



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institute for Occupational
Safety and Health (NIOSH)
Centers for Disease Control and
Prevention (CDC)
395 E Street, SW – Suite 9200
Washington, DC 20201
April 20, 2011

David Prezant, M.D.
Fire Department of the City of New York
Office of Medical Affairs, Room 4W-1
9 Metrotech Center
Brooklyn, NY 11201

Dear Dr. Prezant:

The James Zadroga 9/11 Health and Compensation Act of 2010, P.L. 111-347 (the Act), established the World Trade Center Health Program (WTCHP) which will replace the present cooperative agreement and grant-based WTC Program on July 1, 2011. The Director of the National Institute for Occupational Safety and Health (NIOSH) has been designated by Kathleen Sebelius, the Secretary of Health and Human Services, as WTC Program Administrator.

I am writing you to request your assistance in enrolling *responders* who have been identified as eligible for monitoring and treatment under the arrangements in effect on January 2, 2011 (the date the Act became law), between your institution and NIOSH. NIOSH also needs your assistance to identify those *survivors* who were enrolled in your programs as of January 2, 2011. NIOSH is making this request in order to implement the new Act and in accordance with the regulations of the U.S. Department of Health and Human Services (HHS) applicable to your cooperative agreement or grant award.¹ Under these regulations, the Centers for Disease Control (CDC)/NIOSH, as the awarding agency, has the right of “...timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents....”²

NIOSH requests that you provide the personally-identifying information listed below for the *responders* and for *survivors* who were enrolled as of January 2, 2011. In a subsequent letter, CDC/NIOSH will be requesting this same information for those *responders* enrolled *after* January 2, 2011 through June 30, 2011. CDC/NIOSH requests this information to ensure that eligible individuals do not experience any disruption in the provision of services. The requested information will allow CDC/NIOSH to verify enrollment, to provide enrollees with information about the new statutory WTCHP, and to ensure that each enrolled individual has a WTCHP membership card to access services.

¹ The present award from CDC/NIOSH is subject to HHS regulations pertaining to “Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations” at 45 C.F.R. Part 74 or “Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments” at 45 C.F.R. Part 92.

² 45 C.F.R. § 74.53(e) and 45 CFR § 92.42(e).

In addition, the Act mandates that no individual who is on the terrorist watch list shall qualify as a WTCHP eligible WTC responder, screening-eligible survivor or certified-eligible survivor. The Act further mandates that the WTCHP Administrator determine whether a WTCHP eligible WTC responder, screening-eligible survivor or certified-eligible survivor is on such list.³ Although CDC/NIOSH does not anticipate that the name of any individual in the current Program will be on the list, CDC/NIOSH is expressly required by law to implement this particular requirement of the Act.

On or before June 1, 2011, please provide the information listed below for each individual presently enrolled in the current WTC Program

1. Full Name (last, first, and middle names)
2. Complete Address (street name and number, city, state, and zip code)
3. Phone Number(s)
4. Date of Birth
5. Gender
6. Place of Birth (birth city and state or country)
7. Government ID number (e.g., driver's license number)

CDC/NIOSH asks for the specified information even though we are aware that you may not collect or maintain one or more of the information items listed above. However, the more complete the information on each individual is, the less likely it is that an individual might experience problems of misidentification with another individual on the terrorist watch list. Please contact Dr. Roy Fleming at 404.498.2537 or via email at rmf2@cdc.gov as soon as possible to receive information on how to transmit the information to CDC/NIOSH.

If your organization is a covered entity subject to the Health Insurance Portability and Accountability Act (HIPAA) and its Privacy Rule, 45 C.F.R. Parts 160 and 164, and you are retrieving this information from medical records, you may disclose the information specified above without the written authorization of the individual to whom the information pertains because this disclosure is required by law. 45 C.F.R. § 164.512(a). Disclosure in accordance with 45 C.F.R. § 74.53(e) or 45 C.F.R. § 92.42(e) is a disclosure "required by law" as those terms are defined in the Privacy Rule, 45 C.F.R. § 164.103, because the production of this information is required by these regulations. While you are not *required* to seek written authorization from individuals receiving services in the current Program in order to disclose this information to CDC/NIOSH, if you should choose to notify the individuals that this information is being provided, please use the enclosed model notification letter.

If you have further questions, please contact Dr. Fleming. Thank you for your prompt consideration.

Sincerely,

John Howard
Director

Enclosure

³ See Section 3311(a)(5) and Section 3321(a)(4) of the Act.

MODEL NOTIFICATION LETTER

Dear [Currently identified responder or survivor]:

As you may be aware, on January 2, 2011, the President signed the James Zadroga 9/11 Health and Compensation Act of 2010, P.L. 111-347, (the Act) establishing the World Trade Center Health Program (WTCHP). As of July 1, 2011, the WTC Health Program will replace the present Medical Monitoring and Treatment Program (MMTP) and the Environmental Health Center (EHC) Program.

The Director of the National Institute for Occupational Safety and Health (NIOSH) in the Centers for Disease Control and Prevention (CDC) has been designated as the WTC Program Administrator for the WTC Health Program. We are working with CDC/NIOSH and the WTCHP to make every effort to ensure the successful transition from the present WTC MMTP and EHC Program to the WTCHP.

In order to facilitate your enrollment in the new WTCHP, CDC/NIOSH has requested that we provide it certain personally-identifying information from your files. We plan to supply the following information: 1. Full Name (last, first, and middle names); 2. Complete Address (street name and number, city, state, and zip code); 3. Phone Number(s); 4. Date of Birth; 5. Gender; 6. Place of Birth (birth city and state or country); and 7. Government ID number (e.g., driver's license number).

The Act also requires the WTC Program Administrator to determine whether a WTC responder or survivor is on the terrorist watch list prior to his or her enrollment or certification (in the case of survivors) in the WTCHP.¹ Although neither we nor CDC/NIOSH anticipate the name of any individual in the current Programs will be on the list, CDC/NIOSH is expressly required by law to implement this particular requirement of the Act.

Thank you for your understanding. We look forward to working with you and ensuring that you continue to receive uninterrupted services under the new WTC Health Program.

Sincerely,

¹ Section 3311(a)(5) and Section 3321(a)(4) of the Act