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119TH CONGRESS
1ST SESSION

S. 739

To amend title XXXIII of the Public Health Service Act with respect to flexibility and funding for the World Trade Center Health Program.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2025

Mrs. GILLIBRAND (for herself and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend title XXXIII of the Public Health Service Act with respect to flexibility and funding for the World Trade Center Health Program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "9/11 Responder and Survivor Health Funding Correction Act of 2025".

SEC. 2. FLEXIBILITY FOR MENTAL HEALTH CONDITION CERTIFICATIONS UNDER THE WORLD TRADE CENTER HEALTH PROGRAM.

(a) IN GENERAL.—Section 3305(a) of the Public Health Service Act (42 U.S.C. 300mm–4(a)) is amended—

(1) in paragraph (1)(A), by inserting ''subject to paragraph (6),'' before ''for''; and

(2) by adding at the end the following:

''(6) LICENSED MENTAL HEALTH PROVIDER FLEXIBILITY FOR MENTAL HEALTH CONDITION CERTIFICATIONS.—

''(A) IN GENERAL.—For purposes of an initial health evaluation described in paragraph (1)(A) with respect to a mental health condition (including any such evaluation provided under section 3321(b) or through the nationwide network under section 3313), such evaluation may be conducted by a physician or any other licensed mental health provider in a category of mental health providers determined by the WTC Program Administrator under subparagraph (B).

''(B) CATEGORIES OF LICENSED MENTAL HEALTH PROVIDERS.—Not later than 180 days after the date of enactment of the 9/11 Re-

sponder and Survivor Health Funding Correction Act of 2025, the WTC Program Administrator shall issue regulations for the categories of licensed mental health providers who, in addition to licensed physicians, may conduct evaluations under subparagraph (A) with respect to a mental health condition and make determinations under section 3312(b) with respect to such a condition.''.

(b) FLEXIBILITY FOR WTC RESPONDERS.—Section 3312(b) of such Act (42 U.S.C. 300mm–22(b)) is amended—

(1) in paragraph (1)(A)—

(A) in the matter preceding clause (i), by striking ''physician'' and inserting ''physician (or, in the case of a mental health condition, a physician or any other qualified mental health provider)''; and

(B) in clause (i), by striking ''physician'' and inserting ''physician or other qualified mental health provider'';

(2) in paragraph (2)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by striking ''physician'' and inserting

''physician (or, in the case of a mental health condition, a physician or any other qualified mental health provider)'';

(ii) in clause (i), by striking ''physician'' and inserting ''physician or other qualified mental health provider''; and

(iii) in clause (ii), by striking ''such physician's determination'' and inserting ''the determination of such physician or other qualified mental health provider''; and

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by striking ''physician determinations'' and inserting ''determinations by physicians (or, in the case of a mental health condition, physicians or other qualified mental health providers)''; and

(ii) in clause (i), by striking ''physician panel'' and inserting ''panel of physicians (or, in the case of a mental health condition, physicians or other qualified mental health providers)'';

(3) in paragraph (5), by striking ''examining physician'' and inserting ''examining physician (or,

in the case of a mental health condition, examining physician or other qualified mental health provider)''; and

(4) by adding at the end the following:

''(6) DEFINITION OF 'QUALIFIED MENTAL HEALTH PROVIDER'.—For purposes of this subsection, the term 'qualified mental health provider' means a licensed mental health provider in a category determined by the WTC Program Administrator under section 3305(a)(6)(B).''.

SEC. 3. CRITERIA FOR CREDENTIALING HEALTH CARE PROVIDERS PARTICIPATING IN THE NATIONWIDE NETWORK.

Title XXXIII of the Public Health Service Act (42 U.S.C. 300mm et seq.) is amended—

(1) in section 3305(a)(2) (42 U.S.C. 300mm–4(a)(2))—

(A) in subparagraph (A)—

(i) by striking clause (iv); and

(ii) by redesignating clauses (v) and (vi) as clauses (iv) and (v), respectively;

(B) by striking subparagraph (B); and

(C) by redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively; and

(2) in section 3313(b)(1) (42 U.S.C. 300mm–23(b)(1)), by striking ''Data Centers'' and inserting ''WTC Program Administrator''.

SEC. 4. CLARIFYING CALCULATION OF ENROLLMENT.

(a) RESPONDERS.—Section 3311(a) of such Act (42 U.S.C. 300mm–21(a)) is amended by adding at the end the following:

''(6) DECEASED WTC RESPONDERS.—An individual known to the WTC Program Administrator to be deceased shall not be included in any count of enrollees under this subsection or section 3351.''.

(b) SURVIVORS.—Section 3321(a) of such Act (42 U.S.C. 300mm–31(a)) is amended by adding at the end the following:

''(5) DECEASED WTC SURVIVORS.—An individual known to the WTC Program Administrator to be deceased shall not be included in any count of certified-eligible survivors under this section or in any count of enrollees under section 3351.''.

SEC. 5. TIME PERIOD FOR ADDING HEALTH CONDITIONS TO LIST FOR WTC RESPONDERS.

Section 3312(a)(6) of the Public Health Service Act (42 U.S.C. 300mm–22(a)(6)) is amended—

(1) in subparagraph (B), by striking ''90'' and inserting ''180''; and

(2) in subparagraph (C), in the second sentence, by striking ''90'' and inserting ''180''.

SEC. 6. FUNDING FOR THE WORLD TRADE CENTER HEALTH PROGRAM.

(a) IN GENERAL.—Section 3351 of the Public Health Service Act (42 U.S.C. 300mm–61) is amended—

(1) in subsection (a)(2)(A), by amending clause (xi) to read as follows:

''(xi) for each of fiscal years 2026 through 2090—

''(I) the amount determined under this subparagraph for the previous fiscal year multiplied by 1.07; multiplied by

''(II) the ratio of—

''(aa) the total number of individuals enrolled in the WTC Program on July 1 of such previous fiscal year; to

''(bb) the total number of individuals so enrolled on July 1 of the fiscal year prior to such previous fiscal year; plus''; and

(2) in subsection (c)—

(A) in paragraph (4)—

(i) by amending subparagraph (A) to read as follows:

''(A) for fiscal year 2025, the amount determined for such fiscal year under this paragraph as in effect on the day before the date of enactment of the 9/11 Responder and Survivor Health Funding Correction Act of 2025;'';

(ii) by amending subparagraph (B) to read as follows:

''(B) for fiscal year 2026, the greater of—

''(i) the amount determined for such fiscal year under this paragraph as in effect on the day before the date of enactment of the 9/11 Responder and Survivor Health Funding Correction Act of 2025; or

''(ii) the amount expended for the previous fiscal year for the purposes described in this paragraph increased by 25 percent; and''; and

(iii) in subparagraph (C), by striking ''the amount specified under this paragraph for the previous fiscal year'' and inserting ''the amount expended for the previous fiscal year for such purposes''; and

(B) in paragraph (5)—

(i) by amending subparagraph (A) to read as follows:

''(A) for fiscal year 2025, the amount determined for such fiscal year under this paragraph as in effect on the day before the date of enactment of the 9/11 Responder and Survivor Health Funding Correction Act of 2025;'';

(ii) by redesignating subparagraph (B) as subparagraph (C);

(iii) by inserting after subparagraph (A) the following:

''(B) for fiscal year 2026, the greater of—

''(i) the amount determined for such fiscal year under this paragraph as in effect on the day before the date of enactment of the 9/11 Responder and Survivor Health Funding Correction Act of 2025; or

''(ii) the amount expended for the previous fiscal year for the purpose described in this paragraph increased by 25 percent; and''; and

(iv) in subparagraph (C), as so redesignated, by striking ''the amount specified under this paragraph for the previous fiscal year'' and inserting ''the amount ex-

pended for the previous fiscal year for such purpose''.

(b) TECHNICAL AMENDMENTS.—Title XXXIII of the Public Health Service Act (42 U.S.C. 300mm et seq.) is amended—

(1) in section 3352 (42 U.S.C. 300mm–62), by amending subsection (d) to read as follows:

''(d) REMAINING AMOUNTS.—Amounts remaining in the Supplemental Fund shall revert to the Treasury in accordance with section 1552 of title 31, United States Code.'';

(2) in section 3353 (42 U.S.C. 300mm–63), by amending subsection (d) to read as follows:

''(d) REMAINING AMOUNTS.—Amounts remaining in the Special Fund shall revert to the Treasury in accordance with section 1552 of title 31, United States Code.''; and

(3) in section 3354 (42 U.S.C. 300mm–64), by amending subsection (d) to read as follows:

''(d) REMAINING AMOUNTS.—Amounts remaining in the Pentagon/Shanksville Fund shall revert to the Treasury in accordance with section 1552 of title 31, United States Code.''.

SEC. 7. REPORT TO CONGRESS.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct an assessment of anticipated budget authority and outlays of the World Trade Center Health Program (referred to in this section as the ''Program'') through the duration of the Program and submit a report summarizing such assessment to—

(1) the Speaker and minority leader of the House of Representatives;

(2) the majority and minority leaders of the Senate;

(3) the Committee on Health, Education, Labor, and Pensions and Committee on the Budget of the Senate; and

(4) the Committee on Energy and Commerce and the Committee on the Budget of the House of Representatives.

(b) INCLUSIONS.—The report required under subsection (a) shall include—

(1) a projection of Program budgetary needs on a per-fiscal year basis through fiscal year 2090;

(2) a review of Program modeling for each of fiscal years 2017 through the fiscal year prior to the fiscal year in which the report is issued to assess

how anticipated budgetary needs compared to actual expenditures;

(3) an assessment of the projected budget authority and expenditures of the Program through fiscal year 2090; and

(4) any recommendations of the Secretary to make changes to the formula under section 3351(a)(2)(A) of the Public Health Service Act (42 U.S.C. 300mm–61(a)(2)(A)), as amended by section 6(a)(1), to fully offset anticipated Program expenditures through fiscal year 2090.

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