



Highlights of [GAO-07-892](#), a report to congressional requesters

SEPTEMBER 11

HHS Needs to Ensure the Availability of Health Screening and Monitoring for All Responders

Why GAO Did This Study

Responders to the World Trade Center (WTC) attack were exposed to many hazards, and concerns remain about long-term health effects of the disaster and the availability of health care services for those affected. In 2006, GAO reported on problems with the Department of Health and Human Services' (HHS) WTC Federal Responder Screening Program and on the Centers for Disease Control and Prevention's (CDC) distribution of treatment funding.

GAO was asked to update its 2006 testimony. GAO assessed the status of (1) services provided by the WTC Federal Responder Screening Program, (2) efforts by CDC's National Institute for Occupational Safety and Health (NIOSH) to provide services for nonfederal responders residing outside the New York City (NYC) area, and (3) NIOSH's awards to grantees for treatment services and efforts to estimate service costs. GAO reviewed program documents and interviewed HHS officials, grantees, and others.

What GAO Recommends

GAO recommends that the Secretary of HHS expeditiously ensure that screening and monitoring services are available for (1) federal responders and (2) nonfederal responders residing outside the NYC area. In its comments on a draft of GAO's report, HHS said that the report was generally accurate. HHS did not comment on GAO's recommendations. www.gao.gov/cgi-bin/getrpt?GAO-07-892.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia Bascetta at (202) 512-7114 or bascettac@gao.gov.

What GAO Found

HHS's WTC Federal Responder Screening Program has had difficulties ensuring the uninterrupted availability of services for federal responders. From January 2007 to May 2007, the program stopped scheduling screening examinations because there was a change in the administration of the WTC Federal Responder Screening Program, and certain interagency agreements were not established in a timely way to keep the program fully operational. In April 2006 the program also stopped scheduling and paying for specialty diagnostic services because a contract with the program's new provider network did not cover these services. Almost a year later, the contract was modified, and the program resumed scheduling and paying for these services in March 2007. NIOSH is considering expanding the WTC Federal Responder Screening Program to include monitoring—follow-up physical and mental health examinations—and is assessing options for funding and service delivery. If federal responders do not receive monitoring, health conditions that arise later may not be diagnosed and treated, and knowledge of the health effects of the WTC disaster may be incomplete.

NIOSH has not ensured the availability of screening and monitoring services for nonfederal responders residing outside the NYC area, although it recently took steps toward expanding the availability of these services. In late 2002, NIOSH arranged for a network of occupational health clinics to provide screening services. This effort ended in July 2004, and until June 2005, NIOSH did not fund screening or monitoring services for nonfederal responders outside the NYC area. In June 2005, NIOSH funded the Mount Sinai School of Medicine Data and Coordination Center (DCC) to provide screening and monitoring services; however, DCC had difficulty establishing a nationwide network of providers and contracted with only 10 clinics in 7 states. In 2006, NIOSH began to explore other options for providing these services, and in May 2007, it took steps toward expanding the provider network. However, these efforts are incomplete.

NIOSH has awarded treatment funds to four NYC-area programs, but does not have a reliable cost estimate of serving responders. In fall 2006, NIOSH awarded \$44 million for outpatient treatment and set aside \$7 million for hospital care. The New York/New Jersey WTC Consortium and the New York City Fire Department WTC program, which received the largest awards, used NIOSH's funding to continue outpatient services, offer full coverage for prescriptions, and cover hospital care. Program officials expect that NIOSH's outpatient treatment awards will be spent by the end of fiscal year 2007. NIOSH lacks a reliable estimate of service costs because the estimate that NIOSH and its grantees developed included potential costs for certain program changes that may not be implemented, and in the absence of actual treatment cost data, they relied on questionable assumptions. It is unclear whether the estimate overstates or understates the cost of serving responders. To improve future cost estimates, HHS officials have required the two largest grantees to report detailed cost data.