



DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, DC 20227

October 23, 2020

Richard Redfield, M.D.
Director, Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Dr. Redfield:

Thank you for your letter dated October 23, 2020, requesting an exemption from the administrative offset provisions of the Debt Collection Improvement Act of 1996 (“DCIA”). In the request, you asked that all World Trade Center (“WTC”) Health Program payments be exempted from centralized administrative offset.

I hereby grant your request to exempt WTC Health Program payments from centralized administrative offset. Whether these payments are disbursed by the Department of the Treasury or a non-Treasury disbursed agency, such as the Department of Health and Human Service’s Centers for Medicare & Medicaid Services, these payments will no longer be subject to centralized administrative offset.

The DCIA permits the Secretary of the Treasury, upon request from an agency, to exempt payments from offset when offset “would tend to interfere substantially with or defeat the purposes of the payment certifying agency’s program.” *See* 31 U.S.C. § 3716(c)(3)(B). That authority was delegated to the Commissioner of the Bureau of the Fiscal Service in Treasury Directive 16-14, dated January 9, 2014. The standards (“Standards”) under which I must evaluate this request are in I TFM 3-6200.¹

As you explained in your request, under the James Zadroga 9/11 Health and Compensation Act of 2010, the WTC payments are intended to provide medical monitoring and treatment to responders and survivors of the September 11, 2001 terrorist attacks. Some of these payments (“Category 1 Payments”) support healthcare-related infrastructure and other payments (“Category 2 Payments”) provide for direct healthcare services. Regarding both Category 1 and Category 2 Payments, offset would tend to interfere substantially with, among other things, the ability to hire necessary personnel needed to provide medically necessary treatment and the ability to secure the necessary clinical space to serve the intended beneficiaries. Moreover, with regard to Category 2 Payments, many of these payments are for care that is ongoing; if these payments were to be offset, the impacted individuals may not be able to receive continued care. As such, offset of both Category 1 and 2 Payments would tend to interfere substantially with the purpose of the program.

¹ The TFM chapter is available at <https://fm.fiscal.treasury.gov/v1/p3/c620.pdf>.

Additionally, both Category 1 and 2 Payments are earmarked for the specific purpose of providing health care services, including expenses ancillary to those services.

Lastly, offset of these payments would tend to interfere substantially with an important national interest, in that Congress mandated that these funds be available to provide medically necessary care to those suffering from serious conditions related to their 9/11 exposure. Offset would interfere with the national interest of making right those harmed through no fault of their own.

Please contact Mr. Horace Tate of the Treasury Offset Division at 202-874-7081 to discuss the technical details related to bypassing the offset. We look forward to working with you.

Sincerely,



Timothy E. Gribben
Commissioner

cc: David A. Lebryk
Fiscal Assistant Secretary
U.S. Department of the Treasury