occurring in the near-term and fiscal years occurring over 20- and 75-year periods, taking into account the projections required for such periods under subsections (a)(1)(A)(i) and (b)(1)(B)(i) of section 300I-2<sup>2</sup> of this title.

**(b) No taxpayer funds used to pay benefits**

No taxpayer funds shall be used for payment of benefits under a CLASS Independent Benefit Plan. For purposes of this subsection, the term “taxpayer funds” means any Federal funds from a source other than premiums deposited by CLASS program participants in the CLASS Independence Fund and any associated interest earnings.

**(c) Regulations**

The Secretary shall promulgate such regulations as are necessary to carry out the CLASS program in accordance with this subchapter. Such regulations shall include provisions to prevent fraud and abuse under the program.

**(d) Annual report**

Beginning January 1, 2014, the Secretary shall submit an annual report to Congress on the CLASS program. Each report shall include the following:

- (1) The total number of enrollees in the program.
- (2) The total number of eligible beneficiaries during the fiscal year.
- (3) The total amount of cash benefits provided during the fiscal year.
- (4) A description of instances of fraud or abuse identified during the fiscal year.
- (5) Recommendations for such administrative or legislative action as the Secretary determines is necessary to improve the program, ensure the solvency of the program, or to prevent the occurrence of fraud or abuse.

(July 1, 1944, ch. 373, title XXXII, § 3208, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 845.)

## REFERENCES IN TEXT

Section 300I-2 of this title, referred to in subsec. (a), was in the original section “3202”, and was translated as meaning section 3203 of act July 1, 1944, to reflect the probable intent of Congress. Section 3202, which is classified to section 300I-1 of this title, does not contain a subsec. (a) or (b).

<sup>1</sup> So in original. Probably should be “enrollees”.

<sup>2</sup> See References in Text note below.

**§ 300I-8. Inspector General's report**

The Inspector General of the Department of Health and Human Services shall submit an annual report to the Secretary and Congress relating to the overall progress of the CLASS program and of the existence of waste, fraud, and abuse in the CLASS program. Each such report shall include findings in the following areas:

- (1) The eligibility determination process.
- (2) The provision of cash benefits.
- (3) Quality assurance and protection against waste, fraud, and abuse.
- (4) Recouping of unpaid and accrued benefits.

(July 1, 1944, ch. 373, title XXXII, § 3209, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 845.)

**§ 300I-9. Tax treatment of program**

The CLASS program shall be treated for purposes of title 26 in the same manner as a qualified long-term care insurance contract for qualified long-term care services.

(July 1, 1944, ch. 373, title XXXII, § 3210, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 846.)

SUBCHAPTER XXXI—WORLD TRADE CENTER HEALTH PROGRAM

PART A—ESTABLISHMENT OF PROGRAM; ADVISORY COMMITTEE

**§ 300mm. Establishment of World Trade Center Health Program**

**(a) In general**

There is hereby established within the Department of Health and Human Services a program to be known as the World Trade Center Health Program, which shall be administered by the WTC Program Administrator, to provide beginning on July 1, 2011—

- (1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including those who are Federal employees) who responded to the September 11, 2001, terrorist attacks; and
- (2) initial health evaluation, monitoring, and treatment benefits to residents and other building occupants and area workers in New York City who were directly impacted and adversely affected by such attacks.

**(b) Components of program**

The WTC Program includes the following components:

**(1) Medical monitoring for responders**

Medical monitoring under section 300mm-21 of this title, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

**(2) Initial health evaluation for survivors**

An initial health evaluation under section 300mm-31 of this title, including an evaluation to determine eligibility for followup monitoring and treatment.

**(3) Followup monitoring and treatment for WTC-related health conditions for responders and survivors**

Provision under sections 300mm-22, 300mm-32, and 300mm-33 of this title of follow-up monitoring and treatment and payment, subject to the provisions of subsection (d), for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

**(4) Outreach**

Establishment under section 300mm-2 of this title of an education and outreach program to potentially eligible individuals concerning the benefits under this subchapter.

**(5) Clinical data collection and analysis**

Collection and analysis under section 300mm-3 of this title of health and mental health data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data under section 300mm-52 of this title.

**(6) Research on health conditions**

Establishment under part C of a research program on health conditions resulting from the September 11, 2001, terrorist attacks.

**(c) No cost sharing**

Monitoring and treatment benefits and initial health evaluation benefits are provided under part B without any deductibles, copayments, or other cost sharing to an enrolled WTC responder or certified-eligible WTC survivor. Initial health evaluation benefits are provided under part B without any deductibles, copayments, or other cost sharing to a screening-eligible WTC survivor.

**(d) Preventing fraud and unreasonable administrative costs**

**(1) Fraud**

The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program's health care expenditures to detect fraudulent or duplicate billing and payment for inappropriate services. This subchapter is a Federal health care program (as defined in section 1320a-7b(f) of this title) and is a health plan (as defined in section 1320a-7c(c) of this title) for purposes of applying sections 1320a-7 through 1320a-7e of this title.

**(2) Unreasonable administrative costs**

The Inspector General of the Department of Health and Human Services shall develop and implement a program to review the WTC Program for unreasonable administrative costs, including with respect to infrastructure, administration, and claims processing.

**(e) Quality assurance**

The WTC Program Administrator working with the Clinical Centers of Excellence shall develop and implement a quality assurance program for the monitoring and treatment delivered by such Centers of Excellence and any other participating health care providers. Such program shall include—

(1) adherence to monitoring and treatment protocols;

(2) appropriate diagnostic and treatment referrals for participants;

(3) prompt communication of test results to participants; and

(4) such other elements as the Administrator specifies in consultation with the Clinical Centers of Excellence.

**(f) Annual program report**

**(1) In general**

Not later than 6 months after the end of each fiscal year in which the WTC Program is in operation, the WTC Program Administrator shall submit an annual report to the Congress on the operations of this subchapter for such fiscal year and for the entire period of operation of the program.

**(2) Contents included in report**

Each annual report under paragraph (1) shall include at least the following:

**(A) Eligible individuals**

Information for each clinical program described in paragraph (3)—

(i) on the number of individuals who applied for certification under part B and the number of such individuals who were so certified;

(ii) of the individuals who were certified, on the number who received monitoring under the program and the number of such individuals who received medical treatment under the program;

(iii) with respect to individuals so certified who received such treatment, on the WTC-related health conditions for which they were treated; and

(iv) on the projected number of individuals who will be certified under part B in the succeeding fiscal year and the succeeding 10-year period.

**(B) Monitoring, initial health evaluation, and treatment costs**

For each clinical program so described—

(i) information on the costs of monitoring and initial health evaluation and the costs of treatment and on the estimated costs of such monitoring, evaluation, and treatment in the succeeding fiscal year; and

(ii) an estimate of the cost of medical treatment for WTC-related health conditions that have been paid for or reimbursed by workers' compensation, by public or private health plans, or by New York City under section 300mm-41 of this title.

**(C) Administrative costs**

Information on the cost of administering the program, including costs of program support, data collection and analysis, and research conducted under the program.

**(D) Administrative experience**

Information on the administrative performance of the program, including—

(i) the performance of the program in providing timely evaluation of and treatment to eligible individuals; and

(ii) a list of the Clinical Centers of Excellence and other providers that are participating in the program.

**(E) Scientific reports**

A summary of the findings of any new scientific reports or studies on the health effects associated with exposure described in section 300mm-5(1) of this title, including the findings of research conducted under section 300mm-51(a) of this title.

**(F) Advisory Committee recommendations**

A list of recommendations by the WTC Scientific/Technical Advisory Committee on additional WTC Program eligibility criteria and on additional WTC-related health conditions and the action of the WTC Program Administrator concerning each such recommendation.

**(3) Separate clinical programs described**

In paragraph (2), each of the following shall be treated as a separate clinical program of the WTC Program:

**(A) Firefighters and related personnel**

The benefits provided for enrolled WTC responders described in section 300mm-21(a)(2)(A) of this title.

**(B) Other WTC responders**

The benefits provided for enrolled WTC responders not described in subparagraph (A).

**(C) WTC survivors**

The benefits provided for screening-eligible WTC survivors and certified-eligible WTC survivors in section 300mm-31(a) of this title.

**(g) Notification to Congress upon reaching 80 percent of eligibility numerical limits**

The Secretary shall promptly notify the Congress of each of the following:

(1) When the number of enrollments of WTC responders subject to the limit established under section 300mm-21(a)(4) of this title has reached 80 percent of such limit.

(2) When the number of certifications for certified-eligible WTC survivors subject to the limit established under section 300mm-31(a)(3) of this title has reached 80 percent of such limit.

**(h) Consultation**

The WTC Program Administrator shall engage in ongoing outreach and consultation with relevant stakeholders, including the WTC Health Program Steering Committees and the Advisory Committee under section 300mm-1 of this title, regarding the implementation and improvement of programs under this subchapter.

(July 1, 1944, ch. 373, title XXXIII, §3301, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3624.)

**§ 300mm-1. WTC Health Program Scientific/Technical Advisory Committee; WTC Health Program Steering Committees**

**(a) Advisory Committee**

**(1) Establishment**

The WTC Program Administrator shall establish an advisory committee to be known as

the WTC Health Program Scientific/Technical Advisory Committee (in this subsection referred to as the “Advisory Committee”) to review scientific and medical evidence and to make recommendations to the Administrator on additional WTC Program eligibility criteria and on additional WTC-related health conditions.

**(2) Composition**

The WTC Program Administrator shall appoint the members of the Advisory Committee and shall include at least—

(A) 4 occupational physicians, at least 2 of whom have experience treating WTC rescue and recovery workers;

(B) 1 physician with expertise in pulmonary medicine;

(C) 2 environmental medicine or environmental health specialists;

(D) 2 representatives of WTC responders;

(E) 2 representatives of certified-eligible WTC survivors;

(F) an industrial hygienist;

(G) a toxicologist;

(H) an epidemiologist; and

(I) a mental health professional.

**(3) Meetings**

The Advisory Committee shall meet at such frequency as may be required to carry out its duties.

**(4) Reports**

The WTC Program Administrator shall provide for publication of recommendations of the Advisory Committee on the public Web site established for the WTC Program.

**(5) Duration**

Notwithstanding any other provision of law, the Advisory Committee shall continue in operation during the period in which the WTC Program is in operation.

**(6) Application of FACA**

Except as otherwise specifically provided, the Advisory Committee shall be subject to the Federal Advisory Committee Act.

**(b) WTC Health Program Steering Committees**

**(1) Consultation**

The WTC Program Administrator shall consult with 2 steering committees (each in this section referred to as a “Steering Committee”) that are established as follows:

**(A) WTC Responders Steering Committee**

One Steering Committee, to be known as the WTC Responders Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of monitoring and treatment programs for the enrolled WTC responders under subpart 1 of part B.

**(B) WTC Survivors Steering Committee**

One Steering Committee, to be known as the WTC Survivors Steering Committee, for the purpose of receiving input from affected stakeholders and facilitating the coordination of initial health evaluations, monitoring, and treatment programs for screening-