

HB

31

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: SSHB 31
 (H) Publish Date: 3/7/05

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title: Workers Compensation Coverage RDU: Insurance (116)
 Component: Insurance Operations
 Sponsor: Anderson
 Requester: House Labor & Commerce Component No.: 354

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This is a benefits bill and has no fiscal impact on the operations of the division.

Prepared by: Linda S. Hall, Director Phone 907.269.7900
 Division: Insurance Date/Time 2/7/05 10:46 AM
 Approved by: Edgar Blatchford, Commissioner Date 2/7/2005
 Agency: Commerce, Community & Economic Development

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: SSH B 31
 (H) Publish Date: 3/7/05

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title An act relating to presumption of RDU Risk Management
coverage of w/c in certain occupations Component Risk Management
 Sponsor _____
 Requester _____ Component No. 71

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	**	**	**	**	**	**

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	**	**	**	**	**	**

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Risk Management (RM) will be adversely affected by the changes in this legislation. RM administers the self insurance program providing workers' compensation protection for all state employees, including illness claims filed by occupations affected by this legislation.

The self insured worker's compensation claims will realize increased litigation and benefit costs. As the number of reported exposures will vary by year, it is difficult to present accurate projections.

Future Risk Management's workers' compensation assessments to those agencies with employee occupations affected will reflect actual costs incurred as premiums charged each agency are developed from actual claims expenses incurred.

Prepared by: J. Brad Thompson, Director Phone 465-5723
 Division Risk Management Date/Time 2/9/05 10:00 AM
 Approved by: Michael Tibbles, Deputy Commissioner Date 2/9/2005
 Agency Administration

ALASKA STATE HOUSE OF REPRESENTATIVES

Labor & Commerce Committee, Chair
Administrative Regulation Review, Chair
Judiciary Committee, Vice-Chair
Health, Education and Social Services



State Capitol Suite 408
Juneau, AK 99508
Phone (907) 465-4939
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Representative Tom Anderson

Email: Representative_Tom_Anderson@legis.state.ak.us

MEMORANDUM

Date: March 5, 2005

To: Representative Peggy Wilson, Chair
House Health, Education and Social Services Committee

From: Representative Tom Anderson *T.A.*

Re: Hearing Request for SSHB 31

I would like to request that you schedule SSHB 31 for consideration by the House Health, Education and Social Services Committee.

Enclosed are:

1. Current Sponsor Statement
2. The most recent version of the bill
3. Appropriate backup documentation
4. Letters of support

Thank you for your consideration of this request. Please contact Jon Bittner at 465-5031 in my office if you have any questions or concerns.



**MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT
501 N. GULKANA STREET
PALMER, ALASKA 99645**

SUBJECT: 2004-05 Legislative Priorities with Board Approved Changes

Borough

- Comprehensive planning for future school sites
- Fall 2005 bond election for new schools
- Clarification of fund balance issues

State

- Funding for construction of 20 portable classrooms
- Reauthorization of Bond Debt Reimbursement to 90/10
- Foundation Funding
 - Funding to pay for mandatory PERS/TRS increases

Federal

- Fully fund NCLB mandates
- Amendments to NCLB:
 - Remove "Students with Disabilities" and "Limited English Proficient" subgroups from AYP calculations
 - Adopt a progress model, versus a cut-score model
 - Offer school-based supplemental support before school choice/transportation; stop requiring districts to withhold transportation funding
 - Require evaluation of supplemental service providers



MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

Office of Public Information

501 N. Gulkana • Palmer, Alaska 99645

Phone: 907-746-9251 • Fax: 907-761-4076

Growth – Mat-Su Borough School District

MSBSD is growing by nearly 500 students each year, which is roughly equivalent to the population of an elementary school. We welcome the growth, yet it places significant strain on our existing school facilities and services. While we aren't responsible for the growth, we do consider the district to be a major player in the Valley's growing economy.

In fall 2007, the district will open a new Wasilla-area elementary school. By that time, the district's core area elementary schools will have well exceeded their actual capacity by approximately four 500-student buildings. The State's calculations for building capacity may tell a different story. However, the State's calculation inaccurately reflects available space. For instance, actual capacity changes based upon program needs (special education, for example) and class size. At this time, it is impossible to identify available classroom space in any of the district's core-area elementary schools.

As our community scrambles to address the largest growth rate in the state, we must continue to invest in the infrastructure of our schools. Research proves educated individuals are more likely to be employed and earn more. They contribute to the economy by spending more money and paying more in social security taxes. As education levels rise, the costs of social programs go down. Higher levels of education mean lower levels of spending on welfare, unemployment, health care, and criminal justice.

Business relies on quality K-12 education and higher education institutions to create a highly qualified workforce to serve the needs of a diverse economy and participate in democracy. The status of the local school system is a major quality of life consideration for relocating businesses and employees. Success in our economy requires attracting and retaining individual talent. Quality schools stabilize communities and increase housing values.

Again, we aren't driving growth in the Valley, but yet we must respond appropriately. Currently we're looking for solutions to overcrowding. Bonding for new schools is a major piece of any solution. Debt-reimbursement has been successfully used in the past to construct new facilities and complete major maintenance on our oldest buildings. Extending debt reimbursement may not be possible in light of opposition from the State Department of Education & Early Development and the Department of Revenue. With that in mind, we're requesting creative solutions to problems caused by rapid growth, perhaps to include direct capital appropriations and grants.

February 10, 2005

Representative Neuman
House Special Committee on Education
907-465-4822

Dear Representative Neuman,

The Glacier Valley Site Council strongly supports arts education for all students in the Juneau School District. Substantial research shows that the arts positively affect not only children's academic achievement, but their social and emotional development, as well. Here are just a few of the reasons why the GV Site Council strongly encourages the House Special Committee on Education to make the arts a priority in our schools:

- The *No Child Left Behind Act's* definition of core academic subjects includes the arts
- Studies nation-wide show that the arts can be utilized as a remedy for the school district's Five Strategic Goals (Drop-Out, Native Success, Healthy Behaviors, Staff Development, Community), and
- Academic achievement through an arts-integrative model is already established at a local level, both quantitatively and qualitatively.

At Glacier Valley we believe in arts education and would like to see equitable art programs introduced into the schools, especially a visual art program for our elementary schools. The cost for such a program across the district would be \$200,000 per year. We hope that the legislature will consider this program's impact on our children's success in school, as well as the importance of equity in art education across the district. If you have any questions, please feel free to contact Glacier Valley's principal, Ted Wilson, at 463-1801.

Sincerely,

Members of the Glacier Valley Site Council

FY - 2006 Capital Budget
Six-Year Capital Improvement Plan

District : Matanuska-Susitna Borough School District Date: January 24, 2005 Page 1 of 4 Pages

District Priority	Project Location and Description	Primary Purpose	Year for which funding is being requested						Estimated Cost
			FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	
1	Settlers Bay Elementary School Big Lake Attendance Area	Cat. B	X						\$13,000,000
2	Fire Alarm Upgrade, Palmer Junior Middle School	Cat. C	X						\$450,000
3	Wasilla High School Remodel Phase III	Cat. C	X						\$3,500,000
4	Re-Roof Su-Valley High School	Cat. C	X						\$1,000,000
5	New South Palmer Elementary School	Cat. B	X						\$13,000,000
6	New South Trunk Road Elementary School	Cat. B	X						\$13,000,000
7	Expand Cafeteria, Replace Gym Floor, Upgrade entry Lighting, Wasilla Middle School	Cat. F	X						\$2,200,000
8	New High School Core Area	Cat. B	X						\$35,000,000
9	New Mid-Valley High School	Cat. E		X					\$7,500,000

Submit with CIP Application

District Priority	Project Location and Description	Primary Purpose	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Estimated Cost
10	Valley Pathways Phase III New Building	Cat. B		X					\$6,451,000
11	Fire Alarm Upgrade, Colony High School	Cat. C		X					\$600,000
12	Reroof Snowshoe Elementary	Cat. C		X					\$350,000
13	Reroof Houston Middle School Big Lake Attendance Area	Cat. C			X				\$1,076,000
14	Fire Alarm Upgrade, Houston Middle School	Cat. C			X				\$300,000
15	Upgrade Running Tracks Three High Schools	Cat. C			X				\$616,000
16	Fire Alarm Upgrade, Colony Middle School	Cat. C			X				\$450,000
17	ADA Upgrades District-Wide	Cat. C				X			\$200,000
18	Lighting Upgrades District-Wide	Cat. C				X			\$300,000
19	Energy Upgrades District-Wide	Cat. C				X			\$400,000
20	Fencing Iditarod Site	Cat. C				X			\$100,000
21	Flooring Replacements Palmer Junior Middle	Cat. C				X			\$250,000

Submit with CIP Application

District Priority	Project Location and Description	Primary Purpose	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Estimated Cost
22	Flooring Replacements District-Wide	Cat. C				X			\$400,000
23	Career Center Addition	Cat. B					X		\$10,000,000
24	Re-Roofing Big Lake Elementary	Cat. C					X		\$350,000
25	Re-Roofing Administration Building	Cat. C					X		\$530,000
26	Flooring Replacements District-Wide	Cat. C					X		\$300,000
27	ADA Upgrades District-Wide	Cat. C					X		\$225,000
28	Reroofing District-Wide	Cat. C					X		\$300,000
29	Internal Renewal Su-Valley High School	Cat. C						X	\$3,000,000
30	Wasilla High School Auditorium	Cat. B						X	\$4,000,000
31	Mechanical Upgrades Wasilla Middle School	Cat. B						X	\$650,000
32	Internal Renewal Big Lake Elementary School	Cat. C						X	\$350,000
33	Lighting Upgrades District-Wide	Cat. C						X	\$300,000

Submit with CIP Application

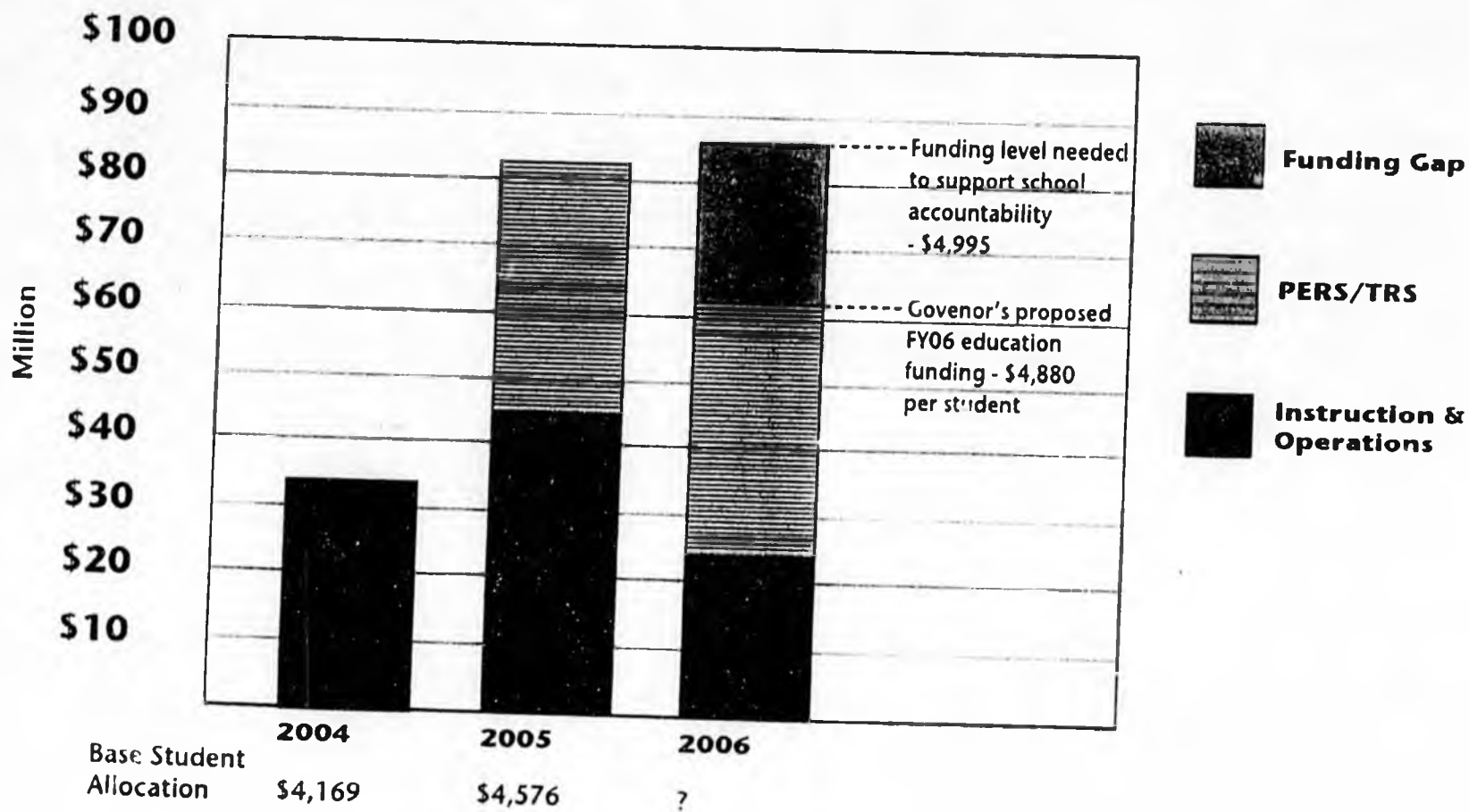
District Priority	Project Location and Description	Primary Purpose	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Estimated Cost
34	Energy Upgrades District-Wide	Cat. C						X	\$400,000

I hereby certify that the information presented is true and correct to the best of my knowledge.

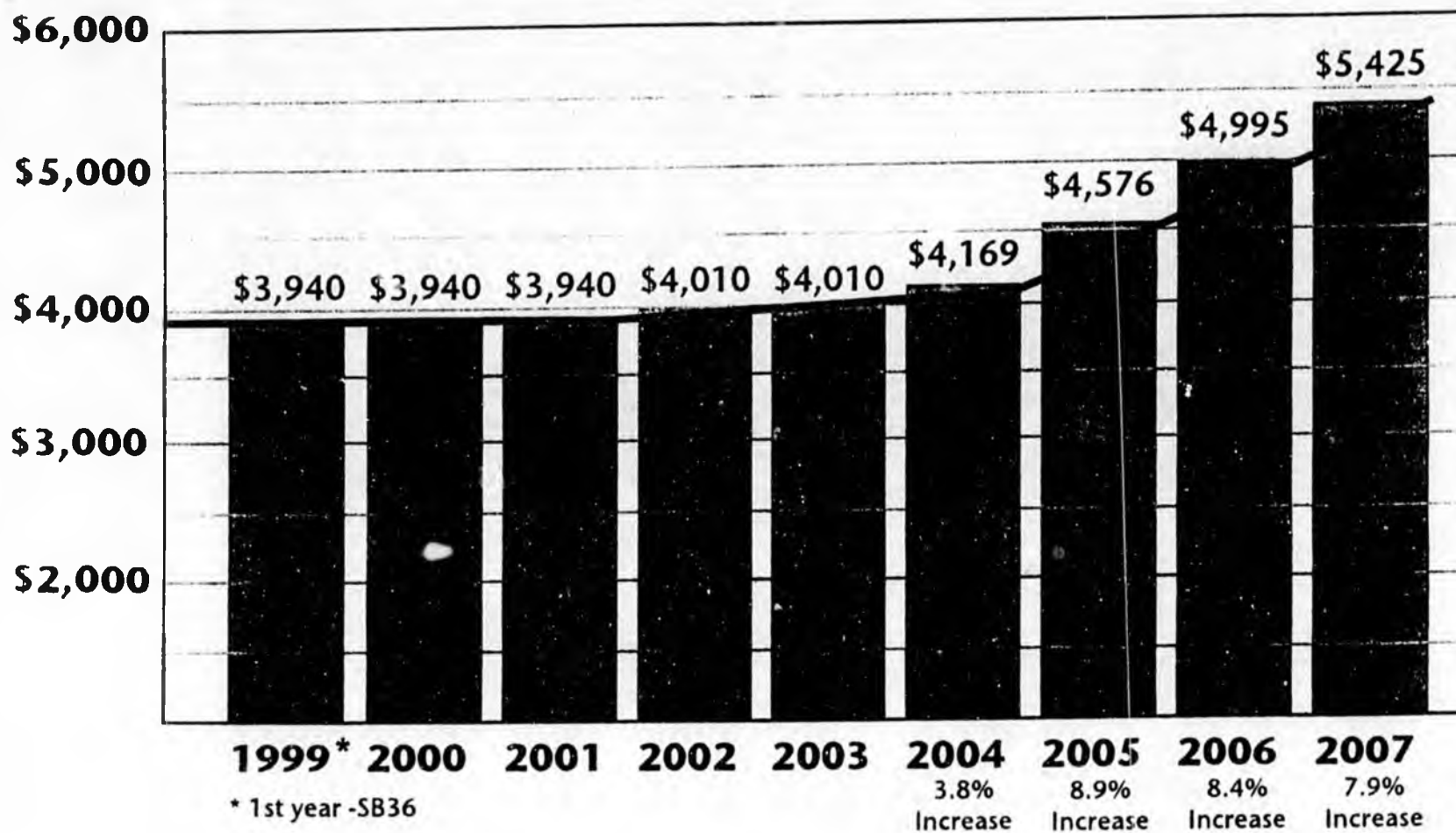
Signed  Date _____
 Chief School Administrator

Submit with CIP Application

Proposed School Funding



Base Student Allocation 1999-2007



Alaska State Legislature

Interim:
716 W. 4th Ave.
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Session:
Alaska State Capitol, Rm 408
Juneau, AK 99801-1182

Phone: (907) 465-4939
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Rep.Tom_Anderson@legis.state.ak.us

Representative Tom Anderson
District 19 - Anchorage

Sponsor Statement HB 31

Title: "An Act relating to the presumption of coverage for a workers' compensation claim for disability as a result of certain diseases for certain occupations"

Firefighters and emergency response professionals are regularly exposed to dangerous chemicals, fumes and blood borne pathogens. Nationwide, emergency personnel suffer from an increased probability of contracting certain cancers and illnesses. It has been shown that after exposure to a toxic substance many of the resulting illnesses can take years to manifest.

Firefighter and emergency personnel are a valuable and necessary part of any community. They risk their lives on a regular basis in order to ensure the safety and well being of their community.

Their sacrifice, which ends up costing them so dearly, demands action on our parts. By assuming a "presumption of illness" for certain professions such as firefighters and EMTs HB 31 is just such an action. This bill would make them eligible for health benefits in the case that they are diagnosed with certain cancers or illnesses described in the bill.

By enacting HB 31 we will provide coverage and security for our at risk emergency personnel. This legislation is necessary and urgent in order to protect and preserve our State's brave men and women of the emergency response profession.

I urge your support for this bill.

Alaska State Legislature

House of Representatives



Official Business

State Capitol
Juneau, AK
99801-1182

Sectional Analysis for SSHB 31 BY: Representative Tom Anderson

Section 1. Adds a new section to AS 23.30

- (a) Outlines the fact that there is a presumption that the illnesses listed in (b)(1)(C) and (c) are attributed to the occupations listed in other subsections of this bill. Further, the presumption may be rebutted if certain evidence is found such as tobacco use or weight problems.
- (b) Deals with the coverage specific to fire fighters
 - (1) Lists the diseases for which firefighters are covered including respiratory diseases, heart problems experienced within 72 hours of exposure to smoke, fumes or toxic substances and certain cancers.
 - (2) Extends the coverage under the presumptions of this bill for retired fire fighters for three calendar months for each year of service up to 60 calendar months after the last day of their employment
 - (3) The coverage for cancers listed under (1)(C) of this subsection apply only to firefighters with 10 or more years of service who were given a qualifying medical exam upon becoming a fire fighter that showed no evidence of cancer.
- (c) Deals with the coverage for firefighters and first response personnel
 - (1) – (5) Lists the contagious diseases this section applies to including HIV, AIDS and hepatitis
- (d) Denies the coverage provided for under (b)(1) of this section to firefighters who smoke that develop a heart or lung condition
- (e) Directs the department to define through regulation
 - (1) The type and extent of the medical examination needed to comply with (b)(3)
 - (2) The nature and quantity of a person's tobacco use based on medical research that will make them ineligible for coverage under (1)

Section 2. Amends the uncodified law of the State of Alaska by adding a new subsection

Stating that the coverage established by this act applies to claims made on or before the effective date of this Act even if the exposure happened prior to the effective date.



CITY OF KENAI

" Oil Capital of Alaska "

210 FIDALGO AVE., SUITE 200 KENAI, ALASKA 99511-7704
TELEPHONE 907-283-7635
FAX 907-283-9014



March 29, 2005

House Health, Education and Social Services Committee:

Testimony on HB 31, Workers' Comp: Disease Presumption

I am Larry Semmens, Finance Director for the City of Kenai.

Please do not pass HB 31. Workers Comp costs have risen dramatically in the last few years. The experts say that this bill will add 10% to 20% to the affected classes of employee.

The City of Kenai is already projecting a budget deficit for Fy 2006 due to revenue cuts and substantially increased costs relating to employee benefits such as PERS (up 60% this year but more than tripled since FY 2004), Health insurance up (20%). This bill is not needed by employee's with legitimate claims and it will increase costs making it more difficult for the City of Kenai to provide services.

Thank you.

A handwritten signature in cursive script that reads "Larry Semmens".

Larry Semmens

Original language Page 2 lines 13-16:

- (2) following termination of service, the presumptions established in (1) of this subsection extend to the fire fighter for a period of three calendar months for each year of requisite service but may not extend more than 60 calendar months following the last date of employment;

New language in SS to HB 31:

- (2) **notwithstanding AS 23.30.100(a)**, following termination of service, the presumptions established in (1) of this subsection extend to the fire fighter for a period of three calendar months for each year of requisite service but may not extend more than 60 calendar months following the last date of employment;

Original language Page 2 lines 22-24:

- (c) For an employee in an occupation involving exposure to human blood or bodily fluids, there is a presumption that a claim for compensation for disability as a result of the following contagious diseases is within the provisions of this chapter:

New language in SS to HB 31:

- (c) The presumption in this subsection applies to fire fighters covered under AS 23.30.243, peace officers, and emergency medical and rescue personnel. In this subsection, "emergency medical and rescue personnel" means a trauma technician, emergency medical technician, rescuer, or mobile intensive care paramedic who is a paid employee of a first responder service, a rescue service, an ambulance service, or a fire department that provides emergency medical or rescue services as part of its duties. There is a presumption that a claim for compensation for disability as a result of the following contagious diseases is within the provisions of this chapter:

**SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 31
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - FIRST SESSION**

BY REPRESENTATIVES ANDERSON, Lynn, Gatto

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the presumption of coverage for a workers' compensation claim for**
2 **disability as a result of certain diseases for certain occupations."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 *** Section 1.** AS 23.30 is amended by adding a new section to read:

5 **Sec. 23.30.121. Presumption of coverage for disability from diseases for**
6 **certain occupations.** (a) There is a presumption that a claim for compensation for
7 disability as a result of the diseases described in (b) and (c) of this section for the
8 occupations listed under (b) and (c) of this section are within the provisions of this
9 chapter. This presumption of coverage may be rebutted by a preponderance of the
10 evidence. The evidence may include the use of tobacco products, physical fitness and
11 weight, lifestyle, hereditary factors, and exposure from other employment or
12 nonemployment activities.

13 (b) For a fire fighter covered under AS 23.30.243,

14 (1) there is a presumption that a claim for compensation for disability

1 as a result of the following diseases is within the provisions of this chapter:

2 (A) respiratory disease;

3 (B) heart problems that are experienced within 72 hours after
4 exposure to smoke, fumes, or toxic substances; and

5 (C) the following cancers:

6 (i) primary brain cancer;

7 (ii) malignant melanoma;

8 (iii) leukemia;

9 (iv) non-Hodgkin's lymphoma;

10 (v) bladder cancer;

11 (vi) ureter cancer; and

12 (vii) kidney cancer;

13 (2) notwithstanding AS 23.30.100(a), following termination of service,
14 the presumptions established in (1) of this subsection extend to the fire fighter for a
15 period of three calendar months for each year of requisite service but may not extend
16 more than 60 calendar months following the last date of employment;

17 (3) the presumption established in (1)(C) of this subsection applies
18 only to an active or former fire fighter who has cancer that develops or manifests itself
19 after the fire fighter has served at least 10 years and who was given a qualifying
20 medical examination upon becoming a fire fighter or during employment as a fire
21 fighter that did not show evidence of cancer.

22 (c) The presumption in this subsection applies to fire fighters covered under
23 AS 23.30.243, peace officers, and emergency medical and rescue personnel. In this
24 subsection, "emergency medical and rescue personnel" means a trauma technician,
25 emergency medical technician, rescuer, or mobile intensive care paramedic who is a
26 paid employee of a first responder service, a rescue service, an ambulance service, or a
27 fire department that provides emergency medical or rescue services as part of its
28 duties. There is a presumption that a claim for compensation for disability as a result
29 of the following contagious diseases is within the provisions of this chapter:

30 (1) human immunodeficiency virus;

31 (2) acquired immunodeficiency syndrome;

1 (3) all strains of hepatitis;

2 (4) meningococcal meningitis; and

3 (5) mycobacterium tuberculosis.

4 (d) The provisions of (b)(1) of this section do not apply to a fire fighter who
5 develops a heart or lung condition and who has a history of tobacco product use as
6 established under (e)(2) of this section.

7 (e) The department shall, by regulation, define

8 (1) for purposes of (b)(3) of this section, the type and extent of the
9 medical examination that is needed to eliminate evidence of cancer in an active or
10 former fire fighter; and

11 (2) for purposes of (d) of this section, the nature and quantity of a
12 person's tobacco product use; the standards adopted under this paragraph shall use or
13 be based on existing medical research.

14 * **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to
15 read:

16 **APPLICABILITY.** The presumption of coverage established by this Act applies to
17 claims made on or after the effective date of this Act, even if the exposure leading to the
18 occupational disease occurred before the effective date of this Act.

ALASKA PROFESSIONAL FIRE FIGHTERS LEGISLATIVE FACT SHEET

Released 1/27/2005

HB 31 FIRE FIGHTER PRESUMPTIVE DISABILITY LAW

BACKGROUND

Fire fighters are exposed on a daily basis to stress, smoke, heat, and various toxic substances. As a result, fire fighters are far more likely to contract heart disease and cancer than other workers. And as fire fighters increasingly assume the role of the state's leading providers of emergency medical services, they are also exposed to infectious diseases. Heart disease, lung disease, cancer and infectious disease are now among the leading causes of death and disability for fire fighters, and numerous studies have found that these illnesses are occupational hazards of fire fighting.

In recognition of this linkage, 38 states have enacted "presumptive disability" laws, which presume that cardiovascular diseases, certain cancers and infectious diseases are job related for purposes of workers compensation and disability retirement unless proven otherwise. No such law covers firefighters employed in Alaska.

Under Alaska workers compensation laws, fire fighters must be able to pinpoint the precise incident or exposure that caused a disease in order for it to be considered job-related. This burden of proof is extraordinarily difficult for fire fighters to meet because they respond to a wide variety of emergency calls, constantly working in uncontrolled environments under difficult conditions. As a result, very few cases of occupational disease contracted by fire fighters have been deemed to be service-connected.

HB 31, sponsored by Representative Tom Anderson (R) has been introduced that will amend workers compensation law so the cardiovascular disease, certain cancers and infectious diseases are presumed to be job related for purposes of workers compensation and disability retirement, and places the burden on the employer to prove otherwise.

APFF POSITION

The APFF supports HB 31 which provides a disability presumption for Alaska's fire fighters

APFF ARGUMENTS

- Most states have acknowledged the occupational hazards attributed to fire fighting and have presumptive disability laws for fire fighters because it is difficult for fire fighters to identify when and where they contracted an occupational disease.
- Alaska fire fighters regularly respond to HAZMAT incidents involving chemical, radiological and biological hazards. Working in such a hazardous environment, it is virtually impossible to precisely identify when and where a fire fighter contracted a disease.
- Alaska fire fighters do not have the benefit of a presumptive disability law. Instead they are faced with a burden of proof that is nearly impossible to meet and only in extraordinary cases do fire fighters, suffering from occupational diseases, receive fair and just compensation benefits.

CURRENT STATUS

HB 31 was referred to the Labor and Commerce Committee; Other referrals – HES and Finance Committees

ALASKA PROFESSIONAL FIRE FIGHTERS
International Association of Fire Fighter, AFL-CIO, CLC
1120 E. Huffman Road, Suite 23, PMB 556 • Anchorage, Alaska 99516

Erik Tuott, Anchorage Local Rep.
907-250-2311 E_tuott@hotmail.com

What is Presumptive Legislation?

What is presumptive legislation? As its name implies, presumptive legislation presumes for the purpose of worker compensation that a fire fighter's brain cancer, for example, is the result of their employment as a career fire fighter, if they have been a fire fighter for a certain number of years.

Typically, presumptive legislation amends a state's workplace compensation legislation to state that if a career fire fighter develops a certain form of cancer, it is presumed that the cancer is a direct result of their occupation as a fire fighter, and that compensation will be granted.

In the absence of presumptive legislation, the onus is on the worker to prove their illness is a result of their occupation. Presumptive legislation changes that onus; the claim is approved automatically if the appropriate criteria are met, unless the employer can demonstrate that the illness is not a result of the fire fighter's occupation.

Without presumptive legislation, a worker who contracts an illness as the result of their job must file a worker's compensation claim, and endure the uncertainties of the claim process. This system of claims and appeals can take years to produce a final decision. Even so, there is still no guarantee the worker's compensation claim system will recognize an occupational disease and award appropriate compensation. There are cases where a fire fighter who contracted cancer as the result of years of toxic exposures and filed a claim was asked, "At which fire did you contract this cancer?"

The latent nature of the disease poses other considerations. Many fire fighters who are currently battling cancer suffered their exposures decades ago, when less was known about the importance of respiratory and other protections and when protective equipment was built to lower standards than today. In some cases, individual fire departments didn't provide enough SCBAs to equip everyone at the scene of a fire; some were lucky to get one while others entered a fire without any respiratory protection. They may have made it home safely at the end of their shift, week after week, month after month; not knowing the seeds of a brain cancer or a leukemia that developed 20 years later had been irrevocably planted.

The days of entering fires without respiratory protection are over, and fire departments across the country are implementing comprehensive fitness and wellness programs. Most fire departments require annual medical examinations that include screening for cancers and infectious diseases. Fire fighters have better understanding of the products of combustion and the adverse effects upon their health, yet, in spite of these improvements fire fighting is still one of the most dangerous occupations in the United States. For example, one in three fire fighters in Los Angeles is expected to develop cancer by the age of 60. The introduction of new chemicals, plastics, and building materials continue to contribute to the myriad of toxins that fire fighters will encounter in their career. As long as fire fighters are exposed to these toxins while serving the public, some will contract job-related diseases as a direct result. This makes it all the more important to pass presumptive legislation; to protect Alaska's fire fighters and their survivors.

Why Do Alaskan Fire Fighters need Presumptive Legislation?

Presumptions giving the benefit of the doubt to Alaskan fire fighters are justified because they are subjected to an occupational risk that would be intolerable in other lines of work. The nature of the work calls for fire fighters to mitigate emergencies in less than ideal conditions, including but not limited to extreme weather, natural disasters, acts of terrorism, and toxic environments. As of 2005, 38 states as well as the federal government have enacted some sort of presumptive legislation to protect their emergency responders. The men and women serving as Alaska's fire fighters need the same protection as their peers in other locations.

Fire Fighters and Lung Disease

There are 70,000 various toxins on file with the EPA, but in reality, when these toxins burn together, they can create more than 70 million possible combinations, the effects of which are not fully understood. Studies have shown that these toxins cause irreversible pulmonary changes and lung disease in fire fighters. (1, 2) In spite of improvements to safety gear and training, fire fighters are still regularly exposed to these toxic environments when protecting lives and property

Fire fighters also have an increased risk of dying from non-malignant respiratory diseases. (3)

Fire Fighters and Heart Disease

Fire fighters exposed to carbon monoxide have increased cardiac arrhythmias during exercise. (4)

There is strong evidence of an increased risk of death overall from heart disease among fire fighters. This is particularly true because of the strong selection criteria for health in recruitment of fire fighters and, especially regarding diabetes-free individuals. (5)

Fire Fighters and Cancers

Statistically speaking, fire fighters have been shown to be at increased risk of numerous cancers, chief among them brain, kidney, colon, bladder, bone marrow, melanoma, urinary tract, leukemia, prostate, and non-Hodgkin's lymphoma. (6)

The relationship between cancer deaths and fire fighting is expressed by the Standard Mortality Ratio (SMR). An SMR greater than 100 indicates that the observed portion of deaths from a specific cancer is greater than the expected proportion. Fire fighters experience significantly elevated SMR's of 417 for benign neoplasms, 184 for colon cancer (7), 316 for bladder cancer (8) as well as 218 for brain cancer (9), to name a few.

Fire Fighters and Infectious Diseases

Fire fighters and emergency responders routinely respond to medical calls without warning, time, or medical knowledge of their patients. Because of this, fire fighters are not afforded the same precautions as other health care professionals. Compounding emergency situations are other hazards such as broken glass, sharp objects, and poor scene lighting, to name a few. These problems place fire fighters and emergency responders at an elevated risk of being exposed to infectious diseases.



**Occupational
Cancer and the
Fire Fighter**

Harold A. Schaitberger
General President

Vincent J. Bollon
General Secretary-Treasurer

Richard M. Duffy
Director of Occupational Health and Safety

Compiled by:

**Department of Occupational Health and Safety
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IAFF DEPARTMENT OF OCCUPATIONAL HEALTH AND SAFETY

SUMMARY OF THE VIEWS ON OCCUPATIONAL CANCER IN FIRE FIGHTERS

Thank you for requesting information on Occupational Cancer in Fire Fighters. This document will serve to summarize and interpret the contents of the informational packet enclosed, as well as briefly state the views of the IAFF Department of Occupational Health and Safety on this matter.

I. Summary of Cancer in Fire Fighters

(1) It has been documented in scientific studies that fire fighters are exposed to thousands of different chemical agents during the course of their duties. Many **industrial hygiene** studies performed in fire fighters have actually measured exposures at real and simulated fires.

(2) Some of these chemicals are known to be carcinogens (cancer-causing agents). Most of the studies that have suggested that certain chemicals can cause cancer have been performed in animals, but some human epidemiologic studies do exist.

(3) Some of the chemicals to which fire fighters are exposed have been documented in epidemiologic studies to increase the risk of cancer in working populations (such as workers manufacturing or applying the agent). These include **vinyl chloride, asbestos, benzene, and polycyclic aromatic hydrocarbons (tars)**. These have been shown to cause liver cancer, lung and lung lining cancer, leukemia, and skin and lung cancer, respectively. These studies have not been performed in fire fighters, however.

(4) Several **mortality studies** have been performed in fire fighters (some of the reports are enclosed in this packet). When combining these studies, it appears that fire fighters have an increased risk (or incidence) of several types of cancer, including cancer of the **brain, rectum and colon, skin, and leukemia**. Other cancers, such as bladder cancer, have been found to be elevated in some studies but there is a lack of consistency in the findings.

The position of the IAFF Department of Occupational Health and Safety is that there is an increased incidence of some specific cancers in fire fighters.

(3) **Mortality study:** In fire fighter mortality studies, the causes of death are counted up for the fire fighters (the **observed** number of deaths) then compared to the **expected** number of deaths in the fire fighters if they had the **same rate of death** as some comparison population (usually the general U.S. population). These studies are performed in **cohorts** of fire fighters, some defined population of fire fighters with the criteria for study specified in advance (such as a minimum number of years employed, a certain city, etc.).

(4) **PMR (proportionate mortality ratio):** This is one common measure of the effect of fire fighting (or other jobs or exposures) on the incidence of disease in a fire fighter mortality study. The PMR looks at all the deaths in the population of fire fighters and calculates the **percent (or proportion)** of deaths due to a specific cause (for example, 35% of deaths were due to heart disease). This percent is then divided by the percent of deaths due to a specific cause in a comparison population. **This ratio is the PMR.** It is usually then multiplied by 100 so that PMRs above 100 mean "increased risk" (for example, a PMR of 270 is interpreted to mean that fire fighters had 2.7 times the risk of a certain cause of death). In general, the PMR is not thought to be as good an estimate of the risk of death due to a job or exposure as the SMR. PMRs are subject to many potential problems which often make them less valid epidemiologic tools.

(5) **Polycyclic aromatic hydrocarbons (PAHs):** Polycyclic means "many rings" (the molecular structure is in a ring or circle shape); aromatic means "similar to **benzene** in molecular structure"; and hydrocarbons means that the molecule consists of the atoms hydrogen and carbon. These chemicals, also known as tars, are known human carcinogens.

(6) **Risk:** Risk is expressed as a number between 0 and 1 (and if multiplied by 100 gives "**percent**"). It is most relevant for fire fighters in the context of cancer when expressed as the life time risk of developing a certain kind of cancer (for example, over the lifetime of a typical fire fighter, there is a 14% risk or **chance** of cancer "X"). The risk of a certain cancer in fire fighters can be divided by the risk of the same cancer in a comparison population to give a ratio of risks. If this is above 1, then there is an increased risk of this cancer in fire fighters.

(7) **SMR (standardized mortality ratio):** When the **observed** number of deaths from a mortality study (see above) is divided by the **expected** number of deaths based on the death rates in a comparison population, this ratio is called an SMR. The term "**standardized**" usually means that the effects of age (because cancer is known to increase with age, if one population is older than the other it would have an increased number of cancer deaths for this reason) have been removed by adjusting or standardizing the ages of the two populations (the two populations are the fire fighters and the comparison population).

the general population. This addresses the issue of the "healthy worker effect."

6) Lewis SS, Bierman HR, Faith MR. Cancer mortality among Los Angeles City Fire Fighters. February 1983.

This is a reasonably easy to read and contains good discussions of problems interpreting these types of studies (pages 6-7) and mortality patterns (pages 8-9).

IAFF Pamphlets

1) Occupational Cancer and the Fire Fighter. Department of Occupational Health and Safety, IAFF, 1982.

This is a useful summary of the most important issues in easily understood terms. It is strongest from the perspective of exposures.

Articles from the Lay Press

1) "Deadly Smoke", by Chuck Cook and Marla Cone. The Register, Santa Anna, CA, December 1983.

This is an emotional account of illness in fire fighters.

2) "Careers in Ashes", by Paul Rubin. New Times, Phoenix, AZ, August 1988.

Another emotional account of cancer in fire fighters which includes discussions of many important topics in the area.

ALASKA STATE HOUSE OF REPRESENTATIVES

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Health, Education and Social Services



State Capitol Suite 408
Juneau, AK 99508
Phone (907) 465-4939
Fax (907) 465-2418

Representative Tom Anderson

Email: Representative_Tom_Anderson@legis.state.ak.us

MEMORANDUM

Date: March 3, 2005
To: House Labor and Commerce Committee Members
From: Representative Tom Anderson
Re: Changes made in the Sponsor Substitute to HB 31

There were two changes made to HB 31 as a result of requests made at the last L&C hearing.

The first change was to include the language notwithstanding as 23.30.100(a) to page 2 line 13. This addresses a concern that existing statutes might interfere with the extension of presumption of illness coverage for certain cancers to retired firefighters.

The second change was made on page 2 lines 22-29. Subsection (c) was rewritten to narrow the scope of who is covered under the presumptive illness clause for blood borne pathogens. The original language included "persons exposed to human bodily fluids on a regular basis". The new language limits the coverage to firefighters, peace officers, emergency medical and rescue personnel.

Please see the attached word document for the actual language before and after the changes were made.



NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

ANALYSIS OF ALASKA HOUSE BILL 31

The enactment of House Bill 31 could produce a significant increase in loss costs for the relatively few class codes directly impacted (particularly firefighters). Note that the proposed language allows for coverage of claims made after the effective date of the proposal, regardless of whether or not the exposure leading to the occupational disease occurred before the effective date. Therefore, it is expected that there would be a significant impact on total system costs due to the retroactive nature of this proposal.

Summary of Bill

HB 31 creates a presumption of workers compensation coverage for firefighters for the following occupational diseases:

- Respiratory disease
- Heart problems that are experienced within 72 hours after exposure to smoke, fumes, or toxic substances
- After 10 years experience:
 - Primary brain cancer
 - Malignant melanoma
 - Leukemia
 - Non-Hodgkin's lymphoma
 - Bladder cancer
 - Ureter cancer
 - Kidney cancer

HB 31 would also create a presumption of workers compensation coverage for employees in occupations involving exposure to human blood or bodily fluids for the following diseases:

- Human immunodeficiency virus
- Acquired immunodeficiency syndrome
- All strains of hepatitis
- Meningococcal meningitis
- Mycobacterium tuberculosis

Currently, the employee has the burden of proof for compensability of a workers compensation disability claim. This proposal establishes a presumption of coverage, which must be overcome by a preponderance of evidence to the contrary. This would now place the burden of proof on the employer (and insurer.)

Additionally, this proposal could increase the frequency and total cost of claims in some classes (i.e. firefighters) significantly. It should also be noted that much of the impact for some of these classes would be felt by governmental entities as the employer of many of those being impacted by this proposal.

March 1, 2005

Potential Impact

Information about Alaska cancer rates and research on the relationship between cancer rates and firefighters suggest that **cost of prospective claims in this classification could increase loss costs by 10% to 20%, with potentially greater impacts due to the retroactive nature of this proposal.** If HB 31 becomes law, respiratory diseases, heart problems, and cancer cases for firefighters previously covered under health insurance would more likely be covered under WC due to the exclusive remedy feature of WC, the lack of medical cost sharing under WC, and the proposed presumption of compensability for firefighters.

The above scenario assumes that current practice is not to provide WC coverage for such ailments (respiratory disease, heart ailments, certain cancers) for most claims. On the other hand, if most of the claimants with such ailments were currently being accepted for WC coverage, then the codification of this practice would not have much impact on system costs.

In situations where employees file claims as a result of their occupation and associated exposure to human blood or bodily fluids, the impact on WC costs for such classes is not expected to be significant. Such employees could include law enforcement officers, firefighters, nurses and emergency medical technicians, among others. Based on claims data available from NCCI's unit statistical plan (USP), there are several claims in Alaska that have resulted from exposure to AIDS or other contagious diseases. Thus, it appears that the enactment of HB 31 will result in the codification of current practice. Any additional impact will be reflected in subsequent data that is collected and used in future rate filings. However, due to the retroactive coverage provided by this proposal, the overall costs could be significant. Since coverage for such claims may not have been contemplated in previous loss cost filings, such retroactive costs would be unfunded.

Other potential impacts not explicitly priced but expected to offset one another to some degree are:

- a) Decrease in attorney costs due to fewer cases where an attorney needs to be involved as a result of the presumptive clause for firefighters, emergency responders, which could be easily offset or more by...
- b) Additional claim filings and disputes over other related diseases or occupations, filed in the spirit of this proposal.

MAR 17 2005



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aknurse@aknurse.org

March 16, 2005

Representative Peggy Wilson, Chair
House Health, Education & Social Services Committee
State Capitol Building Room 108
Juneau, Alaska

Subject: HB31, Presumption for Certain Illness/Work Comp Claims

Dear Representative Wilson:

Thank you for meeting with Patricia Senner and myself in Juneau on Thursday, March 3.

Among the issues we discussed was House Bill 31, an Act establishing a presumption regarding certain illnesses for workers compensation claims. You requested information so you could assess how these presumptions might impact worker compensation insurance premiums.

A summary analysis to HB31 was done by the National Council on Compensation Insurance (NCCI) on March 1, 2005. NCCI manages the nation's largest database of workers compensation insurance information, and prepares recommendations for rates.

NCCI reports that HB31 could increase the frequency and total cost of claims in some classes (i.e., firefighters) significantly. However, in situations where employees file claims as a result of their occupation and associated exposure to blood borne pathogens, the impact on costs is not expected to be significant.

A presumption of coverage for blood borne pathogens is needed due to the many experiences nurses have had by being stuck with contaminated needles from HIV/Hepatitis C patients. It has been reported that in some states without such presumptions, nurses and other health care workers have been subjected to private investigations to try and prove that the blood borne infection they acquired was due to their "lifestyle" and not the hazards of their job.

The original version of the HB31 provided an important protection for health care employees infected with a blood borne pathogen during the course of their employment, and would be good policy for the State of Alaska. The presumptions offered should be afforded to all care providers who face accidental exposure to blood borne pathogens and not just those on one side of the emergency room door or the other.

2:18-24

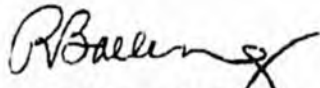
The Sponsor Substitute House Bill 31 limits the presumption for blood borne pathogens to firefighters, peace officers and emergency responders. This entirely deletes the same coverage for all other health care workers. It is as if the care of the patient stopped at the emergency room door.

As you know, the continuation of the care of patients with blood borne diseases starts in the field and continues on through the emergency room door where the care continues for that same patient for many hours, days and sometimes weeks.

Earlier this month, HB31 was announced at a national nurses meeting for the American Nurses Association. It drew the attention of the American Nurses Association national delegates as well as the President Barbara Blakney, who responded by stating that the sponsor substitute had the appearance of being discriminatory given that health care workers are predominately female.

Thank you for the opportunity to meet and speak with you on this issue. The Alaska Nurses Association appreciates all the hard work you do as representatives of your constituents in protecting health care workers of Alaska.

Sincerely,



Rebecca Bolling, RN, BSN
President, Alaska Nurses Association
2928 Baranof Ave.
Ketchikan, AK 99901
907.225.4087

IAFF LEGISLATIVE FACT SHEET

Revised: 4/11/2003

FEDERAL FIRE FIGHTERS PRESUMPTIVE LAW

BACKGROUND

Fire fighters are exposed on a daily basis to stress, smoke, heat, and various toxic substances. As a result, fire fighters are far more likely to contract heart disease, lung disease and cancer than other workers. And as fire fighters increasingly assume the role of the nation's leading providers of emergency medical services, they are also exposed to infectious diseases. Heart disease, lung disease, cancer and infectious disease are now among the leading causes of death and disability for fire fighters, and numerous studies have found that these illnesses are occupational hazards of fire fighting.

In recognition of this linkage, 38 states have enacted "presumptive disability" laws, which presume that cardiovascular diseases, certain cancers and infectious diseases are job related for purposes of workers compensation and disability retirement unless proven otherwise. No such law covers fire fighters employed by the federal government.

Under the Federal Employee Compensation Act (FECA), federal fire fighters must be able to pinpoint the precise incident or exposure that caused a disease in order for it to be considered job-related. This burden of proof is extraordinarily difficult for fire fighters to meet because they respond to a wide variety of emergency calls, constantly working in different environments under different conditions. As a result, very few cases of occupational disease contracted by fire fighters have been deemed to be service-connected.

CURRENT LEGISLATION

H.R. 1101, sponsored by Reps. Rodriguez (D-TX) and JoAnn Davis (R-VA), and **S. 530**, sponsored by Sen. Kerry (D-MA), have been introduced that will amend the FECA so that cardiovascular disease, certain cancers and infectious diseases are presumed to be job related for purposes of workers compensation and disability retirement, and places the burden on the employer to prove otherwise.

IAFF POSITION

The IAFF supports H.R. 1101 and S. 530 which provide a disability presumption for federal fire fighters.

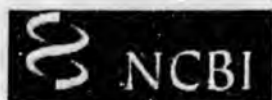
IAFF ARGUMENTS

- Federal fire fighters, like all fire fighters, regularly respond to HAZMAT incidents involving chemical, radiological, and biological hazards. Working in such a hazardous environment, it is virtually impossible to precisely identify when and where a fire fighter contracted a disease.
- Most states have acknowledged the occupational hazards attributed to fire fighting and have presumptive disability laws for fire fighters because it is so difficult for fire fighters to identify when and where they contracted an occupational disease.
- Federal fire fighters do not have the benefit of a presumptive disability law. Instead they are faced with a burden of proof that is nearly impossible to meet and only in extraordinary cases do federal fire fighters, suffering from occupational diseases, receive fair and just compensation or retirement benefits.
- It is only fair that the federal government should provide parity for federal fire fighters who are exposed to the same occupational hazards as other professional fire fighters. There is no legal or rational reason why federal fire fighters do not have the same right as fire fighters in 38 states.

CURRENT STATUS

On 3/5/2003 H.R. 1101 was introduced and referred to the House Committee on Education and the Workforce.

On 3/5/2003 S. 530 was introduced and referred to the Senate Committee on Governmental Affairs.



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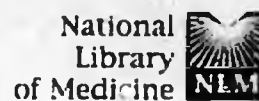
PubMed Central

Mortality of urban firefighters in Alberta, 1927-1987.

Guidotti TL.

Occupational Health Program, University of Alberta Faculty of Medicine, Edmonton, Canada.

The mortality experience of firefighters has been an active topic of investigation. Collateral toxicological evidence suggests that certain causes of death are likely to be associated with firefighting: lung cancer, heart disease, and obstructive pulmonary disease. To date there has not been a clear and consistent demonstration of excess risk due to occupational exposure for these outcomes, but certain other cancers, including genitourinary, colon and rectum, and leukemias, lymphomas, and myeloma, appear to be consistently elevated. A major unproven hypothesis is that risk increased following the introduction, in the 1950s of combustible plastic furnishing and building materials known to generate toxic combustion products. Mortality by cause of death was examined for two cohorts totalling 3,328 firefighters active from 1927 to 1987 in Edmonton and Calgary, the two major urban centers in the province of Alberta, Canada, examining associations with cohort (before and after the 1950s) and years of service weighted by exposure opportunity. The study attained 96% follow-up of vital status and over 64,983 person-years of observation, yielding 370 deaths. Mortality from all causes was close to the expected standardized mortality ratio (96; 95% confidence limits (CL) 87, 107) as was that for heart disease (110; 95% CL 92, 131), and neither was statistically significant at the $p < 0.05$ level (N.S.). Excesses were observed for all malignant neoplasms (127; 95% CL 102, 155, $p < 0.05$) and for cancer of lung (142; 95% CL 91, 211, N.S.), bladder (315; 95% CL 86, 808, N.S.), kidney and ureter (414; 95% CL 166, 853, $p < 0.05$), colon and rectum (161; 95% CL 88, 271, N.S.), pancreas (155; 95% CL 50, 362, N.S.) and leukemia, lymphoma, and myeloma (127; 95% CL 61, 233, N.S.); obstructive pulmonary diseases (157; 95% CL 79, 281, N.S.). Fire-related causes showed a marked excess (486; 95% CL 233, 895, $p < 0.01$), but external causes overall showed a significant deficit (66; 95% CL 49, 87, $p < 0.05$). The lung cancer excess was confined to Edmonton; there was no consistent association with duration of employment, exposure opportunity, or cohort of entry (before or after the 1950s) except that the highest risk was observed among Edmonton firefighters with over 35 weighted years. The excess of cancers of the urinary tract was observed mostly among firefighters entering service after 1950, appeared to increase with length of service and exposure opportunity, and was observed in both cities. An occupational association with heart disease and chronic pulmonary disease is not supported in this study on this population. (ABSTRACT TRUNCATED AT 400 WORDS)



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Cancer incidence among firefighters in Seattle and Tacoma, Washington (United States).

Demers PA, Checkoway H, Vaughan TL, Weiss NS, Heyer NJ, Rosenstock L.

School of Public Health and Community Medicine, University of Washington, Seattle.

In order to determine if exposure to carcinogens in fire smoke increases the risk of cancer, we examined the incidence of cancer in a cohort of 2,447 male firefighters in Seattle and Tacoma, (Washington, USA). The study population was followed for 16 years (1974-89) and the incidence of cancer, ascertained using a population-based tumor registry, was compared with local rates and with the incidence among 1,878 policemen from the same cities. The risk of cancer among firefighters was found to be similar to both the police and the general male population for most common sites. An elevated risk of prostate cancer was observed relative to the general population (standardized incidence ratio [SIR] = 1.4, 95 percent confidence interval [CI] = 1.1-1.7) but was less elevated compared with rates in policemen (incidence density ratio [IDR] = 1.1, CI = 0.7-1.8) and was not related to duration of exposure. The risk of colon cancer, although only slightly elevated relative to the general population (SIR = 1.1, CI = 0.7-1.6) and the police (IDR = 1.3, CI = 0.6-3.0), appeared to increase with duration of employment. Although the relationship between firefighting and colon cancer is consistent with some previous studies, it is based on small numbers and may be due to chance. While this study did not find strong evidence for an excess risk of cancer, the presence of carcinogens in the firefighting environment warrants periodic re-evaluation of cancer incidence in this population and the continued use of protective equipment.

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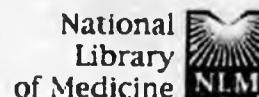
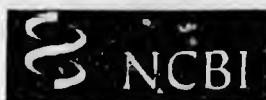
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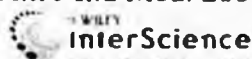
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Cohort mortality study of Philadelphia firefighters.

Baris D, Garrity TJ, Telles JL, Heineman EF, Olshan A, Zahm SH.

Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, Maryland 20892, USA. barisd@mail.nih.gov

BACKGROUND: Fire fighters are exposed to a wide variety of toxic chemicals. Previous studies have reported excess risk of some cancers but have been limited by small numbers or little information on employment characteristics. **METHODS:** We conducted a retrospective cohort mortality study among 7,789 Philadelphia firefighters employed between 1925 and 1986. For each cause of death, the standardized mortality ratios (SMRs) and 95% confidence intervals were estimated. We also compared mortality among groups of firefighters defined by the estimated number of career runs and potential for diesel exposure. **RESULTS:** In comparison with U.S. white men, the firefighters had similar mortality from all causes of death combined (SMR = 0.96) and all cancers (SMR = 1.10). There were statistically significant deficits of deaths from nervous system diseases (SMR = 0.47), cerebrovascular diseases (SMR = 0.83), respiratory diseases (SMR = 0.67), genitourinary diseases (SMR = 0.54), all accidents (SMR = 0.72), and suicide (SMR = 0.66). Statistically significant excess risks were observed for colon cancer (SMR = 1.51) and ischemic heart disease (SMR = 1.09). The risks of mortality from colon cancer (SMR = 1.68), kidney cancer (SMR = 2.20), non-Hodgkin's lymphoma (SMR = 1.72), multiple myeloma (SMR = 2.31), and benign neoplasms (SMR = 2.54) were increased among firefighters with at least 20 years of service. **CONCLUSIONS:** Our study found no significant increase in overall mortality among Philadelphia firefighters. However, we observed increased mortality for cancers of the colon and kidney, non-Hodgkin's lymphoma and multiple myeloma. There was insufficient follow-up since the introduction of diesel equipment to adequately assess risk.

PMID: 11333408 [PubMed - indexed for MEDLINE]

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FIREFIGHTERS WANT WCB TO RECOGNIZE WORK-RELATED CANCERS

VANCOUVER – The British Columbia Workers' Compensation Board has been asked to examine a request that firefighters who develop certain cancers be presumed to have contracted them through work, said Labour Minister Graham Bruce.

In a meeting with the B.C. Professional Firefighters' Association Thursday, Bruce and Burnaby-Edmonds MLA Patty Sahota heard that firefighters are up to three times more likely to develop cancers of the brain, bladder and kidney, as well as leukemia and non-Hodgkin's lymphoma, from breathing in toxic fumes.

"Clearly the firefighters strongly believe their concerns about work-related cancers should be recognized by the WCB," said Bruce, "and I believe they should have an opportunity to meet with the WCB."

Bruce said he has asked the WCB to consider the firefighters' request. The WCB is already looking into this matter, the minister added, and has advised him it will consult with firefighters as part of its process.

The Workers Compensation Act lists a number of occupational diseases where there is a presumption that the disease was caused by work unless proved otherwise. Currently, firefighters who develop cancers must make their case on an individual basis in order to get workers' compensation.

Bruce noted the WCB had been revamped with a new board of directors and a new mandate, "and we have to give the process a chance to work. If the WCB determines that the science supports a causal relationship between firefighting and these cancers, then we will make the appropriate changes."

Sahota said Manitoba, Alberta, Nova Scotia and Saskatchewan have either enacted or are in the process of enacting legislation providing firefighters with the benefit of a presumption for specific types of cancers including brain, bladder, kidney, non-Hodgkin's lymphoma, leukemia and colon.

The effect of such legislation is that a firefighter who develops the particular cancer will be entitled to workers' compensation benefits without having to prove a link between exposures at work and the cancer.

-30-

Visit the province's Web site at <http://www.gov.bc.ca/> for online information and services.

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Rep.Tom.Anderson@legis.state.ak.us

Representative Tom Anderson
District 19 - Anchorage

States That Have Enacted Presumptive Cancer Laws

<u>State</u>	<u>Statute</u>
Alabama	11-43-144
Arizona	38-642
California	Labor Code 3212.1
Illinois	5/6-151.1
Louisiana	33:2011
Maryland	Labor 9-503
Massachusetts	32-94B
Minnesota	176.011
Nevada	617.453
New Hampshire	281-A:17
New York	Labor 207-K
North Dakota	65-01-02
Oklahoma	49-110
Rhode Island	45-21.2-9
Tennessee	50-6-301
Texas	Labor 401.001
Virginia	65.2-402

NATIONAL CONFERENCE OF STATE LEGISLATURES
Workers Compensation Coverage for Hepatitis C, Cancer, Heart Disease

Alabama § 11-43-144 (f), Compensation for illness due to hepatitis C infection for firefighters. Includes Hypertension, Heart Disease, Respiratory Disease, AIDS, Cancer, and Hepatitis.

Colorado § 8-41-208, Coverage for job related exposure to hepatitis C. The exposure to or contraction of hepatitis C by a firefighter, emergency services provider, or peace officer. Shall be presumed to be within the course and scope of employment if conditions are satisfied.

Arizona § 23-1043.03 Compensation for illness due to hepatitis C infection for firefighters, EMT's, police officers, paramedics, corrections officers, forensics lab techs/scientists, or any other person who regularly handles blood or bodily fluids.

California Labor Code § 3212.8 Compensation for illness due to hepatitis infection (presumably all forms) for firefighters and police officers, whether volunteer or employed.

Florida § 112.181 Compensation for illness due to hepatitis C infection for firefighters, paramedics, EMT's, police officers, and corrections officers employed full-time by the state or other political subdivisions of the state.

Idaho § 72-438 Compensation for illness due to all forms of hepatitis for all employees; for exceptions see 72-212. Including silicosis, cardiovascular or pulmonary or respiratory disease and AIDS.

Kansas § 44-510 (e) Compensation for illness due to hepatitis infection (presumably all forms) for police officers, ambulance attendants, and mobile intensive care technicians or firefighters, including volunteers.

Maine
39-A § 609; Compensation limits; Includes cancer.

Maryland General Health Code § 18-213.1 Compensation for illness as a result of any form of hepatitis infection for police officers, ambulance attendants, and mobile intensive care technicians or firefighter, including volunteers.

Michigan 418.405; Firemen, policemen, etc.; respiratory and heart diseases or illness as personal injuries

Missouri 287.067; Occupational disease defined--loss of hearing, radiation injury, communicable disease, others; Disease of the lungs or respiratory tract, hypotension, hypertension, or disease of the heart or cardiovascular system, including carcinoma, may be recognized as occupational diseases for the purposes of this chapter and are defined to

be disability due to exposure to smoke, gases, carcinogens, inadequate oxygen, or psychological stress of firefighters of a paid fire department if a direct causal relationship is established.

New York General Municipal Law § 24-207-N, O, P Compensation for illness as a result of hepatitis infection for corrections officers, EMTs or advanced EMTs, police officers, and firefighters.

Nevada

N.R.S. 617.453 Cancer as occupational disease of firemen

N.R.S. 617.455 Lung diseases as occupational diseases of firemen and police officers

N.R.S. 617.457 Heart diseases as occupational diseases of firemen and police officers

Pennsylvania

77 P.S. § 27.1 Includes some cancers and heart diseases

South Carolina § 42-11-30. Presumption that heart or respiratory diseases occurring in fire fighters arose out of and in course of employment.

Virginia § 65.2-402 Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer

Washington 51.32.185 Includes cancer and some respiratory and heart diseases

Chaptered Bills

MD S.B. 633, Chaptered APRIL 22, 2003; Extends the presumption of a compensable occupational disease under the workers' compensation law to include Baltimore City deputy sheriffs who suffer from heart disease or hypertension resulting in partial or total disability or death; requires that workers' compensation benefits in addition to retirement benefits; requires Baltimore City deputy sheriffs to submit medical reports to the Baltimore City Sheriff

NV A.B. 451, Chaptered MAY 30, 2003. Relates to occupational diseases; clarifies provisions governing compensation for certain firemen who develop disabling cancer as an occupational disease.

NV S.B. 184, Chaptered JUNE 12, 2003. Relates to public employees; expands the definition of accident benefits for purposes of industrial insurance to include preventative treatment for hepatitis administered as a precaution to certain local police officers; creates a statutory presumption that hepatitis is an occupational disease for certain local police officers.

NM H.B. 840, APRIL 11, 2003; Pocket Veto by GOVERNOR. Relates to worker's compensation; removes silicosis and asbestosis exemptions in the New Mexico occupational disease disablement law.

NY S.B. 7367, Chaptered JANUARY 30, 2003, Provides a presumption of that a disease of the heart was incurred in the performance of duty for EMTs and advanced EMTs in certain cities.

VA H.B. 757, Chaptered APRIL 8, 2002, Relates a presumption that hepatitis, meningococcal meningitis, tuberculosis, herpes or HIV causing the death or disability of firefighters, paramedics, emergency medical technicians, members of the State Police Officers' Retirement System, members of county, city or town police departments, sheriffs and deputy sheriffs, city sergeants or deputy city sergeants of certain cities, and the Capitol Police shall be occupational diseases

VA H.B. 1237, Chaptered APRIL 6, 2002; Provides that medical evidence contesting the relationship between employment and disease shall not be considered substantial competent medical evidence sufficient to overcome the respiratory disease, heart disease, or cancer presumptions for the purpose of workers' compensation; defines firefighter as any firefighter, paramedic or emergency medical technician employed by any public or private employer.

VA H.B. 1877, Chaptered MARCH 22, 2003; Eliminates the provision in Workers' Compensation that delays the application of the presumption that certain diseases causing the death or disability of a firefighter or certain other employees who have a documented occupational exposure to blood or body fluids are presumed to be occupational diseases until 6 months after the employee has undergone a preemployment physical examination.

AZ S.B. 1197, Chaptered JANUARY 29, 2003, Concerns workers' compensation and peace officers assigned to hazardous duties

July 2003

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 31
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title Workers Compensation Coverage RDU Insurance (116)
 Component Insurance Operations
 Sponsor Anderson
 Requester House Labor & Commerce Component No. 354

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This is a benefits bill and has no fiscal impact on the operations of the division.

Prepared by: Linda S. Hall, Director Phone 907.269.7900
 Division Insurance Date/Time 2/7/05 10:46 AM
 Approved by: Edgar Blatchford, Commissioner Date 2/7/2005
 Agency Commerce, Community & Economic Development

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 31
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title An act relating to presumption of RDU Risk Management
coverage of w/c in certain occupations Component Risk Management
 Sponsor _____
 Requester _____ Component No. 71

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	**	**	**	**	**	**

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	**	**	**	**	**	**

Estimate of any current year (FY2005) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Risk Management (RM) will be adversely affected by the changes in this legislation. RM administers the self insurance program providing workers' compensation protection for all state employees, including illness claims filed by occupations affected by this legislation.

The self insured worker's compensation claims will realize increased litigation and benefit costs. As the number of reported exposures will vary by year, it is difficult to present accurate projections.

Future Risk Management's workers' compensation assessments to those agencies with employee occupations affected will reflect actual costs incurred as premiums charged each agency are developed from actual claims expenses incurred.

Prepared by: J. Brad Thompson, Director Phone 465-5723
 Division Risk Management Date/Time 2/9/05 10:00 AM
 Approved by: Michael Tibbles, Deputy Commissioner Date 2/9/2005
 Agency Administration

LEGAL SERVICES

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MEMORANDUM

December 15, 2004

SUBJECT: Establishing a presumption of coverage in Workers Compensation for occupational diseases. (Work Order No. 24-LS0225VA)

TO: Representative Tom Anderson
Attn: Josh Applebee

FROM: Barbara R. Craver *BRC*
Legislative Counsel

You asked for a bill to provide a broad presumption of coverage in workers compensation for public safety employees and other first responders. You attached several state laws and some articles. Enclosed is a draft bill. Your attachments indicated that the primary concern was the unique risks for disease suffered by fire fighters and by persons engaged in occupations involving exposure to human blood or bodily fluids.

In regard to fire fighters, I defined the term "fire fighters" as those who are covered by workers compensation under AS 23.30.243.¹ This would cover volunteer fire fighters serving regularly organized volunteer fire departments. The Washington law (RCW 51.32.185) defines fire fighters by reference to the definitions in its public employment retirement system. The Texas bill (not enacted) applies the presumption to fire protection personnel who are various kinds of permanent fulltime employees. You could limit the application of this bill to fire fighters covered by the Public Employees Retirement System (PERS), but that would not include the numerous volunteer fire fighters who are not employees of PERS members. Because AS 23.30.243 extends workers compensation coverage to volunteers as well as employees, I incorporated that

¹ Sec. 23.30.243. Extending coverage to certain fire fighters.

(a) For the purposes of workers' compensation any injury, disability or death incurred by a fire fighter by reason of the fire fighter's participation in authorized training, proceeding to or engaging in a fire suppression or rescue operation, or the protection or preservation of life or property, anywhere in the state is considered to have arisen out of and been sustained in the course of employment, and the fire department or regularly organized volunteer fire department of the fire fighter's primary employment or registration is considered to be the employer, except when the injured, at the time of injury or death, is acting for compensation from another.

(b) Nothing in this section requires the extension of benefits to a fire fighter employed by a municipality which by law or regulation expressly prohibits the activity giving rise to the injury, disability, or death.

section to define the scope of fire fighters covered. Please let me know if you would like a different definition.

This bill only allows the presumption of work-related cancer for fire fighters who had a "qualifying medical exam" upon becoming a fire fighter or during employment as a fire fighter if the exam showed no sign of cancer. This is derived from the Washington code, RCW 51.32.185(3) and the Texas bill. The Texas bill you provided extends the presumption to a person who has an exam during employment as a fire fighter to rule out pre-existing cancer. I cannot find a definition in those laws and bills for "qualifying exam." In the bill draft, I have directed the department to define by regulation what a "qualifying exam" would be, because a medical exam might not be thorough enough to detect cancer. Because this bill includes volunteers with regularly organized fire departments, it is possible that those departments do not require medical exams, so you may wish to consider whether this limitation unfairly exempts those fire fighters from the presumption. Because of this medical exam requirement, it is possible that many current fire fighters will not qualify for the presumption either because their employer won't pay for a qualifying exam or because the fire fighter has already developed cancer.

In regard to the presumption established for workers exposed to human blood or bodily fluids, I did not limit that to "first responders." We do not have any current definition in the statutes for "first responders", or any other term that covers all the occupations you had listed: fire fighters, airport police, corrections officers, trooper and other first responders. Because contagious diseases transmitted through exposure to human blood and bodily fluid were covered specifically for fire fighters in the Washington code section (RCW 51.32.185(4)), and generally for any occupation in the Idaho law (I.C. 72-436), I took the more general approach and provided a presumption for any occupation involving exposure to human blood or bodily fluids. If you would like that presumption applied more narrowly, please let me know.

Section Two provides that claims may be made based on exposure which occurred prior to the effective date of the law.

If I may be of further assistance, please advise.

BRC:lmb
04-195.lmb

Enclosure