

Summary of S. 4724/H.R. 9101, 9/11 Responder and Survivor Health Funding Correction Act of 2024

Senator Kirsten Gillibrand (D-NY) and Representative Andrew Garbarino (R-NY-2)

Background

The World Trade Center Health Program (WTCHP) provides medical treatment and monitoring for over [132,000](#) responders and survivors from the World Trade Center and lower Manhattan, the Pentagon, and 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 with authorization expiring in 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. Due to these increased costs, the program now faces a projected funding shortfall.

The FY24 National Defense Authorization Act (NDAA) included a provision totaling \$676 million for the WTCHP of which \$444 million addressed the funding shortfall. The other \$232 million was for a Pentagon/Shanksville fund to allow unintentionally excluded active duty and civilian DoD first responders at the Pentagon and Shanksville, Pennsylvania sites to join the WTCHP.

Without additional action, the WTCHP will have to start making cuts to services for the injured and ill 9/11 responders and survivors it serves starting in 2028. This includes the responders and survivors who will be newly diagnosed with 9/11-associated cancers caused by their toxic exposures.

Starting in 2028 the program would have to start turning away new responders and survivors who become sick from 9/11 conditions and in subsequent years start to make direct cuts in services for those in the program receiving care.

The bill would also provide for an increase of funding for surveillance capabilities and research on 9/11 conditions such as early dementia that was [recently reported on in a study](#) as potentially impacting 9/11 responders and other potential conditions caused by the toxins at Ground Zero.

This legislation is needed to ensure that the slogan “*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.

If this is passed into law would be the last funding amendment necessary to ensure the medical treatment and monitoring for all of those affected by the attacks on 9/11 are provided for. This legislation is fully paid for.

Senate Cosponsors: Schumer (D-NY), Casey (D-PA), Warner (D-VA), Kaine (D-VA), Braun (R-IN)

House Cosponsors: Bowman (D-NY), Clarke (D-NY), Fitzpatrick (R-PA), Kean (R-NJ), Kennedy (D-NY), LaLota (R-NY), Langworthy (R-NY), Lawler (R-NY), Malliotakis (R-NY), Meeks (D-NY), Meng (D-NY), Molinaro (R-NY), Morelle (D-NY), Ocasio-Cortez (D-NY),

Ryan (D-NY), Stefanik (R-NY), Suozzi (D-NY), Tenney (R-NY), Tonko (D-NY), Torres (D-NY), Velasquez (D-NY), Williams (R-NY), Nadler (D-NY), D’Esposito (R-NY), and Goldman (D-NY)

Summary of the 2024 updates:

1. Provides funding to prevent cuts in services and deal with program deficit over the next ten years.
2. Fixes funding formula after FY2034 to ensure adequate funding in the future for life of program till it expires in 2090.
3. Increases funding for research and data collection 9/11 conditions.
4. Makes certain technical corrections to the current statute.

Section-by-Section

Section 1. Short Title

Provides the short title of the bill as the “9/11 Responder and Survivor Health Funding Correction Act of 2024.”

Section 2. Flexibility for Mental Health Condition Certifications under the World Trade Center Health Program

Authorizes licensed mental health care providers to conduct initial health evaluations of mental health conditions for responders and survivors and through the nationwide network in the same manner as licensed physicians.

Section 3. Criteria for Credentialing Health Care Providers Participating in the Nationwide Network

Reassigns the responsibility to the Administrator for setting the criteria for credentialing and selecting providers for the nationwide network from the Data Centers.

Section 4. Clarifying Calculation of Enrollment

Clarifies that individuals known to the Administrator to be deceased shall not be included in the count of program enrollees or certified-eligible survivors for the purposes of the numerical limit of enrolled WTC responders or certified-eligible survivors, or the funding adjustment.

Section 5. Time Period for Adding Health Conditions to List for WTC Responders

Changes the time limit for the Administrator to respond to a petition to add a condition to the list of covered health conditions for responders from 90 days to 180 days. This section of the bill would also change the time limit for the Administrator to publish a proposed rule or determination not to propose a rule from 90 to 180 days.

Section 6. Funding for the World Trade Center Health Program

Limits the adjustment to WTCHP funding based on the consumer price index for all urban consumers (CPI-U) to FYs 2026 through 2034; then, for FYs 2035 through 2090, creates a new formula to calculate the amount of federal funding.

Section 7. Offset

Extends the FY2032 sequestration of Medicare benefits by two months (i.e., the sequestration of Medicare benefits would go through December 31, 2032, under the bill language).