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Subject: **The World Trade Center Health Program (WTCHP): Background; Selected Program Statistics; Funding History; and Section-by-Section Summary of Current Law**

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

This memorandum was prepared to enable distribution to more than one congressional office.

This memorandum provides information about the World Trade Center Health Program (WTCHP), administered by the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services (HHS). Specifically, this memorandum presents background information, selected program statistics, and a funding history. A section-by-section summary of current law, as amended by the National Defense Authorization Act for Fiscal Year 2024 (P.L. 118-31), is presented in **Appendix I**.

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.

Background

Original Program

The September 11, 2001, terrorist attacks resulted in nearly 3,000 deaths at the World Trade Center (WTC) in New York City (NYC), the Pentagon, and at the site of an aircraft crash in Shanksville, Pennsylvania. Rescue, recovery, and cleanup operations took more than a year and involved thousands of workers.

Eleven days after the attacks, Congress established the September 11th Victim Compensation Fund (VCF, P.L. 107-42, Title IV) to compensate families of those who died in the attacks, and survivors who suffered disabling injuries during or in the immediate aftermath of the attacks.

Over time it became apparent that some people who worked on rescue, recovery, or cleanup at the WTC site, or who lived or worked near the site, had become ill, possibly as a result of exposure to toxins and other hazards in the aftermath of the attack.[1] Congress provided appropriations to furnish health care services for rescue, recovery, and cleanup workers, and others, through the World Trade Center Medical Monitoring and Treatment Program (MMTP) administered by NIOSH. While not explicitly authorized in

[1] See for example. SM Levin, R Herbert, JM Moline, et al., "Physical Health Status of World Trade Center Rescue and Recovery Workers and Volunteers–New York City, July 2002–August 2004," *Morbidity and Mortality Weekly Report*, vol. 53, no.35, pp. 807-812, September 10, 2004, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5335a1.htm.

law, the MMTP received discretionary appropriations to pay for medical screening, monitoring, and treatment services for eligible paid workers and volunteers who were involved in the rescue, recovery, and cleanup activities following the attack (referred to as "responders"), and more limited services for some residents and others in the vicinity of the WTC during and after the attack (referred to as "community members"). Services were furnished through a limited network of providers. From FY2001 through FY2010, approximately $475 million in federal funds was made available for screening, monitoring, and treating WTC responders and community members for illnesses and conditions related to the attack on the WTC.[2]

Legislation

James Zadroga 9/11 Health and Compensation Act (P.L. 111-347)

In January 2011, Congress passed the James Zadroga 9/11 Health and Compensation Act (Zadroga Act, P.L. 111-347). It replaced the MMTP with the World Trade Center Health Program (WTCHP), creating a new Title XXXIII of the Public Health Service Act (PHSA). Through a mandatory funding mechanism, the WTCHP Fund, the program pays for health services for responders to any of the three crash sites, as well as for residents and others in the vicinity of the WTC site (called "survivors" in the Zadroga Act), for health conditions related to exposures from the attacks and response. The Zadroga Act also reopened the VCF to provide compensation for lost wages, other economic losses, and non-economic losses experienced by these responders and survivors.

James Zadroga 9/11 Health and Compensation Reauthorization Act (P.L. 114-113, Title III)

Congress reauthorized the WTCHP in December 2015, in the James Zadroga 9/11 Health and Compensation Reauthorization Act (Zadroga Reauthorization Act, P.L. 114-113, Title III), extending the program's authority through FY2090. Title IV of the Zadroga Reauthorization Act also reauthorized the VCF through FY2020. In addition, the Zadroga Reauthorization Act exempted the WTCHP and VCF Funds from sequestration under the Balanced Budget and Emergency Deficit Control Act of 1985.

Consolidated Appropriations Act, 2023 (P.L. 117-328, Division FF, Title VII)

Title VII of Division FF of the Consolidated Appropriations Act, 2023 (P.L. 117-328) established the WTCHP Supplemental Fund, appropriating $1 billion to the fund for FY2023 to remain available through FY2032. Title VII also expanded the type of research conducted regarding certain health conditions related to the September 11, 2001 terrorist attacks to include research on individuals who were exposed in a geographic area related to the attacks in a manner similar to WTC responders and survivors covered by the WTCHP. In addition, this legislation established a requirement to research the health and educational impacts of exposure to hazardous or adverse conditions resulting from the attacks on individuals who were exposed when they were 21 years of age or younger.

[2] Calculated by CRS from information provided by the Centers for Disease Control and Prevention (CDC), Washington Office. Additional information on the MMTP can be found in Government Accountability Office, *World Trade Center Health Program: Potential Effects of Implementation Options*, GAO-11-735R, August 4, 2011.

National Defense Authorization Act for Fiscal Year 2024 (NDAA, P.L. 118-31, Title XVIII, Subtitle D)

Subtitle D of Title XVIII of the National Defense Authorization Act for Fiscal Year 2024 (FY2024 NDAA, P.L. 118-31) expanded eligibility for the WTCHP to federal employees, federal contractors, and regular and reserve members of the uniformed services who performed rescue, recovery, demolition, debris cleanup or other related services at the Pentagon and Shanksville, PA, aircraft crash sites in the aftermath of the September 11, 2001, terrorist attacks.[3] This provision limits the total number of responders in these categories that may be enrolled in the WTCHP to 500 at any given time.

The WTCHP provisions in the FY2024 NDAA also created two additional funds to pay program expenses. The World Trade Center Health Program Special Fund (Special Fund) is financed with a one-time appropriation of $444 million for FY2024, with these funds available for WTCHP program expenses through FY2033. The World Trade Center Health Program Fund for Certain WTC Responders at the Pentagon and Shanksville, Pennsylvania (Pentagon/Shanksville Fund) is financed with a one-time appropriation of $232 million for FY2024, with these funds available through FY2033. The Pentagon/Shanksville Fund may only be used to pay for treatment of Pentagon and Shanksville responders made eligible by the FY2024 NDAA and no other WTCHP funds may be used to pay for treatment for these responders. Any amounts remaining in either the Special Fund or the Pentagon/Shanksville Fund at the end of FY2033 will be returned to the Treasury.

Major Provisions of the WTCHP

The WTCHP includes the following major provisions:

- administration of most program functions by the Director of NIOSH, referred to as the WTCHP Administrator; [4]
- medical services for responders and survivors, including (1) periodic medical monitoring for responders; (2) initial health evaluation for survivors and medical monitoring if indicated; and (3) medically necessary treatment for WTC-related health conditions, including mental health conditions, for responders and survivors;
- caps on new enrollments (responders and survivors) after enactment, and exempting of enrollees in the original MMTP from these caps;
- a network of Clinical Centers of Excellence and Data Centers to provide medical services, develop treatment protocols, and conduct research (among other activities), and a nationwide program of providers for responders and survivors who live outside the NYC area;
- a Scientific/Technical Advisory Committee, data analysis, research, outreach to eligible individuals, quality assurance, continued support for the WTC Health Registry, and other specified activities;
- lists of health conditions (one for responders and one for survivors, with most conditions in common) that may be presumed to be related to exposures after the attacks (depending on individual circumstances), and procedures for the WTC Program Administrator to list new conditions by regulation;

[3] The uniformed services include the armed forces and the commissioned corps of the National Oceanic and Atmospheric Administration (NOAA) and the Public Health Service (PHS).

[4] The HHS Centers for Medicare & Medicaid Services (CMS) disburses payments to providers as described in Chapter 5 of the WTCHP *Administrative Manual* at https://www.cdc.gov/wtc/ppm.html.

- payment for medical services provided to enrollees, less any payments available from workers' compensation, private health insurance, Medicaid, and the Children's Health Insurance Program (CHIP);[5] and
- mandatory funding, with annual federal spending caps, with caps for FY2016 through FY2025 in amounts specified in law and caps for FYs 2026 through FY2090 based on the prior fiscal year's cap increased to account for growth in the cost of living, and a 10% matching requirement for NYC.[6]

Covered Health Conditions

Current law and regulations[7] for the WTCHP require that certain criteria be met to authorize federal payment for health monitoring, diagnosis, and treatment services. In general, these criteria are as follows:

1. A determination that an individual is eligible for the program, based on presence and/or activities at specified times, in specified places (referred to as *enrollment*).
2. For diagnosis and treatment, a determination that a given health condition is, in general, considered to be caused by or related to exposure resulting from the September 11, 2001 terrorist attacks (WTC-related health condition). The law includes a list of presumed conditions, to which additions have been made by regulation.
3. A determination that the WTC-related health condition is likely to have been caused by or related to exposure resulting from the September 11, 2001 terrorist attacks in that eligible individual. At this point, the enrolled individual is *certified* to receive health services for the determined condition.
4. A determination that the diagnostic and treatment services that are proposed are medically necessary for that individual with that condition.

Initial lists of WTC-related health conditions were provided in the Zadroga Act. The list for responders, in PHSA Section 3312(a)(3) [42 U.S.C. §300mm-22(a)(3)], included specified conditions in three categories:

1. Aerodigestive disorders, including sinusitis, gastroesophageal reflux disease (GERD), and chronic obstructive pulmonary disease (COPD).
2. Mental health disorders, including post-traumatic stress disorder (PTSD), depression, and anxiety disorder.
3. Musculoskeletal disorders, including carpal tunnel syndrome (CTS) and low back pain.

The list for survivors, in PHSA Section 3322(b) [42 U.S.C. §300mm-32(b)], included the same aerodigestive and mental health conditions as the list for responders, excluding the musculoskeletal disorders category. The initial lists were drawn from working lists of conditions for which payment was provided under the MMTP.

The Zadroga Act did not include any forms of cancer on either list, but directed the Administrator to monitor the development of cancers among program registrants and periodically consider the addition of one or more types of cancer to the lists, based on a possible causal relationship with WTC exposures. In September 2012, NIOSH finalized a rule to add a number of types of cancer to the lists, specifying the

[5] The WTCHP assumes all applicable costs for Medicare beneficiaries. As of 2014, all enrollees must have health insurance coverage pursuant to the Patient Protection and Affordable Care Act.

[6] If spending caps are not met, unexpended funds may be carried forward.

[7] 42 CFR Part 88.

method used to make the determinations.[8] The Administrator noted that the strongest evidence for associating WTC exposures with specific health effects, such as specific types of cancer, is epidemiological evidence of illness among the exposed WTC responders and survivors. However, he also stated:

> Due to the long latency period between exposure and cancer diagnosis for most types of cancer, many epidemiological studies of cancer associated with particular exposures are produced years after a given exposure event. Waiting for definitive, scientifically-unassailable epidemiologic results before adding types of cancer to the List would prevent treatment of currently-enrolled WTC responders and survivors.[9]

Several additional types of cancer and some non-cancer health conditions, such as traumatic injuries (including burns and fractures), have been subsequently added to the lists through the rulemaking process.[10] At this time, the list for responders includes specified aerodigestive, mental health, and musculoskeletal conditions, as well as acute traumatic injuries and a number of types of cancer. The list for survivors includes all of the conditions listed for responders except for the musculoskeletal conditions.[11]

Selected Program Statistics

Selected WTCHP statistics from NIOSH are presented below.

Table 1. WTCHP Enrollment

As of September 30, 2023

Responders: Number and % of Total				Survivors: Number and % of Total	Total Enrollees
General	NYC Fire Department (FDNY)	Pentagon and Shanksville, PA	Total		
68,159 (53%)	17,055 (13%)	1,267 (1%)	86,481 (68%)	40,945 (32%)	127,426

Source: Prepared by CRS with data from NIOSH, "Program Statistics," https://www.cdc.gov/wtc/ataglance.html.

Notes: The WTCHP started on July 1, 2011. At that time, 56,119 Responders were "grandfathered" from previous federal activities. On September 29, 2011, 4,745 Survivors were likewise "grandfathered." New enrollments in both the Responder and Survivor programs are ongoing and include "grandfathered" enrollees.

In addition, as of September 30, 2023:[12]

- 6,578 enrollees—4,814 Responders and 1,764 Survivors—had died (from all causes, including causes not related to the September 11th terrorist attacks).
- 62% of all enrollees were between 45 and 64 years of age; 5% were younger, and 33% were older (these data do not include deceased enrollees).
- 77% of all enrollees were male, and 23% were female (these data do not include 5,551 deceased males and 1,027 deceased females).

[8] Department of Health and Human Services, "World Trade Center Health Program; Addition of Certain Types of Cancer to the List of WTC-Related Health Conditions," 77 *Federal Register* 56138, September 12, 2012.

[9] Ibid, p. 56145.

[10] See CDC, "World Trade Center Health Program, Regulations," https://www.cdc.gov/wtc/regulations2.html.

[11] The current list of conditions is on the website of the CDC at https://www.cdc.gov/wtc/conditions.html.

[12] All data taken from NIOSH, "Program Statistics," https://www.cdc.gov/wtc/ataglance.html.

- Among living enrollees, the top four health condition certification categories were: (1) aerodigestive disorders; (2) cancer; (3) mental health disorders; and (4) musculoskeletal and acute traumatic injuries. Among deceased enrollees, aerodigestive disorders and cancer were the most common certification categories.[13]
- The top 15 certified cancers among enrollees were (1) non-melanoma of skin; (2) prostate (3) breast (female); (4) lymphoma; (5) thyroid; (6) lung/bronchus; (7) kidney; (8) melanoma of skin; (9) leukemia; (10) colon; (11) bladder; (12) myeloma; (13) rectum; (14) neuroendocrine; and (15) pancreas.

Funding History

Prior to enactment of the Zadroga Act in 2010, the MMTP was administered by NIOSH using intermittent discretionary appropriations. The Zadroga Act established the WTCHP Fund as mandatory spending, subject to annual funding caps. In the 2015 Zadroga Reauthorization Act, Congress added the WTCHP Fund and the VCF Fund to the lists of programs that are exempt from sequestration under Section 255(g) of the Balanced Budget and Emergency Deficit Control Act of 1985.[14]

Table 2. World Trade Center Health Program: Federal Share Obligations

Nominal dollars in millions

FY2011[a]	FY2012	FY2013[b]	FY2014[b]	FY2015[b]	FY2016	FY2017
93.0	187.6	230.7	235.7	260.7	302.0	350.8
FY2018	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023**	**FY2024[c]**
470.1	516.6	491.4	550.5	641.5	709.9	782.2

Source: Prepared by CRS using CDC Congressional Budget Justifications, https://www.cdc.gov/budget/index.html. Amounts are based on trend analysis and are the best estimates at the time of publication, but are subject to change. Amounts may exceed funding amounts in statute due to carryover from previous years.

Notes:

a. Amount comprises $71.0 million in mandatory funding, and $22.0 million in budget authority. FY2011 is the last fiscal year for which WTC health activities used annual appropriated funds.

b. Amount reflects sequestration of mandatory funds. WTCHP funds for FY2016 and subsequent years were exempted from sequestration by the Zadroga Reauthorization Act.

c. President's budget request, submitted to Congress before the creation of the Special Fund and Pentagon/Shanksville Fund.

Since FY2017, the federal share of WTCHP obligations has exceeded annual amounts provided to the Fund. Obligations are a legally binding commitment by the federal government and will result in payments from the Treasury, immediately or in the future. Valid obligations can only be made on the basis of available budget authority. Based on CDC estimates, carryover funds from earlier years were being used to cover the balance until the Supplemental Fund was created and appropriated $1 billion in the Consolidated Appropriations Act, 2023, and the Special Fund and Pentagon/Shanksville Fund were created in the FY2024 NDAA.

[13] Individual program members may have certifications in more than one disease category.

[14] P.L. 114-113, Section 403. For additional information, see "Impact of Budget Caps and Sequestration" in CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

Appendix I. Current WTCHP Authority: Section-by-Section Summary and Amendments Proposed by the 9/11 Responder and Survivor Health Funding Correction Act of 2023 (S. 569 and H.R. 1294)

Public Health Service Act (PHSA) Sec. 3301

This section [42 U.S.C. §300mm] establishes the World Trade Center Health Program (WTCHP) within HHS to provide: (1) medical monitoring and treatment benefits to eligible emergency responders and recovery and cleanup workers (including federal employees) who responded to the terrorist attacks on September 11, 2001 (9/11); and (2) initial health evaluation, monitoring, and treatment benefits to eligible residents and other building occupants and area workers in NYC who were directly affected by such attacks. WTCHP components include:

- medical monitoring, without cost-sharing, for responders (PHSA Sec. 3311);
- initial health evaluation, without cost-sharing, for survivors (generally non-responders or members of the community, PHSA Sec. 3321);
- follow-up monitoring and treatment, without cost-sharing, and payment for responders and survivors with a WTC-related health condition (PHSA Secs. 3312, 3322, and 3323);
- outreach to potentially eligible individuals concerning benefits to which they are entitled (PHSA Sec. 3303);
- clinical data collection and analysis (PHSA Secs. 3304 and 3342); and
- research on WTC-related health conditions (PHSA Secs. 3341 and 3342).

The HHS Inspector General must implement fraud prevention measures and track administrative costs for the WTCHP. The WTCHP is considered a federal health care program and a health plan for the purposes of applying Secs. 1128 through 1128E of the Social Security Act (which exclude certain persons, such as convicted criminals, from the program, and addresses fraud, waste, and abuse).

The WTCHP Program Administrator (the Administrator) must work with Clinical Centers of Excellence to establish a quality assurance program for medical monitoring and treatment services provided by the WTCHP.

The Administrator must annually, not more than six months after the end of each fiscal year in which the WTCHP is in operation, report to Congress on program operations, including specified types of information regarding numbers of eligible program participants, WTC-related health conditions, health services provided, administrative costs, and other matters.

The Secretary must promptly notify Congress if the number of enrollments of eligible WTC responders or the number of certifications for certified-eligible WTC survivors reaches 80% of the limits for either group, as established under PHSA Secs. 3311 or 3321, respectively.

The Administrator must engage in ongoing outreach efforts regarding program implementation and improvements with relevant stakeholders, including the WTCHP Steering Committees and the Advisory Committee established under PHSA Sec. 3302.

Government Accountability Office (GAO) reports on specified WTCHP topics are required in FY2022 and every five years thereafter through FY2042..[15]

The Administrator may promulgate such regulations as necessary to administer this title.

The WTCHP shall terminate on October 1, 2090.

PHSA Sec. 3302

This section [42 U.S.C. §300mm–1] requires the Administrator to establish the WTCHP Scientific/Technical Advisory Committee (the Advisory Committee), subject to the Federal Advisory Committee Act, to review scientific and medical evidence and make recommendations to the Administrator on additional WTCHP eligibility criteria and additional WTC-related health conditions. This section also establishes committee membership, and requirements for meetings and public reporting. The Advisory Committee shall continue in operation during the period in which the WTCHP is in operation.

The Administrator also is required to establish and consult with two WTCHP steering committees—the WTC Responders Steering Committee and the WTC Survivors Steering Committee—to facilitate the coordination of initial health evaluation, medical monitoring, and treatment programs for eligible WTC responders and survivors. For each committee, requirements and procedures are established for membership, and management of vacancies.

PHSA Sec. 3303

This section [42 U.S.C. §300mm–2] requires the Administrator to establish a program to provide education and outreach regarding services available under the WTCHP. The program shall include the development of a public website and phone information services, meetings with potentially eligible populations, and outreach materials. The education and outreach program must be conducted in a manner intended to reach all affected populations and include materials for culturally and linguistically diverse populations.

PHSA Sec. 3304

This section [42 U.S.C. §300mm–3] requires the Administrator to provide for the collection, analysis, and reporting of data (including claims data) on the prevalence of WTC-related health conditions and the identification of new WTC-related health conditions. Data must be collected for all persons receiving monitoring or treatment services regardless of residence or the location at which services are provided. Clinical Centers of Excellence must collect and report such data to the corresponding Data Center. The Administrator must provide for collaboration between the Data Centers and the WTC Health Registry described in PHSA Sec. 3342. Data collection and analysis must comply with applicable privacy laws and regulations, including those established in the Health Insurance Portability and Accountability Act (HIPAA).

PHSA Sec. 3305

This section [42 U.S.C. §300mm–4] requires the Administrator to contract with Clinical Centers of Excellence and Data Centers. Specific Clinical Centers of Excellence and Data Centers are termed

[15] An earlier required report was published in 2017 (Government Accountability Office, *World Trade Center Health Program: Improved Oversight Needed to Ensure Clinics Fully Address Mandated Quality Assurance Elements,* GAO-17-676, August 10, 2017, https://www.gao.gov/assets/690/687348.pdf).

corresponding if they serve the same population. Contracts with Clinical Centers of Excellence and Data Centers may be specific with respect to one or more classes of enrolled WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors.

Clinical Centers of Excellence shall provide: monitoring, initial health evaluation, and treatment benefits; outreach activities and benefits counseling to eligible individuals; translational and interpretive services for eligible individuals, if needed; and collection and reporting of data (including claims data) pursuant to PHSA Sec. 3304. This section also specifies requirements the Clinical Centers of Excellence must meet, including requirements for contracts awarded by the Administrator.

The Administrator must, to the maximum extent feasible, ensure continuity of care during transitions between services provided through a Clinical Center of Excellence and through the nationwide network.

Clinical Centers of Excellence shall be reimbursed by the Administrator for fixed infrastructure costs at negotiated rates. Such costs are defined as costs incurred by the Center that are not reimbursable as health care services under PHSA Sec. 3312(c) for patient evaluation, monitoring, or treatment. Such costs include those for outreach or recruiting of participants, data collection and analysis, social services for counseling patients about assistance outside the WTCHP, and the development of treatment protocols. Infrastructure costs do not include costs for new construction or other capital costs.

Data Centers shall provide data analysis and reporting to the Administrator; development of initial health evaluation, medical monitoring, and treatment protocols for WTC-related conditions; coordination of outreach activities; criteria for the credentialing of providers in the nationwide clinical network established under PHSA Sec. 3313; coordination and administration of the activities of the steering committees; and meeting periodically with the corresponding Clinical Centers of Excellence to obtain input on the analysis and reporting of data and the development of monitoring and treatment protocols.

Credentialed medical providers in the national clinical network shall be selected by the Administrator based on their expertise diagnosing or treating medical conditions included in the list of identified WTC-related health conditions for responders and identified conditions for survivors.

In developing evaluation, monitoring, and treatment protocols, Data Centers shall engage in discussions across the program to guide treatment approaches for individuals with WTC-related health and mental health conditions. Data Centers also must make any data collected and reported available to health researchers and others as per the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) Policy on Releasing and Sharing Data.

PHSA Sec. 3306

This section [42 U.S.C. §300mm–5] provides definitions. Among them:

The term “NYC disaster area” is defined as the area within NYC that is in Manhattan south of Houston St.; and any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former WTC site.

The term “WTC Program Administrator” is defined as follows:

- an HHS official designated by the Secretary for the purposes of enrollment of WTC responders; the payment for initial health evaluation, monitoring, and treatment; the determination or certification of screening-eligible or certified-eligible WTC responders; and the payer provisions of Part 3 of Subtitle B. However, the Secretary may not designate the Director of the National Institute for Occupational Safety and Health (NIOSH) or a designee of such director for the purposes of payment for initial health evaluation, monitoring, and treatment; and

- the Director of NIOSH or a designee of such director for the purposes of all other provisions of Title I.

The term "September 11, 2001 terrorist attacks" is defined as the terrorist attacks that occurred on September 11, 2001 in NYC, the Pentagon, and Shanksville, Pennsylvania, and the aftermath of such attacks.

PHSA Sec. 3311

This section [42 U.S.C. §300mm–21] defines eligibility criteria for WTC responders, provides an application and certification process, sets limits on the number of eligible participants, and describes available monitoring benefits.

This section provides that no person on a terrorist watch list maintained by the Department of Homeland Security (DHS) may qualify as a WTC responder.

This section defines a currently identified responder as an individual who has been identified as eligible for medical monitoring under the arrangements between NIOSH and the consortium coordinated by Mt. Sinai hospital, or between NIOSH and the NYC Fire Department (FDNY).

The section establishes eligibility criteria for WTC responders, generally based on specified time ranges and specified locations, for the following groups:

- FDNY personnel, and, under specified conditions, their surviving immediate family members;
- law enforcement, rescue, recovery, and cleanup workers; and
- responders to the Pentagon and Shanksville, Pennsylvania aircraft crash sites, including federal employees, federal contractors, and regular and reserve members of the uniformed services.

The section also establishes modified eligibility criteria for individuals who performed rescue, recovery, or cleanup services in the NYC disaster area in response to the September 11, 2001 attacks on the WTC, regardless of whether such services were performed by a state or federal employee or member of the National Guard; and who meets eligibility criteria established by the Administrator in consultation with the Advisory Committee. No modifications of eligibility criteria may be made after the number of certifications for eligible responders has reached 80% of the limit established in PHSA Sec. 3311(a)(4) or after the number of certifications for certified-eligible survivors has reached 80% of the limit established in PHSA Sec. 3321(a)(3).

The Administrator shall establish an application process for new enrollments of WTC responders. There will be no fee for this application; a decision on each application shall be made within 60 days of the date it was filed; and persons denied will have the right to appeal in a manner established by the Administrator.

There is a numerical limit of 25,000 enrolled WTC responders at any one time, of which no more than 2,500 may be certified based on modified eligibility criteria. This limit excludes responders enrolled as of enactment. The Administrator must limit certifications to ensure sufficient funds are available to provide treatment and monitoring for all enrolled individuals; and must provide priority in certifications based on the order in which a person applies. There is also a limit of 500 Pentagon and Shanksville responders who were federal employees, federal contractors, or regular and reserve members of the uniformed services at any one time.

Monitoring benefits (which are available to eligible responders, but not to family members) are defined as initial health evaluation, clinical examinations, and long-term health monitoring and analysis, to be

provided by the FDNY, the appropriate Clinical Center of Excellence, or other providers in the national network for eligible individuals outside New York.

PHSA Sec. 3312

This section [42 U.S.C. §300mm–22] provides procedures to determine (1) whether an eligible individual has a WTC-related health condition, (2) whether the condition is WTC-related for that individual, and (3) whether proposed treatments are medically necessary.

This section defines WTC-related health conditions for which eligible responders may receive treatment, and how such determinations are to be made. These include conditions (including mental health conditions) that are substantially likely to have resulted or been aggravated from exposure to airborne toxins or other hazards arising from the 2001 terrorist attacks, including the conditions listed in PHSA Sec. 3312(a)(3). Eligible responders may receive treatment benefits for these conditions. Immediate family members of firefighters killed as a result of the attacks may only receive treatment benefits for mental health conditions.

This section also describes the process to determine whether the 2001 terrorist attacks were substantially likely to have aggravated, contributed to, or caused an illness or health condition in an individual.

The Administrator shall periodically determine if types of cancer should be included on the list of WTC-related conditions, based on review of published evidence. Additions to the list must be made by regulation. If it is determined that a type of cancer should not be added to the list, the Administrator shall publish an explanation in the *Federal Register*.

This section specifies procedures for rulemaking to add, or decline to add, a condition to the list of WTC-related conditions, including consultation with the Advisory Committee, response to petitions from interested parties, use of independent peer review of evidence, publication in the *Federal Register*, and pertinent deadlines. This section also specifies procedures for the Administrator to certify that an individual has a WTC-related health condition, or is otherwise eligible for benefits due to a health condition not on the list of WTC-related health conditions; or to provide a basis for denial of such certification and a means for appeal.

The Administrator shall determine whether a specific treatment for a WTC-related health condition is medically necessary, in accordance with regulations he or she establishes. Payment shall be withheld if the Administrator determines that a treatment is not medically necessary. The determination that a treatment or service is not medically necessary may be appealed through a process established by regulation. This section describes the types of health services that may be covered, including limited travel and transportation costs.

This section establishes processes to set the costs for reimbursement of health benefits. In general, except for pharmaceuticals, the Administrator shall reimburse costs for medically necessary treatment for WTC-related health conditions according to the payment rates that would apply under the Federal Employees Compensation Act (FECA). The Administrator shall establish a program to pay for medically necessary outpatient prescription pharmaceuticals prescribed for WTC-related conditions through a specified competitive bidding process to award contracts to outside vendors. The Administrator may modify the amounts and methods for making payments for initial health evaluations, treatment, and monitoring if, taking into account utilization and quality data from the Clinical Centers, he or she determines that bundling, capitation, pay for performance, or other payment methodologies would better ensure high-quality and efficient delivery of services.

The Data Centers shall develop medical treatment protocols for the treatment of WTC-related health conditions, and the Administrator shall review and approve the treatment protocols.

PHSA Sec. 3313

This section [42 U.S.C. §300mm–23] requires the Administrator to establish a nationwide network of health providers to provide benefits to persons outside of the New York metropolitan area. To be included in this network, a provider must meet the criteria for credentialing established by the Data Centers, follow medical protocols established under PHSA Sec. 3305(a)(2)(A)(ii), collect and report data in accordance with PHSA Sec. 3304, and meet fraud and other requirements established by the Administrator. The Administrator may provide training and technical assistance to nationwide network providers.

The Administrator may enter into an agreement with the Department of Veterans Affairs (VA) to provide services through VA facilities.

PHSA Sec. 3321

This section [42 U.S.C. §300mm–31] defines eligibility criteria for eligible WTC survivors (generally non-responders or members of the community), provides an application and certification process, sets limits on the number of eligible participants, and describes available monitoring benefits.

This section provides that a person on a terrorist watch list maintained by DHS may qualify as an eligible WTC survivor.

This section establishes eligibility criteria for WTC survivors, generally based on specified time ranges and specified locations.

No modifications of eligibility criteria may be made after the number of certifications for eligible survivors has reached 80% of the limit established in PHSA Sec. 3321(a)(3) (noted below), or after the number of certifications for eligible responders has reached 80% of the limit established in PHSA Sec. 3311(a)(4).

The Administrator shall establish an application process for new enrollments of WTC survivors. There will be no fee for this application; a decision on each application shall be made within 60 days of the date it was filed; and persons denied will have the right to appeal in a manner established by the Administrator.

There is a numerical limit of 25,000 certified-eligible WTC survivors, excluding survivors enrolled as of enactment. The Administrator must limit certifications to ensure sufficient funds are available to provide treatment and monitoring for all enrolled individuals, and must prioritize certifications based on the order in which a person applies.

PHSA Sec. 3322

This section [42 U.S.C. §300mm–32] states that the provisions of PHSA Secs. 3311 and 3312 shall apply to monitoring and treatment of WTC-related health conditions for certified-eligible WTC survivors in the same manner as such provisions apply to WTC responders.

The list of WTC-related health conditions for survivors is the same as the list of WTC-related health conditions for responders provided in PHSA Sec 3312, except that musculoskeletal conditions are not included on the list for survivors. Conditions, including cancer, that are added to the list of WTC-related health conditions for responders are also added to the list of WTC-related health conditions for survivors.

PHSA Sec. 3323

This section [42 U.S.C. §300mm–33] establishes that treatment services shall be provided to individuals who are not certified as WTC responders or survivors if any such individual is diagnosed at a Clinical Center of Excellence with an identified WTC-related condition for WTC survivors. The Administrator

shall limit the total amount of benefits provided to such individuals in a given fiscal year so that program payments for that year do not exceed $5 million for the last calendar quarter of FY2011; $20 million for FY2012; and, for subsequent fiscal years, the previous fiscal year's amount increased by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U).

PHSA Sec. 3331

This section [42 U.S.C. §300mm–41] provides that all costs of covered initial health evaluation, medical monitoring, and treatment benefits for eligible individuals shall be paid from the WTCHP Fund, except for any costs that are paid by a workers' compensation program or health insurance plan.

Payment for treatment of a WTC-related health condition that is work-related (as defined) shall be reduced or recouped by any amounts paid under a workers' compensation law or plan for such treatment. This provision does not apply to any workers' compensation or similar plan in which NYC is required to make payments if, in accordance with the terms of the contract specified in PHSA Sec. 3331(d), NYC has made full payment required for that quarter.

For eligible beneficiaries who have health insurance coverage and have been diagnosed with a WTC-related condition that is not work-related, the WTC Program shall be a secondary payer of all uninsured costs (such as co-pays and deductibles) related to services covered by the WTC program, according to the authority used when Medicare is a secondary payer. This provision does not require an entity that provides monitoring and treatment under this title to seek reimbursement from a health plan with which it does not have a contract for reimbursement.

No payment for monitoring or treatment may be made for any individual for any month, beginning with July 2014, in which he or she does not have the applicable minimum essential health coverage required under Sec. 5000A(a) of the Internal Revenue Code, as established by the Patient Protection and Affordable Care Act.

There is a required contribution ("match") by NYC (PHSA Sec. 3331(d)). No funds may be disbursed from the WTCHP Fund under PHSA Sec. 3351 unless NYC has entered into a contract with the Administrator to pay the full contribution on a timely basis. The full contribution amount for each calendar quarter of FY2016 and of each subsequent FY through FY2090 shall be equal to 10% of the expenditures in carrying out the WTCHP for the respective quarter. The NYC contribution may not be satisfied through any amount derived from federal sources, any amount paid before enactment, or any amount paid to satisfy a judgment as part of a settlement related to injuries or illnesses arising out of the September 11, 2001 attacks on the WTC. Payment deadlines and procedures for recovery of unpaid amounts are specified.

PHSA Sec. 3332

This section [42 U.S.C. §300mm–42] authorizes the Administrator to enter into arrangements with other government agencies, insurance companies, or other third-party administrators to provide for timely and accurate processing of claims.

PHSA Sec. 3341

This section [42 U.S.C. §300mm–51] requires the Administrator, in consultation with the Advisory Committee, to conduct or support research on conditions that may be related to the WTC terrorist attacks; diagnoses of WTC-related health conditions for which there has been diagnostic uncertainty; and treatment of WTC-related health conditions for which there has been treatment uncertainty.

The research on conditions that may be related to the September 11, 2001 terrorist attacks on the WTC must include epidemiologic or other research studies on WTC-related health conditions or emerging conditions among enrolled WTC responders and certified-eligible WTC survivors under treatment and among individuals who were exposed within a geographic area related to the September 11, 2001 attacks, as specified. Control groups must be used. This research must have privacy and human subject protections at least as strong as those applicable to research conducted or funded by HHS.

Further, this section requires the Administrator to establish a research cohort to conduct studies on the health and educational impacts of exposure to hazardous or adverse conditions resulting from the attacks, including among individuals who were aged 21 years or younger at the time of exposure.

PHSA Sec. 3342

This section [42 U.S.C. §300mm–52] requires the Administrator to ensure the operation of a registry of victims of the WTC attacks that is at least as comprehensive as the World Trade Center Health Registry in effect as of January 1, 2015 with the NYC Department of Health and Mental Hygiene (DHMH).

PHSA Sec. 3351

This section [42 U.S.C. §300mm–61] establishes a WTCHP Fund and deposits into the Fund from the Treasury for each of FYs 2016 through 2090 the following amounts for the federal share:

- $330.00 million for FY2016;
- $345.61 million for FY2017;
- $380.00 million for FY2018;
- $440.00 million for FY2019;
- $485.00 million for FY2020;
- $501.00 million for FY2021;
- $518.00 million for FY2022;
- $535.00 million for FY2023;
- $552.00 million for FY2024;
- $570.00 million for FY2025; and
- for each subsequent fiscal year through FY2090, the amount for the previous FY increased by the percentage increase in the CPI-U as estimated by the Secretary for the 12-month period ending with March of the previous year;

plus the NYC share, consisting of the amount contributed under the contract under PHSA Sec. 3331(d). No funds may be disbursed from the Fund unless NYC has entered into contract with the Administrator to pay its contribution. If NYC fails to pay its full contribution, the amount not paid is recoverable by the federal government. Such failure shall not affect the disbursement of amounts from the Fund, and the federal share shall not be increased by the amount not paid by NYC.

All amounts deposited into the Fund remain available until expended.

Amounts in the Fund are available, without further appropriation, to carry out the following activities:

- monitoring and treatment for WTC responders and survivors (PHSA Title XXXIII, Subtitle B);
- quality assurance for monitoring and treatment delivered by the Centers of Excellence and other participating health care providers (PHSA Sec. 3301(e));

- the WTCHP annual report (PHSA Sec. 3301(f));
- the Advisory Committee (PHSA Sec. 3302(a));
- the WTCHP steering committees (PHSA Sec. 3302(b));
- education and outreach (PHSA Sec. 3303);
- uniform data collection and analysis (PHSA Sec. 3304);
- contracts with the Clinical Centers of Excellence (PHSA Sec. 3305(a)(1)).
- contracts with Data Centers (PHSA 3305(a)(2));
- research regarding WTC-related health conditions (PHSA Sec. 3341); and
- the WTC Health Registry (PHS Sec. 3342).

There is no federal obligation for payment of amounts in excess of amounts available from the Fund for such purpose and no authorization for appropriation of amounts in excess of amounts available from the Fund.

There are specified spending limits for certain activities. With the exception of education and outreach, these limits are adjusted for inflation for each fiscal year, based on specified starting amounts; the amount for the prior fiscal year is increased by the percentage increase in CPI-U as estimated by the Secretary for the 12-month period ending with March of the previous year. The specified activities and their spending limits are as follows:

- services to FDNY family members, the inflation-adjusted amount that began with $400,000 for FY2012;
- the Advisory Committee, the inflation-adjusted amount that began with $200,000 for FY2016;
- education and outreach, $750,000 for FY2016 and each subsequent fiscal year, without adjustment;
- uniform data collection, the inflation-adjusted amount that began with $15 million for FY2017;
- research regarding WTC-related health conditions, the inflation-adjusted amount that began with $15 million for FY2012; and
- the WTC Health Registry, the inflation-adjusted amount that began with $7 million for FY2012.

PHSA Sec. 3352[16]

This section [42 U.S.C. §300mm-62] establishes the World Trade Center Health Program Supplemental Fund and deposits into the Supplemental Fund $1 billion in funds from the Treasury for FY2023 to remain available through FY2032.

Funds are available, without further appropriation and without regard to any spending limitation under PHSA Sec. 3351(c), for carrying out any provision of this title.

Any funds remaining in the Supplemental Fund on September 30, 2032 will be deposited into the Treasury as miscellaneous receipts.

[16] Because classification for P.L. 117-328 has not yet been finalized by the Office of Law Revision Counsel of the House of Representatives, there is no corresponding section of United States Code for this section of the PHSA.

PHSA Sec. 3353[17]

This section establishes the World Trade Center Health Program Special Fund (Special Fund) and deposits into the Special Fund $444 million in funds from the Treasury for FY2024 to remain available through FY2033.

Funds are available, without further appropriation and without regard to any spending limitation under PHSA Sec. 3351(c), for carrying out any provision of this title.

Any funds remaining in the Supplemental Fund on September 30, 2033 are to be deposited into the Treasury as miscellaneous receipts.

PHSA Sec. 3354[18]

This section establishes the World Trade Center Health Program Fund for Certain WTC Responders at the Pentagon and Shanksville, Pennsylvania (Pentagon/Shanksville Fund) and deposits into the Pentagon/Shanksville Fund $232 million in funds from the Treasury for FY2024 to remain available through FY2033.

Funds are available, without further appropriation and without regard to any spending limitation under PHSA Sec. 3351(c), for providing treatment to Pentagon and Shanksville responders who were federal employees, federal contractors, and regular and reserve members of the uniformed services. No other WTCHP funding may be used to provide treatment to these responders.

Any funds remaining in the Supplemental Fund on September 30, 2033 are to be deposited into the Treasury as miscellaneous receipts.

[17] Because classification for P.L. 118-31 has not yet been finalized by the Office of Law Revision Counsel of the House of Representatives, there is no corresponding section of United States Code for this section of the PHSA.

[18] Because classification for P.L. 118-31 has not yet been finalized by the Office of Law Revision Counsel of the House of Representatives, there is no corresponding section of United States Code for this section of the PHSA.