

2033), referred to in subsec. (e)(1)(A)(i), is set out as a note under section 1320d-2 of this title.

SUBCHAPTER XXX—COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS

§§ 300*ll* to 300*ll*-9. Repealed. Pub. L. 112-240, title VI, § 642(a), Jan. 2, 2013, 126 Stat. 2358

Section 300*ll*, act July 1, 1944, ch. 373, title XXXII, § 3201, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 828, established the purpose of this subchapter.

Section 300*ll*-1, act July 1, 1944, ch. 373, title XXXII, § 3202, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 828, set out definitions.

Section 300*ll*-2, act July 1, 1944, ch. 373, title XXXII, § 3203, as added and amended Pub. L. 111-148, title VIII, § 8002(a)(1), title X, § 10801(a)(1), Mar. 23, 2010, 124 Stat. 830, 1015, required the Secretary to develop at least 3 actuarially sound benefit plans as alternatives for consideration for designation by the Secretary as the CLASS Independence Benefit Plan.

Section 300*ll*-3, act July 1, 1944, ch. 373, title XXXII, § 3204, as added and amended Pub. L. 111-148, title VIII, § 8002(a)(1), title X, § 10801(a)(2), Mar. 23, 2010, 124 Stat. 834, 1015, related to enrollment and disenrollment requirements.

Section 300*ll*-4, act July 1, 1944, ch. 373, title XXXII, § 3205, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 836, related to benefits and determination of eligibility.

Section 300*ll*-5, act July 1, 1944, ch. 373, title XXXII, § 3206, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 842, related to the CLASS Independence Fund.

Section 300*ll*-6, act July 1, 1944, ch. 373, title XXXII, § 3207, as added Pub. L. 111-148, title VIII, § 8002(a)(1), Mar. 23, 2010, 124 Stat. 844, created the CLASS Independence Advisory Council.

Section 300*ll*-7, act 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, related to solvency and fiscal independence of the CLASS program and required regulations and annual reports.

Section 300*ll*-8, act 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, required the Inspector General of the Department of Health and Human Services to submit an annual report on CLASS program progress and waste, fraud, and abuse.

Section 300*ll*-9, act 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, provided that the CLASS program would be treated for tax purposes as a qualified long-term care insurance contract for qualified long-term care services.

EFFECTIVE DATE

Pub. L. 111-148, title VIII, § 8002(e), Mar. 23, 2010, 124 Stat. 847, which provided that the amendments made by section 8002(a), (b), and (d) (enacting this subchapter, amending section 1396a of this title, and amending provisions set out as a note under section 1396p of this title) were effective on Jan. 1, 2011, was repealed by Pub. L. 112-240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

CONSTRUCTION

Pub. L. 111-148, title VIII, § 8002(f), Mar. 23, 2010, 124 Stat. 847, which provided that nothing in title VIII of Pub. L. 111-148 (enacting this subchapter, amending section 1396a of this title, enacting provisions set out as notes under this section and section 201 of this title, and amending provisions set out as a note under section 1396p of this title) was intended to replace or displace public or private disability insurance benefits, including such benefits for income replacement, was repealed by Pub. L. 112-240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

PERSONAL CARE ATTENDANTS WORKFORCE ADVISORY PANEL

Pub. L. 111-148, title VIII, § 8002(c), Mar. 23, 2010, 124 Stat. 846, which required the Secretary of Health and Human Services to establish a Personal Care Attendants Workforce Advisory Panel for the purpose of examining and advising the Secretary and Congress on workforce issues related to personal care attendant workers and which set out membership requirements for the Panel, was repealed by Pub. L. 112-240, title VI, § 642(b)(1), Jan. 2, 2013, 126 Stat. 2358.

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 followup 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.

(i) GAO studies

(1) Report

Not later than 18 months after December 18, 2015, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that assesses, with respect to the WTC Program, the effectiveness of each of the following:

(A) The quality assurance program developed and implemented under subsection (e).

(B) The procedures for providing certifications of coverage of conditions as WTC-related health conditions for enrolled WTC responders under section 300mm-22(b)(2)(B)(iii) of this title and for screening-eligible WTC survivors and certified-eligible WTC survivors under such section as applied under section 300mm-32(a) of this title.

(C) Any action under the WTC Program to ensure appropriate payment (including the avoidance of improper payments), including determining the extent to which individuals

enrolled in the WTC Program are eligible for workers compensation or sources of health coverage, ascertaining the liability of such compensation or sources of health coverage, and making recommendations for ensuring effective and efficient coordination of benefits for individuals enrolled in the WTC Program that does not place an undue burden on such individuals.

(2) Subsequent assessments

Not later than 6 years and 6 months after December 18, 2015, and every 5 years thereafter through fiscal year 2042, the Comptroller General of the United States shall—

(A) consult the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the objectives in assessing the WTC Program; and

(B) prepare and submit to such Committees a report that assesses the WTC Program for the applicable reporting period, including the objectives described in subparagraph (A).

(j) Regulations

The WTC Program Administrator is authorized to promulgate such regulations as the Administrator determines necessary to administer this subchapter.

(k) Termination

The WTC Program shall terminate on October 1, 2090.

(July 1, 1944, ch. 373, title XXXIII, §3301, as added Pub. L. 111-347, title I, §101, Jan. 2, 2011, 124 Stat. 3624; amended Pub. L. 114-113, div. O, title III, §302(b), Dec. 18, 2015, 129 Stat. 2998.)

AMENDMENTS

2015—Subsecs. (i) to (k). Pub. L. 114-113 added subsecs. (i) to (k).

§ 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;