

MEMORANDUM

March 3, 2025

To: Honorable Kirsten Gillibrand
Attention: Claire Descamps

From: Scott D. Szymendera, Analyst in Disability Policy, sszymendera@crs.loc.gov, 7-0014

Subject: **Section-by-Section Summary of the 9/11 Responder and Survivor Health Funding Correction Act of 2025**

This memorandum is in response to your request of the Congressional Research Service (CRS) for a section-by-section summary of the 9/11 Responder and Survivor Health Funding Correction Act of 2025. Information in this memorandum is based on the draft legislative text provided by your office to CRS on February 25, 2025 (filename BON24431 TCH).

If you have any questions about the material presented in this memorandum or would like any additional information, please contact me by phone at x7-0014 or email at sszymendera@crs.loc.gov.

Section 1. Short Title

Section 1 of the bill provides the short title of the bill as the “9/11 Responder and Survivor Health Funding Correction Act of 2024.”¹

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

Section 2(a) of the bill would amend Section 3305(a) of the Public Health Service Act [PHSA; 42 U.S.C. §300mm-4(a)] to authorize licensed mental health care providers in categories of providers established by the World Trade Center Health Program (WTCHP) Administrator (the Administrator) to conduct initial health evaluations of mental health conditions for responders and survivors, including evaluations made through the nationwide network, in the same manner as licensed physicians. This section would also require the Administrator, within 180 days of enactment of the legislation, to establish through regulation, categories of licensed mental health care providers that are authorized to conduct such health evaluations and make determinations of mental health conditions.

¹ Likely intended to read “9/11 Responder and Survivor Health Funding Correction Act of 2025.”

Sections 2(b)(1) and (2) of the bill would amend PHSA Section 3312(b) [42 U.S.C. §300mm-22(b)] to authorize a “qualified mental health provider” (later defined as a licensed mental health provider in a category established by the Administrator pursuant to Section 2(a) of the bill) at a Clinical Center of Excellence to make a determination that an enrolled responder has a WTC-related mental health condition on the list of conditions provided in PHSA Section 3312(a)(3) or a condition not on the list of conditions but that is medically-associated with such a condition in the same manner as a physician and to transmit such determination to the Administrator in the same manner as a physician.

Section 2(b)(2) of the bill would amend PHSA Section 3312(b)(2)(B) to extend the procedures established for the review and certification of physician determinations for medically-associated conditions to the review and certification of determinations made by qualified mental health providers. For mental health conditions, the requirement that these procedures include a review by a panel of physicians would be extended to include a review by a panel of physicians or qualified mental health providers.

Section 2(b)(3) of the bill would amend PHSA Section 3312(b)(3) to extend the right of the Administrator to establish a procedure to approve the provision of medical treatment in cases in which a determination has been made by a physician but has not yet been certified by the Administrator to cases of mental health conditions in which a determination has been made by a qualified mental health provider but that have not yet been certified by the Administrator.

Section 2(b)(4) of the bill would amend PHSA Section 3312(b) to define for the purposes of subsection (b) the term “qualified mental health provider” to mean a licensed mental health provider in a category established by the Administrator pursuant to Section 2(a) of the bill.

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

Section 3 of the bill would amend PHSA Sections 3305(a)(2) and 3313(b)(1) [42 U.S.C. §§300mm-4(a)(2) and 300mm-23(b)(1)] to reassign the responsibility for setting the criteria for credentialing and selecting providers for the nationwide network from the Data Centers to the Administrator.

Section 4. Clarifying Calculation of Enrollment

Section 4 of the bill would amend PHSA Sections 3311(a) and 3321(a) [42 U.S.C. §§300mm-21(a) and 300mm-31(a)] to clarify 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 provided in PHSA Section 3351 [42 U.S.C. §300mm-61].

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

Section 5 of the bill would amend PHSA Section 3312(a)(6) [42 U.S.C. §300mm-22(a)(6)] to change 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, from 90 to 180 days, the time limit for the Administrator to publish a proposed rule or determination not to propose a rule after a recommendation by the Advisory Committee with respect to the addition of a condition to the list of covered health conditions for responders.

Section 6. Funding for the World Trade Center Health Program

Section 6(a)(1) of the bill would amend PHSA Section 3351 [42 U.S.C. §300mm-61] to replace the adjustment to WTCHP funding based on the consumer price index for all urban consumers (CPI-U) for FYs 2026 through 2090 with the following new formula to calculate the amount of federal funding for those fiscal years:

- the amount for the previous fiscal year; multiplied by
- 1.07; multiplied by
- the ratio of the total number of individuals enrolled in the WTCHP on July 1 of such previous fiscal year to the total number of individuals so enrolled on July 1 of the fiscal year prior to such previous fiscal year.

Section 6(a)(2)(A) of the bill would change the limits for spending on “uniform data collection,” provided at PHSA Section 3351(c)(4), to the following:

- for FY2025, the amount determined for that fiscal year, under procedures in effect the day before the enactment of this bill; and
- for FY2026, the greater of the amount determined for that fiscal year, under procedures in effect the day before the enactment of this bill, or the amount expended for the previous fiscal year increased by 25%; and
- for fiscal years after FY2026, the amount expended for the previous fiscal year increased by the percentage increase in the CPI-U for the 12-month period ending with March of the previous year.

Section 6(a)(2)(B) of the bill would change the limits for spending on “research regarding certain health conditions,” provided at PHSA Section 3351(c)(5), to the following:

- for FY2025, the amount determined for that fiscal year, under procedures in effect the day before the enactment of this bill; and
- for FY2026, the greater of the amount determined for that fiscal year under procedures in effect the day before the enactment of this bill, or the amount expended for the previous fiscal year increased by 25%; and
- for fiscal years after FY2026, the amount expended for the previous fiscal year increased by the percentage increase in the CPI-U for the 12-month period ending with March of the previous year.

Section 6(b) of the bill would make technical amendments to the provisions regarding the return of funds from the Supplemental Fund, Special Fund, and Pentagon/Shanksville Fund under PHSA Sections 3352(d), 3353(d), and 3354(d) [42 U.S.C. §§300mm-62(d), 300mm-63(d), and 300mm-64(d)]. Under current law, any amounts that remain in these funds on September 30, 2032 are to be deposited into the Treasury as miscellaneous receipts. Section 6(b) of the bill would amend these PHSA sections to require that any amounts remaining in these funds revert to the Treasury in accordance with Title 31, Section 1552, of the *U.S. Code*.²

² Title 31, Section 1552, of the *U.S. Code* provides that (a) “On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balance (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for (continued...)”

Section 7. Report to Congress

Section 7 of the bill would require, within three years of enactment of the legislation, the Secretary of Health and Human Services to assess the anticipated budget authority and outlays of the WTCHP through the program's duration and provide a report summarizing this assessment to the following:

- the Speaker and Minority Leader of the House of Representatives;
- the Majority and Minority Leaders of the Senate;
- the Senate Committees on Health, Education, Labor, and Pensions and the Budget; and
- the House Committees on Energy and Commerce and the Budget.

The report to Congress would be required to include the following:

- a projection of WTCHP budgetary needs per fiscal year through FY2090;
- a review of WTCHP modeling for each of FYs 2017 through the fiscal year prior to the fiscal year in which the report is issued to compare anticipated budgetary needs with actual expenditures;
- an assessment of the projected budget authority and expenditures of the WTCHP through FY2090; and
- any recommendations of the Secretary of Health and Human Services to make changes to the WTCHP federal funding formula to fully offset anticipated program expenditures through FY2090.

any purpose;" and (b) "Collections authorized or required to be credited to an appropriation account, but not received before closing of the account under subsection (a) or under section 1555 of this title [31 U.S.C. §1552] shall be deposited in the Treasury as miscellaneous receipts."
