

Congress of the United States

Washington, DC 20515

September 8, 2023

Chairman Jack Reed
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, D.C. 20510

Ranking Member Roger Wicker
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, D.C. 20510

Chairman Mike Rogers
House Armed Services Committee
2216 Rayburn House Office Building
Washington, D.C. 20515

Ranking Member Adam Smith
House Armed Services Committee
2216 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Reed, Ranking Member Wicker, Chairman Rogers, and Ranking Member Smith:

We write to urge the conference report of the Fiscal Year 2024 (FY24) National Defense Authorization Act (NDAA) to include the Gillibrand-Braun #1065 amendment, which was agreed upon in the Senate by an overwhelming bipartisan vote of 94 to 4.

As you know, the Gillibrand-Braun #1065 amendment is a bipartisan, scaled-down version of the 9/11 Responder and Survivor Health Funding Correction Act. Compared to earlier versions of the text, this amendment does not include technical policy changes and costs a total of \$676 million, which is fully offset by the inclusion of a reform to the citizen's petition process at the Food and Drug Administration (FDA) to reduce administrative costs. Specifically, the citizen's petition process allows stakeholders to express concerns about pending drug applications to the FDA, which is required to respond to such petitions. However, some bad actors use this process to delay generic competition from entering the market. By reforming the citizen's petition process, the FDA will have more discretion to reject citizen petitions if the petition's primary purpose is to delay the approval of a pending drug application. This will lead to greater access to generic drugs and more competition in the marketplace, in addition to cutting administrative costs at the FDA.

The following is the specific breakdown of the amendment's funding:

- \$444 million to partially address the funding shortfall facing the World Trade Center Health Program (WTCHP).
- \$232 million to expand eligibility to 9/11 responders at the Pentagon and Shanksville sites who were active-duty DOD military or civilians, along with other Federal employees currently excluded from the program.


The WTCHP provides medical treatment and monitoring for over 124,000 responders and survivors from the attacks on the World Trade Center and lower Manhattan, the attack on the Pentagon, and the Shanksville crash site. 9/11 survivors and responders live in every State and all but one congressional district. It is also worth noting that the WTCHP has been consistently free of reported fraud since its inception.

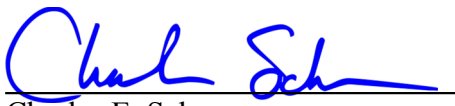
While Congress extended the program to 2090, the precipitous rise in medical costs and cancer rates in survivors and first responders since then has led to an impending funding shortfall that must be addressed. Unless Congress acts, the program will have to announce in 2027 that responders and survivors who suffer from an illness arising from their heroic service to our country will not be able to join the program, and that starting in 2028, the program will bar new enrollees along with other anticipated cuts in services.


To honor those we lost and to thank those who risked everything to save their fellow Americans, we urge you to include the Gillibrand-Braun #1065 amendment in the final NDAA conference report. In doing so, we would guarantee that these heroic men and women are able to continue to receive the health care benefits they deserve.

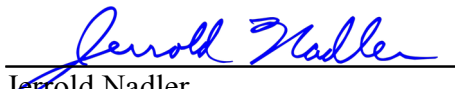
Sincerely,


Kirsten Gillibrand
United States Senator



Andrew R. Garbarino
Member of Congress


Charles E. Schumer
United States Senator


Mike Braun
United States Senator


Jerrold Nadler
Member of Congress


Anthony D'Esposito
Member of Congress


Dan Goldman
Member of Congress