

**Summary of “9/11 Responder and Survivor Health Funding Correction Act.”**

**S.2683 /H.R.4965**

**Impending World Trade Center Health Program Fund Shortfall**

The World Trade Center Health Program (WTCHP) provides medical treatment and monitoring for over 110,000 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 until 2090. However, the reauthorization imposed yearly spending caps tied to inflation. Medical inflation has increased faster than regular inflation and therefore, the program faces a projected funding shortfall starting in 2025.

Soon 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.

As the Nation observes the 20<sup>th</sup> Anniversary of the 9/11 attacks, 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 funding shortfalls and some statutory issues.

**Bill Summary:**

**Section 1:** Short Title “9/11 Responder and Survivor Health Funding Correction Act.”

**Section 2:** 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” in order to give the program more flexibility in administering the certification requirements.

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

This provision corrects a mistake from the original bill 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 4:** Clarifying calculations of Enrollment.

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

### **Section 5: Funding for the World Trade Center Program.**

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

It would authorize and put in statute the funding levels for the next ten years and then create a revised funding formula that would provide adequate funding in the years after.

Funding for Research would also be increased from \$15 million to \$20 million dollars a year.

Data Center Operations would increase from \$15 million to \$20 million a year.

Outreach activities from \$750,000 to \$2 million a year.

### **Section 6. Authorize a research cohort for emerging health impacts on youth.**

Among the approximately 360,000 World Trade Center survivors were more than 35,000 people who were children at the time of the attack and the aftermath who resided or attended school or daycare in the NYC disaster area.

Children were extremely vulnerable to harm from both toxic exposures and psychological trauma and there are continuing reports of severe health impacts to this population now that they are adults. However, the program is not authorized to conduct research on this population in order to study the impact the toxins at Ground Zero have had on them.

The bill would authorize the spending of funds by the World Trade Center Health Program to develop a cohort to be able to study the impact of the toxins and the attacks on emerging youth's health.