

Summary of the 9/11 Responder and Survivor Health Funding Correction Act of 2023

The World Trade Center Health Program (WTCHP) provides medical treatment and monitoring for over 122,000 9/11 responders and survivors from the World Trade Center and lower Manhattan, the Pentagon, and the Shanksville crash site, who live in every State and 434 out of 435 Congressional Districts.

The WTCHP was created by Congress in 2010 and was reauthorized in 2015 until 2090. Costs for the program and increases in participation by injured 9/11 responders and survivors have increased beyond what was projected in the 2015 extension and because of those increased costs, the program now faces a projected funding shortfall.

Although there was a provision in the end of the year Omnibus package that provided billion dollars to the program, it was not enough to fill the impending deficit over the next ten years and it did not fix the funding formula for subsequent years. Also, it did not fix the issue of some Pentagon and Shanksville responders being denied coverage.

While the Omnibus provisions have delayed threatened cuts to the program, if current projected costs continue, the program will still have to stop enrolling new responders and survivors starting October 2028, and make additional cuts to services to 9/11 responders and survivors at that time. The program has told us if the financial picture doesn't change, they would make this announcement in October 2027.

Without additional action, the World Trade Center Health Program will not have enough funds to provide care for those still suffering the physical and mental impact of 9/11. This includes the responders and survivors who will be newly diagnosed with 9/11-associated cancers caused by their toxic exposures.

This legislation is needed to ensure that the slogan that we will never forget 9/11 is a reality and that 9/11 responders and survivors will continue to get the care that they need and deserve.

- This legislation would address the projected funding shortfall and some statutory issues.
- The original statute in 2010 has been interpreted by HHS to deny 9/11 responders at the Pentagon and Shanksville who were active-duty DOD military or civilians, along with other Federal employees, from being included in the World Trade Center Health Program. This legislation would correct that.
- This legislation would correct four minor issues in the text of the initial law regarding flexibility in certain program positions, certifications in the program, credentialing providers, and calculating enrollment and time requirements for processing new conditions.

Section-by-Section of Draft Legislation

Section 1: Short Title: "9/11 Responder and Survivor Health Funding Correction Act of 2023."

Section 2: Department of Defense, Armed Forces and other Federal Workers Responders to September 11th, Attacks at the Pentagon, and Shanksville, Pennsylvania.

The original statute passed in 2010 has been interpreted by HHS to deny responders who were 9/11 responders at the Pentagon and Shanksville who were active-duty DOD military or civilians as well as other Federal employees from being included in the World Trade Center Health Program. This provision would correct that.

Section 3: Flexibility for Certifications under the World Trade Center Health Program.

The current statute has a requirement that certification of conditions must be made by a “physician.” This provision would change that to a “licensed health care provider” to give the program more flexibility in administering the certification requirements.

Section 4: Criteria for Credentialing Health Care Providers Participating in the Nationwide Network.

This provision corrects a mistake from the original law that directed the data centers to credential themselves. This change would allow the Program Administrator to be responsible for credentialing providers, which is more appropriate.

Section 5: Clarifying Calculations of Enrollment.

There is an omission in the 2010 statute that prevents the Program Administrator from removing deceased members from the enrollment count. This provision would provide for that.

Section 6: Time Period for Adding Health Conditions.

Currently the time period under the original statute for the process of adding conditions is 90 days which has created an expectation that cannot be met. Moving to 180-day requirement is more in line with similar rule making process timetables.

Section 7: Funding for the World Trade Center Health Program.

This section would ensure that there is adequate funding for the World Trade Center Health Program to deal with the projected funding shortfall.

1. Creates a new fund with \$1,784,358,336 dollars available to the program over the next ten years for operations making up the projected deficit of \$1,694,358,336 to the program avoiding threatened cutbacks and providing \$90 million in additional funding for data center operations and program research.
2. Creates a Pentagon/Shanksville Fund with \$257,000,000 dollars for the cost of covering up to 500 additional Pentagon and Shanksville responders who are currently excluded from joining the program.

3. Allowed funding for research would be increased from \$15 million to \$20 million dollars a year and data center operations funding would increase from \$15 million to \$20 million a year.
4. Starting in Fiscal Year 2034, when the new fund expired, it would create a new funding formula going forward to fund all program operations.