

From: udasin@eohsi.rutgers.edu
To: [NIOSH Docket Office \(CDC\)](#)
Cc: [Chen, Jihong \(Jane\) \(CDC/NIOSH/EID\) \(CTR\)](#)
Subject: 226 - Implementation of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L 111-347)
Comments
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Name

Iris G. Udasin M.D.

Organization

EOHSI/ UMDNJ

Email

udasin@eohsi.rutgers.edu

Address

170 Frelinghuysen Road
Piscataway, New Jersey 08854
USA

Comments

As a Center of Excellence, the Environmental and Occupational Health Sciences Institute (EOHSI) /UMDNJ clinic strives to provide a combination of direct patient care and surveillance for the responder population. The WTC responders seen in the clinical center(s) represent individuals who continue to perform in high risk, safety sensitive positions. In addition to the physical hazards inherent in their daily jobs, these individuals have been exposed to a mixture of toxic substances. The EOHSI clinic utilizes the expertise of board certified occupational medicine physicians and nurses, and other specialists to provide comprehensive disease surveillance and treatment along with research activities including analyses of data, identification of health trends, and medication usage. This enables us to prevent or lessen the severity of their clinical illness.

A cooperative agreement would best enable the clinic to accomplish these goals by providing reimbursement of patient care costs based on a schedule assigned by NIOSH without the overhead costs associated with a contract. The use of a contract would have the effect of reducing the amount of funding available for patient care by approximately 22%. A cooperative agreement makes more efficient use of funds not only for direct patient care, but also for services such as patient education, outreach, benefits counseling, case management, advocacy, coordination of pharmacy benefits, consortium meetings, etc.

Another major concern is the mental health fee scale under FECA which may not offer sufficient reimbursement for specialists who currently provide care to our responders. It would be detrimental at this time to interrupt the continuity of care with current providers and to pose barriers to mental health care by restricting the number of mental health specialists available for treatment. Current providers are experienced in the treatment of post traumatic stress disorders (PTSD) and other trauma related mental health conditions.

“No-shows” are a concern as we frequently have patients who are called for emergency police work and have other emergencies; some weeks, this “no-show” rate can approach 30%. Visits which are 3-4 hours in length

are costly to a clinic when appointment(s) are unfilled. There is currently no reimbursement for this.

The coordination of monitoring and treatment benefits under subtitle B with routine medical care provided for the treatment of conditions other than WTC-related health conditions is ambiguous and could adversely impact patient care. Since our clinic does not provide primary care to the responders, there may be insufficient information regarding this treatment and/or there may be inaccurate information regarding treatment including prescription medications. This needs clarification.