Countermeasures Injury Compensation Program (CICP)

Overview

The Countermeasures Injury Compensation Program (CICP) is a Federal program that provides benefits to individuals who are seriously injured as a result of the administration or use of a covered countermeasure. CICP also provides death benefits to certain survivors if death directly resulted from receipt of a covered countermeasure. Covered countermeasures may include vaccines, antivirals, drugs, biologics, or medical devices used to prevent, treat, or diagnose an illness that the Secretary of the United States Department of Health and Human Services (the Secretary) declares to be an actual or potential public health emergency. Examples of currently covered countermeasures are pandemic influenza vaccines including the 2009 pandemic H1N1 influenza vaccine, antivirals (e.g., Tamiflu®, Relenza®, peramivir), ventilation assistance devices (e.g., mechanical ventilators), and respiratory protection devices (e.g., N-95 masks) used to treat, diagnose or prevent pandemic influenza. In addition, countermeasures, including vaccines, used to diagnose, treat or prevent smallpox, anthrax, botulism, and acute radiation syndrome are currently covered. Adverse events during pre-licensure testing may be covered as well.

This Program was established by the Public Readiness and Emergency Preparedness Act of 2005 (PREP Act), 42 U.S.C. § 247d-6e. The PREP Act also confers broad liability protections covering the manufacture, testing, development, distribution, or use of the designated covered countermeasure.

Filing Deadline and Application and Review Process

Individuals have one (1) year from the date the vaccine or other covered countermeasure was administered or used to request compensation benefits. If their injury is added to a Countermeasures Injury Table, then they may also have one year from the effective date of the Table addition to file. To file a claim, individuals must submit a Request for Benefits Form and the Authorization for Use or Disclosure of Health Information Form to request medical records from each health care provider who treated the injured person. In addition, medical records from one year before the injury to the present time must be submitted. Health care providers should send medical records directly to the Program. All documents should be sent to:

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, Room 11C-26
Rockville, MD 20857

After an individual has submitted a complete Request for Benefits package, CICP medical staff reviews it to determine if the individual is eligible for compensation. An individual may be eligible for compensation if compelling, reliable, valid, medical and scientific evidence exists demonstrating that the injury for which compensation is sought was caused by the administration or use of a covered countermeasure and no other more likely cause of the injury is found. If an individual is found eligible for compensation, the type and amount of benefits are determined by the Program. If an individual is not eligible for compensation, he/she may request the Associate Administrator of the Healthcare Systems Bureau, HRSA, to reconsider the Program’s decision. The Associate Administrator will convene an independent panel to review the Program’s decision, make its own findings, and make a recommendation. The Associate Administrator will review this recommendation and make a final decision.
Appendix D

Benefits Available

Eligible individuals may be compensated for reasonable and necessary unreimbursable medical expenses and for lost employment income at the time of the injury. Death benefits may be paid to certain survivors of covered countermeasures recipients who have died as a direct result of the covered countermeasure injury. The U.S. Department of Health and Human Services is the payer of last resort. Therefore, payments are reduced by those of other third party payers.

Contact Information
Website: http://www.hrsa.gov/cicp/
E-mail: CICP@hrsa.gov
Phone: 1-855-266-CICP (2427)

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