AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3221

Created 3/26/07 by Jeannette Lacey
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POVERTY GUIDE

There may be a misconception when referencing the poverty guideline that those with incomes above the poverty guideline are not living in poverty while those with incomes below the poverty guideline are living in poverty when the guideline itself is inaccurate.

The U.S. Federal Poverty Guideline was developed in 1963 and the structure has not been changed since this time to account for U.S. social changes such as health care costs and long-term care needs. It has only increased to keep pace with inflation.

When the U.S. Federal Poverty Guideline was initially created, it was set at a level which was 50% of the median of U.S. households. Household incomes have increased at a rate faster than the Poverty Guideline has kept up with. Today, the Poverty Guideline is closer to one third of the median of U.S. households. In Alaska, it is only 26%.

Alaska Demographics:

2005 Population of persons 65 years and over:	2005 % of individuals age 65 and over below the poverty level:	% of senior headed households with income under $20,000
42,156	7%	27%

2005 Alaska Median Income for a family of two:	2005 US Federal Poverty Guidelines for a family of two:	**% of AK Median Income:**	**50% of AK Median Income**	60% of AK Median Income
$60,983	$16,030	**26%**	**$30,491**	$36,590

Senior Care prescription drug eligibility limits:	Individual	Couple
	$20,913	$28,053
Percent of 2007 FPG	164%	164%

2007 US Health and Human Services Poverty Guidelines (Alaska):

	Individual		**Family of two (couple)**	
	Annual	Monthly	Annual	Monthly
75%	$9,578	$798	$12,840	$1,070
100%	$12,770	$1,064	$17,120	$1,427
135%	$17,240	$1,437	$23,112	$1,926
150%	$19,155	$1,596	$25,680	$2,140
175%	**$22,348**	**$1,862**	**$29,960**	**$2,497**

Income with Senior Assistance:

	Individual		**Couple**	
	Annual	Monthly	Annual	Monthly
75%	$12,578	$1,048	$18,840	$1,570
100%	$14,870	$1,239	$21,320	$1,777
135%	$18,740	$1,562	$26,112	$2,175
150%	$20,655	$1,721	$28,680	$2,390
175%	$23,848	$1,987	**$32,960**	$2,747

Sources:

Glennerster, H. (2002). United States poverty studies and poverty measurement: The past twenty-five years. *The Social Service Review 76*(1), 83-107.

Report on the Economic Well-Being of Alaska Seniors
http://www.hss.state.ak.us/aging/documents/SeniorWellbeingReport.pdf

State of Alaska Department of Labor
http://www.labor.state.ak.us/research/col/col.pdf

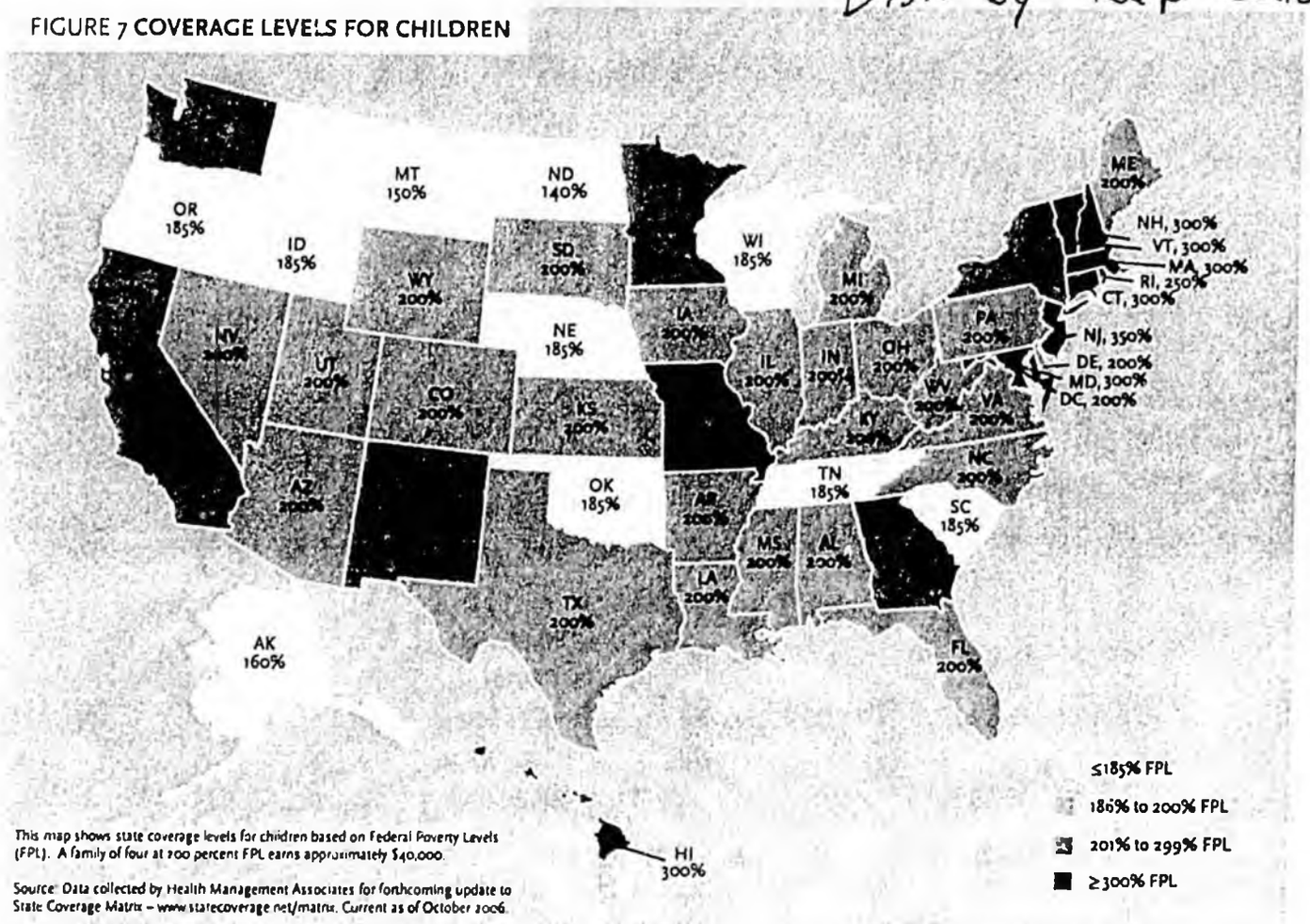
State of Alaska Department of Health and Social Services, Division of Senior and Disability Services
http://health.hss.state.ak.us/dsds/seniorcaresig.htm

U.S. Census Bureau
http://www.census.gov/hhes/www/income/medincsizeandstate.html

U.S. Department of Health and Human Services
http://aspe.hhs.gov/poverty/07/poverty.shtml

4-2-07
Dist. by Rep. Garc

FIGURE 7 **COVERAGE LEVELS FOR CHILDREN**



This map shows state coverage levels for children based on Federal Poverty Levels (FPL). A family of four at 200 percent FPL earns approximately $40,000.

Source: Data collected by Health Management Associates for forthcoming update to State Coverage Matrix – www.statecoverage.net/matrix. Current as of October 2006.

premium assistance program or an individual plan. O-EPIC is funded by state general fund revenues generated by a tobacco tax, along with federal matching funds under Title XIX and employer and employee contributions.

The Premium Assistance program, launched in November 2005, helps qualified employees in small businesses of 50 or fewer employees purchase health insurance coverage through their employer. The employer works with an insurance agent to choose a qualified private health plan to offer its employees. The Premium Assistance program pays 60 percent of the health insurance premium for qualified employees with incomes below 185 percent FPL and 85 percent of the premium for the qualified enrollee's spouse. Employers are expected to contribute 25 percent of the employee's premium and employees are expected to contribute up to 15 percent for themselves and 15 percent for their spouses.

The Individual Plan will be launched shortly and is designed as a safety net health plan for qualified individuals with incomes below 185 percent FPL and who are ineligible to participate in O-EPIC Premium Assistance. The Individual Plan includes self-employed individuals not eligible for small group health coverage; workers at small businesses who are either not eligible to participate in their employer's health plan or whose employer does not offer a qualified health plan; and unemployed individuals who are currently seeking work. The Individual Plan also provides coverage to working individuals with a disability whose income exceeds the Medicaid eligibility level but is below 200 percent FPL, and who meet "ticket to work" requirements.[31] The Individual Plan provides coverage through private managed care plans that also serve the Medicaid program; however, the benefit package is less comprehensive than Medicaid or most products offered in the commercial market.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: HB 198
(H) Publish Date: 3/26/07
Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):
Title SENIOR ASSISTANCE PAYMENT PROGRAM
RDU Public Assistance
Component SeniorCare

Sponsor HAWKER
Requester HOUSE (HES)
Component No. 2760

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	308.7	308.7	308.7	308.7		
Travel	6.5	6.5	6.5	6.5		
Contractual	186.5	126.5	126.5	126.5		
Supplies	29.0	29.0	29.0	29.0		
Equipment						
Land & Structures						
Grants & Claims	14,824.5	15,017.2	15,212.4	15,410.2		
Miscellaneous						
TOTAL OPERATING	15,355.2	15,487.9	15,683.1	15,880.9	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)						
1002 Federal Receipts						
1003 GF Match						
1004 GF	15,355.2	15,487.9	15,683.1	15,880.9		
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	15,355.2	15,487.9	15,683.1	15,880.9	0.0	0.0

Estimate of any current year (FY2007) cost:
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal: [ ]

POSITIONS						
Full-time	4	4	4	4		
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

This legislation repeals the SeniorCare program and adopts in its place, the Alaska Senior Assistance Payment program, which will be in effect until June 30, 2011. It eliminates the SeniorCare prescription drug benefit and repeals the Alaska Longevity Bonus. It sets the maximum income eligibility level for seniors age 65 and older to 135% of the federal poverty guideline that is adjusted each year.

The bill sets the monthly benefit at one of three amounts that depend on the household's income level. The monthly benefit amounts will be $250 if household income is less than 75% of

(continued next page)

Prepared by: Ellie Fitzjarrald, Director — Phone 465-2680
Division: Division of Public Assistance — Date/Time 03/19/2007
Approved by: Karleen Jackson, Commissioner — Date 03/21/2007
Agency: Department of Health and Social Services

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

poverty, $175 if household income is between 75% and 100% of poverty, and $125 if household income is between 100% and 135% of federal poverty guideline.

Benefit Costs

Assumptions:

This fiscal note assumes the new Alaska Senior Assistance Payment program begins July 1, 2007, and includes the increase in the maximum income limit to 135% of the federal poverty level for 2007. It also assumes there will not be an asset test to qualify for the program.

* In FY 08, the deparment estimates an average of 7,043 seniors who currently qualify for the SeniorCare cash benefit will continue to qualify for the new Alaska Senior Assistance Payment program.
* The department estimates an additional 300 seniors will qualify for the new program under the higher income limits. This represents the number of seniors who became ineligible for the SeniorCare program due to the income limits being frozen at the 2005 levels.
* The department estimates an additional 300 seniors will qualify for the new program due to the elimination of the SeniorCare asset test. Currently, appx. 4% of SeniorCare applicants are denied due to assets. Note: Information about senior assets is not available to the department. Costs associated with this provision will need to be reevaluated as we gain experience with the new program.

We estimate 400 individuals will have household income at less than 75% of poverty, 4,600 individuals will have income between 75% and 100% of poverty and 2,643 will have income between 100% and 135% of poverty. The tables below display the projected caseload size at each level of poverty in FY 2008, and the estimated cost of benefits at an estimated annual caseload growth of 1.3%.

Percent of Poverty Guidelines	Estimated Number of Recipients	Payment Amount per Month	Estimated Annual Cost
75%	400	$250	$1,200.0
75% to 100%	4,600	$175	$9,660.0
100% to 135%	2,643	$125	$3,964.5
Total	7,643		$14,824.5

FY	Estimated Caseload	Estimated Total Cost
FY08	7643	$14,824.5
FY09	7742	$15,017.2
FY10	7843	$15,212.4
FY11	7945	$15,410.2

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION
Administrative Costs

Assumptions:
1) Four DPA staff currently administering the SeniorCare program will continue to administer the Alaska Senior Assistance Payment program. This includes one (1) Administrative Clerk II (Range 8); two (2) Eligibility Technician I's (Range 14), and one (1) Eligibility Technician III Lead Worker (Range 15). These positions are responsible for the initial and ongoing determination of eligibility, processing claims, and serving as a liaison with the Social Security Administration to facilitate recipient enrollment in Medicare Part D.

2) In May 2007, DPA will begin notifying seniors about the new program. Current SeniorCare recipients will be mailed an abbreviated form for completion and informed of the need to apply for the new program. DPA will begin accepting applications in May; however, higher payment levels may be delayed until system modifications are completed, which may be October 2007.

3) Modifications to DPA's Eligibility Information System (EIS) are necessary to facilitate the issuance of three different payments depending on household income. These changes are estimated to take three months of programming and testing.

Total FY08 Administrative Costs: $530.7

Personal Services (4 positions): $308.7
Travel (to support employee training, marketing, outreach): $6.5
Contractual: $186.5
*Information technology, telecommunication, postage, printing, and building lease costs: $86.5
*Outreach to inform seniors of the program's availability and benefits, and to make referrals to other programs as appropriate: $40.0.
*EIS Computer System Programming Modifications: $60.0 (one-time cost in FY08)
Supplies (training materials and office supplies): $29.0

STATE OF ALASKA
2007 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

Total Administrative Costs (Annual): $470.7
Personal Services (4 positions): $308.7
Travel (to support employee training, marketing, outreach): $6.5
Contractual: $126.5
*Information technology, telecommunication, postage, printing, and building lease costs: $86.5
*Outreach to inform seniors of the program's availability and benefits, and to make referrals to other programs as appropriate: $40.0.
Supplies (training materials and office supplies): $29.0

All costs are eliminated in FY2012 to reflect the sunset of the program.

United States Department of Health & Human Services

2007 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	$10,210	$12,770	$11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	4,350	4,000

SOURCE: *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SARAH PALIN, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

March 28, 2007

Representative Mike Hawker
House Finance Committee
State Capitol, Rm 502
Juneau AK 99801-1182

Re: Support for HB198, Senior Assistance Program

Dear Representative Hawker:

The Alaska Commission on Aging (ACoA) supports the passage of House Bill 198, creating a Senior Assistance Payment Program with a cash benefit calibrated to income. The benefits of this program include:

- Funds support seniors with the greatest financial need.
- Availability to all seniors age 65 and older who meet the income requirements.
- Annual adjustment to the income limits according to changes in the Alaska poverty threshold.
- Elimination of the asset tests as expressed by Representative Hawker, the sponsor of the bill.

As the House Finance Committee considers HB198, we recommend consideration of the following amendments to enhance the bill's responsiveness in meeting the needs of older Alaskans:

- Increase the program's income limits above 135% of the poverty guidelines, to help more low-income seniors afford the rising costs of housing, utilities, food, gas, and health care.
- Include funding for the *Keep the Elders Home* initiative, a proposal put forth by ACoA and the Alaska Mental Health Trust Authority, to provide $2.5 million of GF/MH funds for senior grant programs to enhance home- and community-based services (HCBS) to help older Alaskans who do not qualify for Medicaid stay at home, in their communities, and avoid the high cost of premature institutionalization. These funds would support programs such as home-delivered meals for homebound seniors, transportation, respite, adult day services, and other services that benefit at-risk seniors and family caregivers. Enhancing HCBS funding will save Medicaid long-term care dollars.

We appreciate your support of HB198 and respectfully ask for your consideration of our suggested amendments. Please contact ACoA Executive Director Denise Daniello if you have questions. Thank you.

Sincerely,

Frank Appel
Chair, Alaska Commission on Aging

Denise Daniello
Executive Director, ACoA

HB

200

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: May 5, 2007 **FURTHER REFERRALS:**

Date of Committee Action: 3/3/08

The FINANCE Committee considered: **HB 200**

HOUSE BILL NO. 200 **WORKERS' COMP: DISEASE PRESUMPTION**

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

Recommends it be replaced with [ ] HCS *or* [X] CS *for* HB 200 (FIN)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ [ ] Same Title [X] New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES *Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
ADM			✓	
LWF			✓	

PREVIOUS FISCAL NOTES				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Hawker	★			
	NELSON	✓			
	KELLY		X		
	CRAWFORD	✓			
	Joule	X			
	STOLTZE	✓			
	THOMAS			✓	
Chair:	Meyer			X	
Chair:	CHENAULT	X			

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: CSHB 200(JUD)
() Publish Date:

Identifier (file name): HB200CS-DOLWD-WC-02-13-08
Title: Workers' Comp: Disease Presumption
Dept. Affected: Labor and Workforce Development
RDU: Workers' Compensation
Component: Workers' Compensation
Sponsor: Representative Dahlstrom
Requester: House Finance
Component Number: 344

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	*	0.0	*	*	*	*	*
CAPITAL EXPENDITURES							
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 Interagency Receipts							
TOTAL	*	0.0	*	*	*	*	*

Estimate of any current year (FY2008) cost: None

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

The broadly applicable presumptions included in the bill could result in numerous claims. The seriousness of the covered conditions would involve large amounts of benefits, and those factors coupled with the broad scope of defenses (like heredity and other life exposures) could lead to extensive, complicated hearings.

* The costs of this proposed legislation cannot be determined in advance as there are no comparable Workers' Compensation Act provisions at present. Increased costs, if any, would consist of additional personnel needed to resolve disputed claims for benefits based upon the new presumptions.

Prepared by: Paul Lisankie, Director — Phone 465-6059
Division: Workers' Compensation — Date/Time 2/13/08 7:39 AM
Approved by: Click Bishop, Commissioner — Date 2/13/08
Department of Labor and Workforce Development

(Revised 11/19/2007 OMB)

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: CSHB 200(JUD)
() Publish Date:

Identifier (file name): HB200CS(JUD)-DOA-RM-12-04-07
Dept. Affected: Administration
Title: An Act relating to presumption of coverage for w/c claims for certain occupations
RDU: Risk Management
Component: Risk Management
Sponsor: Representative Dahlstrom et al,
Requester:
Component Number: 71

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	*	0.0	*	*	*	*	*
CAPITAL EXPENDITURES							
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 Interagency Receipts							
TOTAL	*	0.0	*	*	*	*	*

Estimate of any current year (FY2008) cost: *

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

Risk Management (RM) will be financially impacted 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 by this new presumption of coverage will increase to 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 12/4/07 12:00 AM
Approved by: Kevin Brooks, Deputy Commissioner
Date 12/4/2007
Department of Administration

(Revised 11/19/2007 OMB)

SCV

adopted 3/3/08

25-LS0748\M.4
Bailey
2/28/08

AMENDMENT 1 Rep. Meyer

OFFERED IN THE HOUSE

TO: CSHB 200(JUD)

Page 1, line 2:

Delete "**occupations**"

Insert "**fire fighters**"

Page 1, line 6:

Delete "**certain occupations**"

Insert "**fire fighters**"

Page 1, line 7:

Delete "and (c)"

Page 1, line 8:

Delete "and (c)"

Page 2, line 20, following "served":

Insert "in the state for"

Page 2, line 23, following the first occurrence of "fighter":

Delete "or during employment as a fire fighter"

Page 2, line 24:

Delete "and"

Page 2, following line 24:

Insert a new subparagraph to read:

"(B) was given an annual medical exam during each of the first seven years of employment that did not show evidence of the disease; and"

Reletter the following subparagraph accordingly.

Page 2, line 30, through page 3, line 20:

Delete all material.

Reletter the following subsections accordingly.

Page 3, line 21:

Delete "As it applies to a fire fighter, the"

Insert "The"

Page 3, line 28:

Delete "(g)(2)"

Insert "(e)(2)"

Page 3, line 29, through page 4, line 4:

Delete all material.

Reletter the following subsections accordingly.

Page 4, line 6:

Delete "and (c)(1) – (2)"

Page 4, line 9:

Delete "(e)"

Insert "(d)"

ALASKA STATE LEGISLATURE

Co-Chair:
Joint Armed Services Committee

Vice-Chair:
Legislative Council

Member:
Judiciary Committee
Oil and Gas Committee
Military and Veterans Affairs Committee
Community and Regional Affairs Committee

Session:
Alaska State Capitol
Juneau, AK 99801-1182
Phone: (907) 465-3783
Fax: (907) 465-2293
Toll Free (877) 460-3783

Interim:
10928 Eagle River Road
Eagle River, Alaska 99577
Phone: (907) 622-3783
Fax: (907) 622-3784

REPRESENTATIVE NANCY DAHLSTROM
ELMENDORF AFB • FORT RICHARDSON • BIRCHWOOD • FIRE LAKE • GOVERNMENT HILL • MULDOON
Representative_Nancy_Dahlstrom@legis.state.ak.us

Sponsor Statement
House Bill 200, "Worker's Comp: Disease Presumption"

House Bill 200, "An Act relating to the presumption of coverage for a workers' compensation claim for disability as a result of certain diseases for certain occupations," establishes a presumption in the Worker's Compensation program for professional and volunteer firefighters who have had a qualifying medical exam and have been on the job at least seven years.

It grants benefits to firefighters stricken with certain types of cancer and heart disease due to their exposure to toxic chemicals, and high levels of carbon monoxide. Silent killers like asbestos and benzene can appear after they leave the job. The requirements of this bill are that the claims must be made within five years after the last day of employment.

In addition to firefighters, first responders deserve protection for the health and safety risks they live with in order to keep us safe. HB 200 also includes a presumption that compensation for certain disabilities resulting from blood born pathogens be covered.

Arguments have been made that this coverage would be exorbitantly expensive; however this has not been the case in other states. Over 35 states have implemented some form of presumptive coverage for fire fighters and first responders to date. The state of Washington just passed legislation expanding the diseases covered under their presumption.

Firefighters and first responders take great risks every day to protect our lives and the lives of our loved ones. They are regularly exposed to dangerous elements such as carcinogenic substances, carbon monoxide and contaminated blood that can lead to chronic and debilitating illnesses later in their life.

A great deal of thought has been put into this legislation in order to create defined parameters of who qualifies for these benefits. I ask for the committee's favorable consideration for House Bill 200.

ALASKA MUNICIPAL LEAGUE JOINT INSURANCE ASSOCIATION INC.

217 Second Street, Suite 200 Juneau, AK 99801
T 907.586.3222 F 907.463.5480 Toll Free in AK 1.800.337.3682 www.amljia.org

3/3/08

February 14, 2008

The Honorable Kevin Meyer, Chair, and
Members of the House Finance Committee
Alaska State Capitol
Juneau, Alaska 99801

RE: Oppose HB200

Dear Representative Meyer and committee members:

The Alaska Municipal League Joint Insurance Association (AMLJIA) opposes HB200.

The AMLJIA is a joint insurance arrangement organized under AS 21.76. With approximately 158 member municipalities and school districts pooling for workers' compensation coverage, these local government entities bear the single largest exposure to changes in workers' compensation law as it applies to employees such as firefighters, EMTs, and police.

HB200 creates a presumption of workers' compensation coverage for firefighters for cardio/respiratory problems, as well as a variety of cancers for firefighters with seven or more years of service. All of these are chronic diseases that often have genetic and lifestyle choices as their cause.

HB200 further adds a presumption of workers' compensation coverage for several contagious diseases for these same employees whether or not their jobs include contact with bodily fluids.

The presumptions are unnecessary and potentially very costly. Present fire fighting technology and procedures call for use of personal protective equipment such as respirators and breathing dams. When following best practices and department procedures, the risk of contracting illnesses such as those listed in the bill is greatly reduced.

Currently, if a firefighter contracts a respiratory or heart disease and claims that it is work-related, it is up to the employer to demonstrate that it is not. <u>These claims are covered by workers' compensation already.</u> By creating a strict presumption, the claim will most often be covered by the workers' comp. system, even when it is not work -related.

The communicable disease provisions are also problematic. When EMTs, firefighters and others properly use personal protective equipment, the incidence rate of bloodborne diseases should be lower than the general population, not higher. In addition, exposures to blood and needlesticks are events that are generally indentifiable. There should be no doubt as to what day a firefighter gave mouth-to-mouth resuscitation to a victim or an EMT is accidentally stuck by a syringe. Therefore, the present system covers the work-related events just fine. Providing a presumption is unnecessary and would provide workers' compensation coverage to people who contract hepatitis, TB, HIV, AIDS or meningitis through more conventional means such as poor hygiene, unprotected sex, or even a dirty needle at a tattoo parlor.

COPY

The National Council on Compensation Insurance (NCCI) promulgates the starting rates for all carriers and pools in Alaska. The NCCI estimates the cost to municipalities for the affected job classes to increase 15 to 30 percent, based on the presumptions in the bill. Worse yet, the bill is retroactive in nature, providing coverage for claims "even if the exposure leading to the occupational disease occurred before the effective date of this Act." These claims were never contemplated in the calculation of rates in the past and would be unfunded

Cancer is a terrible disease that has likely affected your life. Statistics from the American Cancer Society predict that half of American men and one-third of women will be diagnosed with cancer in their lifetime. Clearly, we are not all fire fighters.

In the past month, I've noted a study that shows that night workers have a greater risk of cancer than the general population. As a result, the International Agency for Research on Cancer will add overnight shift work as a probable carcinogen. Sales workers also have an association with increased bladder cancer. In fact, studies have found higher bladder cancer rates among people in various occupations, including hairdressers, textile workers, truck drivers and workers in the rubber, leather and chemical industries. It's thought that long-term chemical exposures are to blame.

There is no more expensive way to pay for an injury or illness that our current workers' compensation system. Health programs are able to control medical costs through negotiated agreements with health care providers. Workers' compensation can not. It is interesting to note that both workers' compensation and the health benefits are generally provided by the employer, at least with respect to the career firefighter.

As you likely know, Alaska's workers' compensation rates are the highest in the nation. This continued crisis in workers' compensation costs contributes to the struggles of some local governments and businesses keeping their doors open. Now is the time to fix our workers' comp. problem, not make it worse by expanding benefits. Please consider the negative financial impacts this legislation would have on the State's political subdivisions.

Make no mistake; Alaska's local governments appreciate our fire fighters, EMTs and police officers. This is not about appreciation. This is about unreasonably increasing the costs to the local taxpayers for diseases that touch all of our lives. While opposing this bill may be politically unpopular, it is financially responsible.

Thank you.

Kevin Smith
Executive Director

HB 31 (24th Legis.)	SB 117 / HB 200	Washington RCW 51.32.185
Same	Pg. 1, ln. 6-9: **Presumption of occupational disease or infection applies to:** fire fighters for disease classes 1-4; fire fighters, peace officers, and emergency medical/rescue personnel for disease class 4. Pg. 4, ln. 3-5: **New presumption applies to claims for benefits made after bill's effective date even if all exposures supporting claim occurred before bill's effective date.**	RCW 51.32.185 (1); **Presumption for fire fighters only.**
Same	Pg. 1, ln. 6-9: Presumption rebuttable by a preponderance of evidence of a cause including tobacco use, physical fitness/weight, lifestyle, heredity, and exposure in other employment or non-employment activities.	RCW 51.32.185 (1); Same.
Same	Pg. 1, ln. 13 – Pg. 2, ln. 2: Fire fighter presumption disease class 1: **"respiratory disease."**	RCW 51.32.185 (1)(a); Same.
Same	Pg. 2, ln. 3-4: Fire fighter presumption disease class 2: **"cardiovascular events" experienced "within 72 hours after exposure to smoke, fumes, or toxic substances."**	RCW 51.32.185 (1)(b); **"heart problems" rather than "cardiovascular events."**
Only seven cancer types, did not include prostate cancer.	Pg. 2, ln. 5-13: Fire fighter presumption disease class 3: **cancer – eight types;** "prostate, kidney, ureter, bladder, non-Hodgkin's lymphoma, leukemia, malignant melanoma, primary brain cancer."	RCW 51.32.185 (1)(c) and (3): **Only seven cancer types, does not include prostate cancer.**
Same	Pg. 2, ln. 14-17: Fire fighter **presumption for disease classes 1 – 3 continues up to five years after end of employment.** (Three months for each year of service.)	RCW 51.32.185 (2); Same.
Must serve ten years to qualify for presumption.	Pg. 2, ln. 18-20: **Fire fighter must serve seven years to qualify for presumption for disease classes 1-3.**	RCW 51.32.185 (3); **Must serve ten years to qualify for presumption.**
Same	Pg. 2, ln. 21-24: Fire fighter must have **"qualifying medical examination,"** either **"upon becoming a fire fighter or during employment,"** that **"did not show evidence of the disease"** to qualify for presumption for disease classes 1-3.	RCW 51.32.185 (3); "qualifying medical examination" only **"upon becoming a fire fighter."**
Same	Pg. 2, ln. 25-29: To qualify for presumption of disease class 3 (cancers), fire fighter must "demonstrate" exposure during employment to a "known carcinogen" "associated" with a disabling cancer as defined by the International Agency for Research on Cancer or the National Toxicology Program.	No requirement.
Five types of contagious disease only, no open-ended Labor Secretary determination process.	Pg. 2, ln 30- Pg. 3, ln5: Presumption of occupational disease or infection applies to fire fighters, peace officers, and emergency medical/rescue personnel **for disease class 4 – "contagious diseases."** Diseases covered are HIV, AIDS, all types of hepatitis, meningococcal meningitis, mycobacterium tuberculosis, and **"any uncommon infectious disease"** the U.S. Labor Secretary determines contraction is related to the hazards of "fire protection activities."	RCW 51.32.185 (4); **Fire fighters only, five types of contagious disease only, no open-ended Labor Secretary**

Same	Pg. 3, ln. 16-20: Must undergo **"qualifying medical examination"** that **"did not show evidence of the disease"** to qualify for presumption for disease class 4.	RCW 51.32.185 (4); No examination requirement.
Same	Pg. 3, ln. 21-23: **Fire fighter presumption for disease classes 1 – 2 (respiratory, cardiovascular event) inapplicable if there is a history of "tobacco product use."**	RCW 51.32.185 (5); Fire fighter presumption for "heart or lung condition"**inapplicable if there is regular use or a history** of "tobacco product use."
Same	Pg. 3, ln. 24 - 27: By regulation DOL&WD must establish; a) type and extent of "qualifying medical examination" needed for presumption to apply; b) disqualifying tobacco product use based upon "existing medical research."	No requirement.

FAQ - Presumptive Disability Legislation

Who is covered by this bill?

CERTAIN SPECIFIC CANCERS – Fire Fighters
RESPIRATORY AND CARDIOVASCULAR DISEASE – Fire Fighters
CERTAIN INFECTIOUS DISEASES – Fire Fighters, Peace Officers, Emergency Medical and Rescue Personnel.

Do all fire fighters automatically receive presumption coverage for cancer, respiratory and cardiovascular disease?

No. Fire fighters must have qualified as State of Alaska Fire Fighter I, served for seven years, and have taken a qualifying physical examination

Are paid fire fighters and volunteer firefighters treated equally?

Yes.

Do fire fighters receive a presumption of job related disability for all forms of cancer?

No. Fire Fighters are covered for specific cancers that have been scientifically shown to have a higher incident rate among fire fighters. Cancers specifically listed in the bill are:

Primary Brain Cancer	Malignant Melanoma
Leukemia	Non-Hodgkin's Lymphoma
Bladder Cancer	Ureter Cancer
Kidney Cancer	Prostrate Cancer

Who is included in 'Emergency Medical and Rescue Personnel'?

"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" *(underlining added)*

Are volunteer EMS providers covered?

No.

Do peace officers and EMS responders receive respiratory and cardiovascular disease, and cancer presumption?

No.

Are employers/departments required to provide qualifying physical examinations?

No.

May an employee obtain an independent qualifying medical examination if their employer / department does not provide a qualifying medical exam?

Yes.

Do fire fighters, peace officers or EMS providers that do not meet the presumptive disability eligibility requirements receive workers' compensation coverage?

Yes, however there is no presumption that one of the listed cancers or diseases listed in the bill is job related. It is up to the stricken person to prove that the disease is a direct result to an on the job exposure.

What evidence may the employer use to challenge a claim for presumptive coverage of a listed cancer or lung / heart disease?

The bill specifically states:

"The evidence may include the use of tobacco product, physical fitness and weight, lifestyle, hereditary factors, and exposure from other employment or nonemployment activities."

What is the burden of proof required to rebut a claim of presumptive disability?

Preponderance of evidence.

How long does cancer coverage extend beyond termination of service?

Three months for each year of requisite service up to 60 months.

Does the infectious disease coverage extend beyond termination of service?

No.

What are the requirements to certify as a State of Alaska Fire Fighter I?

Complete a 120 hour Alaska Fire Fighter I course and pass a written and practical exam.

Do volunteer fire fighters in Alaska presently have workers' compensation insurance coverage?

Yes, volunteer fire fighters have workers' compensation coverage while performing duties as a fire fighter with their department.

How many firefighters would be covered when this Act becomes law?

It is estimated there are 600 fully compensated fire fighters in Alaska. Of this about 400 have completed the requisite 7 years of service. In the volunteer ranks it is estimated there are 2000 that have completed Fire Fighter I training, of this about 300 have completed the requisite 7 years of service. *(ROUGH ESTIMATE)*

Review of the Epidemiologic Studies for the Association between Firefighters and Selected Cancers;

Multiple Myeloma, Stomach, Prostate, Testicular, Intestinal - Colon and Rectal Cancers

Technical Report Number 74-1-2007
March 2007

SHARP
Safety & Health Assessment & Research for Prevention

Department of LABOR AND INDUSTRIES

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Technical Report Number 74-1-2007
March 2007

David Bonauto, MD, MPH
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Acknowledgements:

David Bonauto is responsible for the writing of this document. Barbara Silverstein provided thoughtful input and review. Gary Franklin provided valuable perspective and coherence to the interpretation of the data and its relation to the history of the Washington State presumption rule for firefighters. David Bonauto wishes to thank Tee Guidotti for thoughtful perspective on presumption for firefighters and the content of the epidemiologic evidence.

Review of the Epidemiologic Studies for the Association between Firefighters and Selected Cancers; Multiple Myeloma, Stomach, Prostate, Testicular, Intestinal - Colon and Rectal Cancers.

Summary:

In 2002, inclusion of different cancers for presumption for fire fighters relied on evidence from at least three independent studies reporting statistically significant increased risk for firefighters of ≥1.5 times that of the reference population. The current review considers all relevant studies where cancer risk was assessed and also considers the relationship between science and public policy. It is noted that public health policy traditionally has not waited for definitive science when there is a reasonable chance that the consequences of inaction would lead to serious harm. This document summarizes what is known from epidemiological studies to date in order to inform public policy makers.

Introduction:

Washington State is one of many states with firefighter presumption laws. In 1987, presumption was granted for firefighters for respiratory disease (RCW 51.32.185). In 2001, with the introduction of an expanded firefighter presumption statute to include all cancers, the primary review of the peer-reviewed literature for cancer presumption was based on the combination of the following three criteria:

- There was a statistically significant increased association between firefighting and cancer,
- The association demonstrated that firefighters had twice the risk of the comparison population, and
- The findings were consistent across at least three independent studies.

In 2002, the cancers where the strength of the association was suspected of being 1.5 – 2.0 times more common in firefighters relative to the referent population were included in legislation. Cancers included into RCW 51.32.185 were primary brain cancer, leukemia, non-Hodgkins lymphoma, kidney, ureter, bladder, and melanoma.

In 2007, the legislature is considering (1833/5741) expanding the presumption to include stomach cancer, intestinal cancer (colon/rectal), prostate cancer, testicular cancer and multiple myeloma.

This again reviews the association between firefighters and selected cancers. This review does not consider the biologic plausibility of exposure and disease. Information on research studies demonstrating the strength of an association is presented. The available information on exposure response relationships is presented. Often information on an exposure-response trend is either missing or the number of cancers in the study is insufficient to provide such information. We reviewed studies available in the peer-reviewed literature. A comprehensive list of research studies is available in LeMasters (2006) and in the reference section.

Review of Research Studies:

The following charts represent a summary of epidemiologic studies published in the peer-reviewed literature regarding firefighters and selected cancers in HB 1833 and SB 5741 –multiple myeloma, stomach, prostate, testicular, and intestinal - colon and rectal - cancers.

For the charts presented, the estimate of the increased or decreased risk to firefighters is at the top of each column of the histogram (the point estimate). The 95% confidence interval from that estimate is represented by the lines. In order to be considered a statistically significant result the lower confidence interval should not cross 1.0.

There are several types of studies and common abbreviations used. Each is expressed such that a point estimate of 1.0 represents the observed value in the firefighter population being what is expected from estimates from the referent population.

SMR = Standardized Mortality Ratio
SIR = Standardized Incidence Ratio
OR = Odds Ratio
PMR = Proportionate Mortality Ratio

Generally, the study designs associated with deriving an SMR or SIR are more robust studies, whereas studies that determine an OR or a PMR are less robust. Some cancers are rare or do not result in mortality (i.e. testicular cancer) and study design are often guided by such – therefore in these cases SIR studies are more appropriate to review for association.

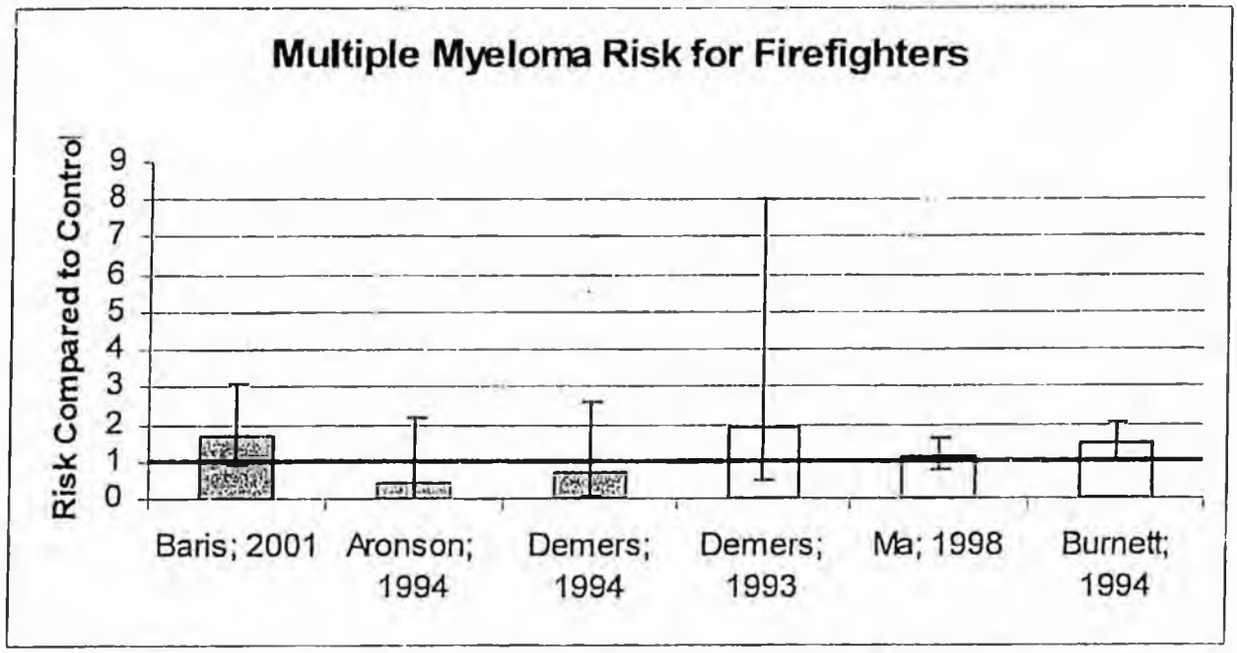
The annual number of cases can be estimated using the Washington State Cancer Registry data (Table A). The number of cases expected per year depends on the estimate of the increased risk for cancer in firefighters.

Table A: Estimated Number of Cancer Cases. Estimated Incidence Rate per 100,000 WA residents aged 30-64 year olds based on 1999-2003 annual average incidence rates from the Washington State Cancer Registry (http://www3.doh.wa.gov/WSCR/ASP/WSCRQryAS.asp)

Cancer Type	Sex	Expected Rate per 100,000 Residents	Population at risk*	# Annual Cancer Cases*	Annual # for FF if 1.5 times risk
Colorectal	Male	38.8	4150	1.610	2.415
	Female	28.7	219	0.063	0.094
Stomach	Male	6.2	4150	0.257	0.386
	Female	2.9	219	0.006	0.010
Multiple Myeloma	Male	4.8	4150	0.199	0.299
	Female	2.8	219	0.006	0.009
Prostate	Male	113.3	4150	4.702	7.053
Testicular	Male	9.1	4150	0.378	0.566

* Estimates that there are ~7,000 Firefighters in WA State of which only ~62.4% meet 10 years eligibility; Assumes ratio of 95% male / 5% female firefighters. Total at risk = 4369 firefighters (4150 men; 219 women); Assumes almost all firefighters retire by age 60.
This estimate is for illustration purposes only and does not include existing cases of the specific cancer

Results: Individual Cancers



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control studies; Green shading are studies reporting proportionate mortality ratios (PMR).

- Results of an association between firefighting and multiple myeloma are inconsistent across studies.[1]
- Statistically significant increased risk of multiple myeloma is present in the study by Burnett (PMR 1.48); the study by Baris approached statistical significance with an SMR estimate of 1.68 (0.90-3.11).
- Dubrow and Wegman (1983) reported a statistically significant 'aggregate observed-expected ratio' of 2.04. The data was part of a survey of >200 occupational categories to explore occupational cancers.
- Heyer et al. (1992) reported an SMR of 2.25 (0.47-6.60) for 'Other lymphatic/hematopoetic cancers'. Two of the three cancers were identified as multiple myeloma with both cases occurring in the population of firefighters with >30 years of service SMR 9.89 (1.2-35.71).
- A recent study by McMasters (2006) reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for multiple myeloma:
  - Meta SMR – 1.69 (1.08 – 2.51)
  - Meta SIR – 1.42 (1.04 – 1.89)
  - Meta Summary – 1.53 (1.21 – 1.94)
- Risk factors reported by the National Cancer Institute for multiple myeloma include increasing age, race and history of related medical disorders. Other than age, these factors are not controlled in the research studies and are only relevant if the risk factor is either more or less present in firefighters compared to the referent population.
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect and the inclusion of non-employed individuals in the referent group, and other study design limitations.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMORT/, for all Washington State deaths from 1950-1999 reports a PMR of 0.95 for male firefighters and multiple myeloma. The result did not meet statistical significance. No data is available for female firefighters.

[1] The upper confidence interval for Demers et al; 1993 was truncated to allow readability of the graph. OR 1.9 (95% CI 0.5 – 9.4)

Multiple Myeloma and Evidence for a Dose-Response Trend:

The evidence for an exposure – response trend is presented below. Generally, studies are controlled for age of the firefighter and referent population. Age is a confounder in multiple myeloma studies and is generally controlled for in the analysis phase.

Table B: Multiple Myeloma and Measures of Exposure-Response Relationship

Duration of Employment

Baris; 2001	< 9 years	10 - 19 years	> 20 years
Cases	1	3	6
SMR	0.73 (0.10 - 5.17)	1.50 (0.48 - 4.66)	2.31 (1.04 - 5.16)

Demers; 1993	< 10 years	10 + years
Cases	1	4
OR	0.9 (0.00 - 22.3)	2.9 (0.4 - 21.6)

Date of Hire

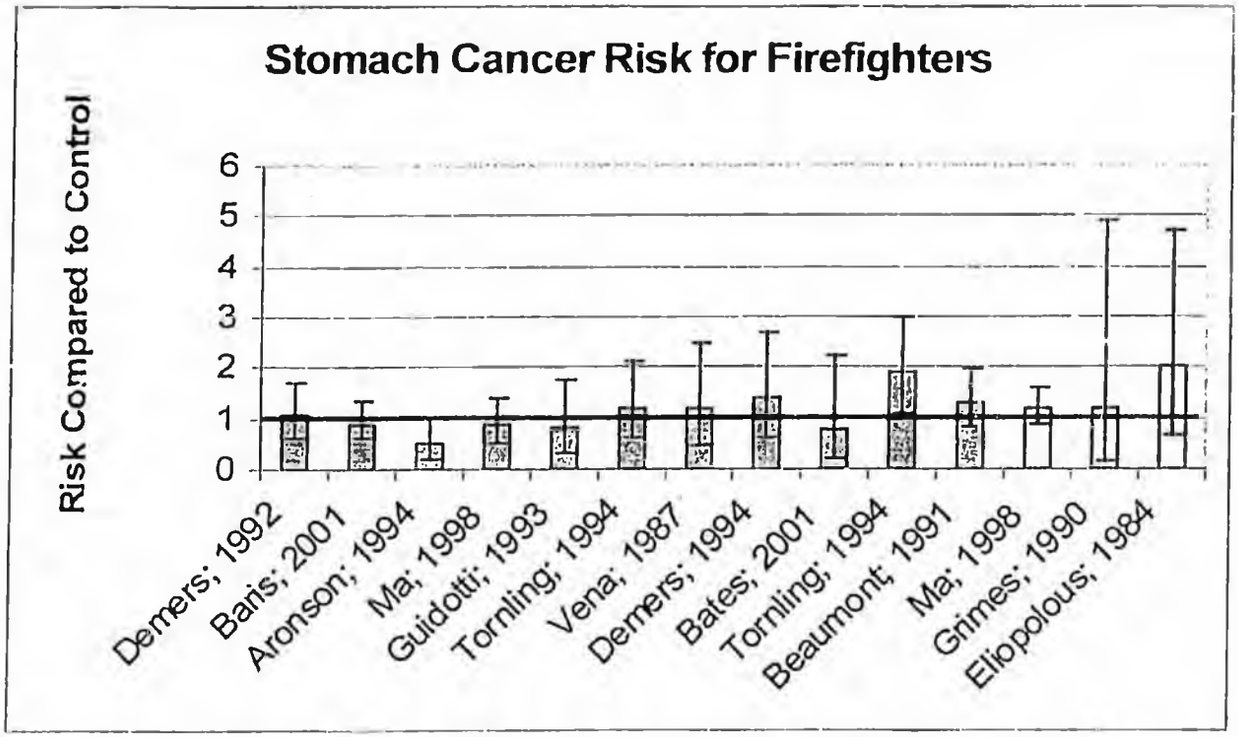
Baris; 2001	< 1935	1935 - 1944	> 1944
Cases	4	3	3
SMR	2.06 (0.77 - 5.49)	1.43 (0.46 - 4.42)	1.56 (0.50 - 4.84)

Number of Runs

Baris; 2001	Low (<3,323 runs)	Medium	High (> 5,099 runs)
Cases	1	3	2
SMR	0.57 (0.88 - 4.06)	2.69 (0.87 - 8.35)	1.73 (0.43 - 6.90)

Age of Occurrence

Burnett; 1994	Under Age 65
Cases	11
PMR	1.36 (0.68 - 2.43)



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control studies; Green shading are studies reporting proportionate mortality ratios (PMR).

- Results of an association between firefighting and stomach cancer are inconsistent across studies.[2]
- Tornling (1994) reported a statistically significant increased incidence of stomach cancer in firefighters with a SIR of 1.92 (1.14-3.04).
- A recent study by McMasters (2006) reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for stomach cancer:
  - Meta SMR – 0.92 (0.73 – 1.16)
  - Meta SIR – 1.58 (1.12 – 2.16)
  - Meta RR – 1.21 (0.80 – 1.81)
  - Meta Summary – 1.22 (1.04 – 1.44)
- Risk factors reported by the National Cancer Institute for stomach cancer include increasing age, gender, race, diet, smoking, family history, and helicobacter pylori. Other than age, these factors are not controlled in the research studies and are only relevant if the factor is either more or less present in firefighters compared to the referent population.
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect and the inclusion of non-employed individuals in the referent group, the presence or absence of stomach cancer risk factors –diet, nationality or others), and other study design limitations.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMORT/, for all Washington State deaths from 1950-1999 reports a PMR of 0.98 for male firefighters and stomach cancer. The result did not meet statistical significance. No data is available for female firefighters.

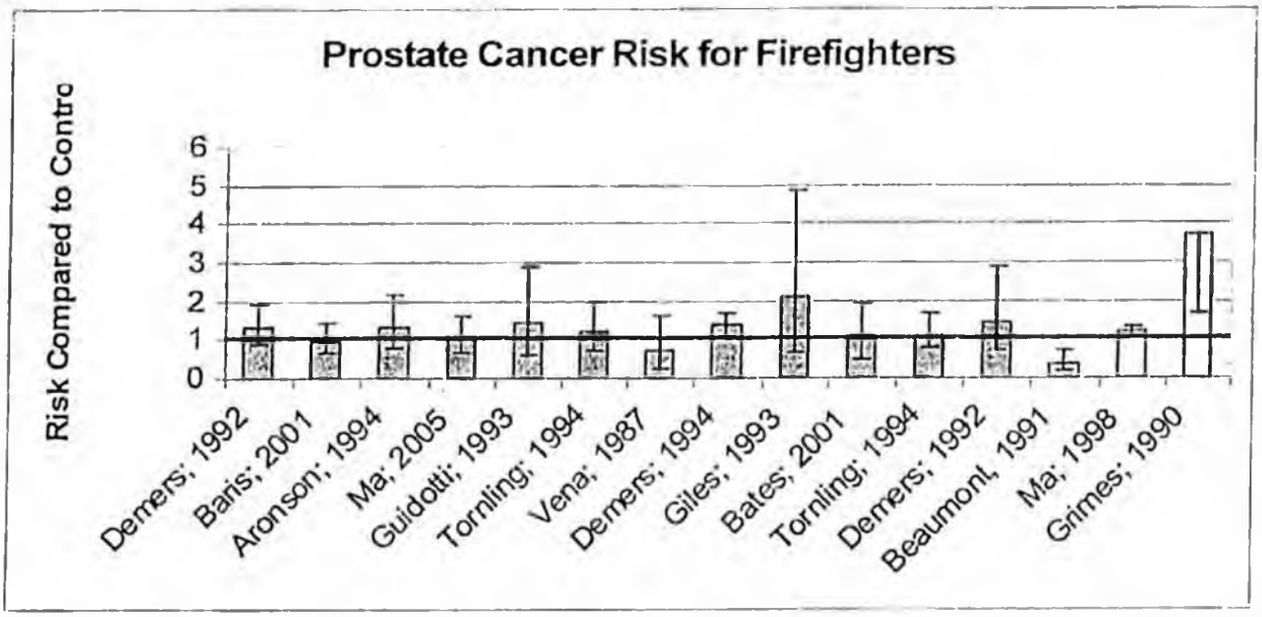
[2] The upper confidence interval for Grimes et al; 1990 was truncated to allow readability of the graph. PMR 1.17 (95% CI 0.17 – 8.2)

Stomach Cancer and Evidence for an Exposure-Response Trend:

The evidence for an exposure – response trend is presented below. Generally, studies are controlled for age of the firefighter and referent population. Age and gender are confounders in stomach cancer studies and is generally controlled for in the analysis phase. Smoking is an uncontrolled confounder in these analyses.

Table C: Stomach Cancer and Measures of an Exposure-Response Relationship

Duration of Employment				
Baris; 2001	< 9 years	10 - 19 years	> 20 years	
Cases	4	14	6	
SMR	0.55 (0.21 - 1.48)	1.39 (0.83 - 2.35)	0.65 (0.29 - 1.44)	
Beaumont; 1991	3 - 9 years	10 - 19 years	20 - 29 years	30 + years
Cases	2	2	8	11
RR	1.56	1.15	1.03	1.67
Demers; 1994	< 10 years	10 - 19 years	20 - 29 years	30 + years
Cases	2	1	4	1
SIR	3.0 (0.4 - 11)	1.2 (0.0 - 6.9)	1.1 (0.3 - 2.9)	1.4 (0.0 - 8.1)
Torniing; 1994	< 20 years	20 - 30 years	> 30 years	
Cases	1	5	12	
SIR	1.02 (0.1 - 5.66)	1.18 (0.38 - 2.75)	**2.86 (1.49 - 5.05)**	
Date of Hire				
Baris; 2001	< 1935	1935 - 1944	> 1944	
Cases	17	4	3	
SMR	1.19 (0.74 - 1.92)	0.60 (0.22 - 1.59)	0.54 (0.18 - 1.67)	
Number of Runs				
Baris; 2001	Low (<3,323 runs)	Medium	High (> 5,099 runs)	
Cases	4	1	2	
SMR	0.66 (0.25 - 1.75)	0.31 (0.05 - 2.22)	0.66 (0.16 - 2.63)	
Fires				
Torniing; 1994	< 800	800 - 1000	> 1000	
Cases	2	4	12	
SIR	1.04 (0.12 - 3.76)	1.37 (0.37 - 3.52)	**2.64 (1.36 - 4.61)**	
Time since First Employment				
Beaumont; 1991	3 - 19 years	20 - 29 years	30 - 39 years	40 + years
Cases	2	1	5	14
RR	1.31	0.26	0.91	**2.32**
Demers; 1994	< 20 years	20 - 29 years	30 + years	
Cases	0	2	6	
SIR	0.0 (0.0 - 15.7)	2.3 (0.3 - 8.3)	1.3 (0.5 - 2.8)	
Torniing; 1994	< 30 years	30 - 40 years	40 + years	
Cases	5	12	1	
SIR	**4.81 (1.55 - 11.22)**	**6.06 (3.13 - 10.59)**	0.16 (0.0 - 0.88)	



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control studies; Green shading are studies reporting proportionate mortality ratios (PMR).

- Results of an association between firefighting and prostate cancer are inconsistent across studies.[3]
- A statistically significant increased risk of prostate cancer was observed in one cohort study with a RR of 1.4 x of the population referent risk (Demers; 1994). One PMR study by Grimes in Honolulu firefighters indicated an increased risk of 3.7 times of the referent population. The odds ratio in a case control study by Ma (1998) was statistically significant and suggested a 20% increased risk of firefighters for prostate cancer.
- Beaumont (1991) reported a statistically significant decreased prostate cancer risk - SIR 0.38 (0.16 – 0.75).
- A recent study by McMasters (2006) reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for prostate cancer:
  - Meta SMR – 1.14 (0.93 – 1.39)
  - Meta SIR –1.29 (1.09 – 1.51)
  - Meta RR – 0.78 (0.13 – 4.82)
  - Meta Summary – 1.28 (1.15 – 1.43)
- Risk factors reported by the National Cancer Institute for prostate cancer include increasing age, race, and diet. Other than age, these factors are not controlled in the research studies and are only relevant if the factor is either more or less present in firefighters compared to the referent population.
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect and the inclusion of non-employed individuals in the referent group), and other study design limitations. Age is a strong predictor of prostate cancer. Most firefighter studies compare the prostate cancer incidence/mortality to a referent population incidence/mortality in a comparable age group.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMORT, for all Washington State deaths from 1950-1999 reports a PMR of 1.09 for male firefighters and prostate cancer. The result did not meet statistical significance.

[3] The upper confidence interval for Grimes et al; 1990 was truncated to allow readability of the graph OR 3.7 (95% CI 1.71- 8.02)

Prostate Cancer and Evidence for an Exposure-Response Trend:

The evidence for an exposure – response trend is presented below. Generally, studies are controlled for age of the firefighter and referent population. Age is a confounder in prostate cancer studies and is generally controlled for in the analysis phase. Race, diet and ethnicity are uncontrolled confounders in these analyses.

Table D: Prostate Cancer and Measures of Exposure-Response Relationship

Duration of Employment

Baris; 2001	< 9 years	10 - 19 years	> 20 years
Cases	15	5	11
SMR	2.36 (1.42 - 3.91)	0.47 (0.19 - 1.12)	0.72 (0.40 - 1.31)

Aronson; 1994	< 15 years	15 - 29 years	30 + years
Cases	1	5	9
SMR	1.61 (0.04 - 8.99)	2.43 (0.79 - 5.66)	0.97 (0.44 - 1.84)

Bates; 2001	≤ 10 years	11 - 20 years	> 20 years
Cases	3	1	1
SIR	1.46 (0.3 - 4.3)	0.6 (0.0 - 3.3)	0.29 (0.00 - 1.6)

Demers; 1994	≤ 10 years	10 - 19 years	20 - 29 years	30 + years
Cases	3	2	14	11
SMR	2.42 (0.5 - 7.1)	1.12 (0.1 - 4.1)	1.23 (0.7 - 2.1)	1.36 (0.7 - 2.4)

Date of Hire

Baris; 2001	< 1935	1935 - 1944	> 1944
Cases	12	14	5
SMR	0.75 (0.43 - 1.33)	1.36 (0.81 - 2.30)	0.83 (0.34 - 1.98)

Number of Runs

Baris; 2001	Low (<3,323 runs)	Medium	High (> 6,099 runs)
Cases	10	3	6
SMR	1.33 (0.72 - 2.48)	0.65 (0.21 - 2.03)	1.42 (0.64 - 3.16)

Time since First Employment

Guidotti; 1993	< 20 years	20 - 29 years	30 - 39 years	40 - 49 years	50 + years
Cases	0	1	2	2	3
SMR	xx	2.59	1.65	1.2	1.45

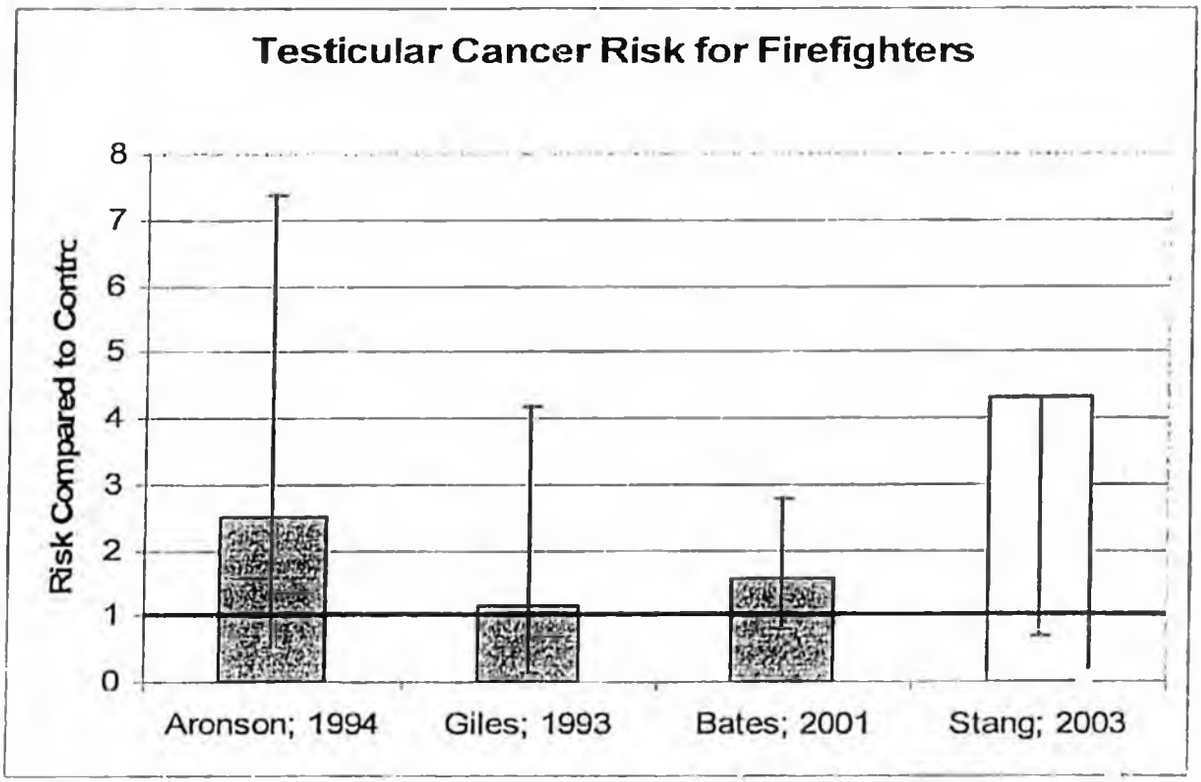
Aronson; 1994	< 20 years	20 - 29 years	30 + years
Cases	0	2	14
SMR	0.0 (0.0 - 16.04)	2.44 (0.3 - 8.81)	1.27 (0.69 - 2.13)

Demers; 1994	< 20 years	20 - 29 years	30 + years
Cases	0	0	14
SMR	0.0 (0.0 - 26.6)	0.0 (0.0 - 3.1)	1.42 (1.0 - 2.0)

Age of Occurrence

Demers; 1994	18-39 years old	40 - 64 years old	> 65 years old
Cases	0	4	26
SMR	0.0 (0.0 - 17.8)	0.86 (0.2 - 2.2)	1.46 (1.0 - 2.1)

Aronson; 1994	< 60 years	≥ 60 years
Cases	2	14
SMR	1.53 (0.19 - 5.52)	1.3 (0.71 - 2.18)



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control studies.

- Results of an association between firefighting and testicular cancer are inconsistent across studies.
- No statistically significant increased risk for testicular cancer was observed in individual studies.[4] The study by Bates when restricted to firefighters with testicular cancer developing from 1990-1996, found an elevated risk SIR 2.97 (1.3-5.9). The entire cohort from 1977 – 1996 had a SIR 1.55 (0.8-1.9) which is reported above.
- A recent study by McMasters (2006) reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for testicular cancer:
  - Meta SMR – 2.50 (0.50 – 7.30)
  - Meta SIR –1.83 (1.13 – 2.79)
  - Meta Summary – 2.02 (1.30 – 3.13)
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect and the inclusion of non-employed individuals in the referent group, the presence or absence of testicular cancer risk factors – family history or others), and other study design limitations.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMORT/, for all Washington State deaths from 1950-1999 reports a PMR of 1.10 for male firefighters and testicular cancer. The result did not meet statistical significance.

[4] The upper confidence interval for Stang et al; 1993 was truncated to allow readability of the graph - OR 4.3 (95% CI 0.7 – 30.5).

Testicular Cancer and Evidence for an Exposure-Response Trend:

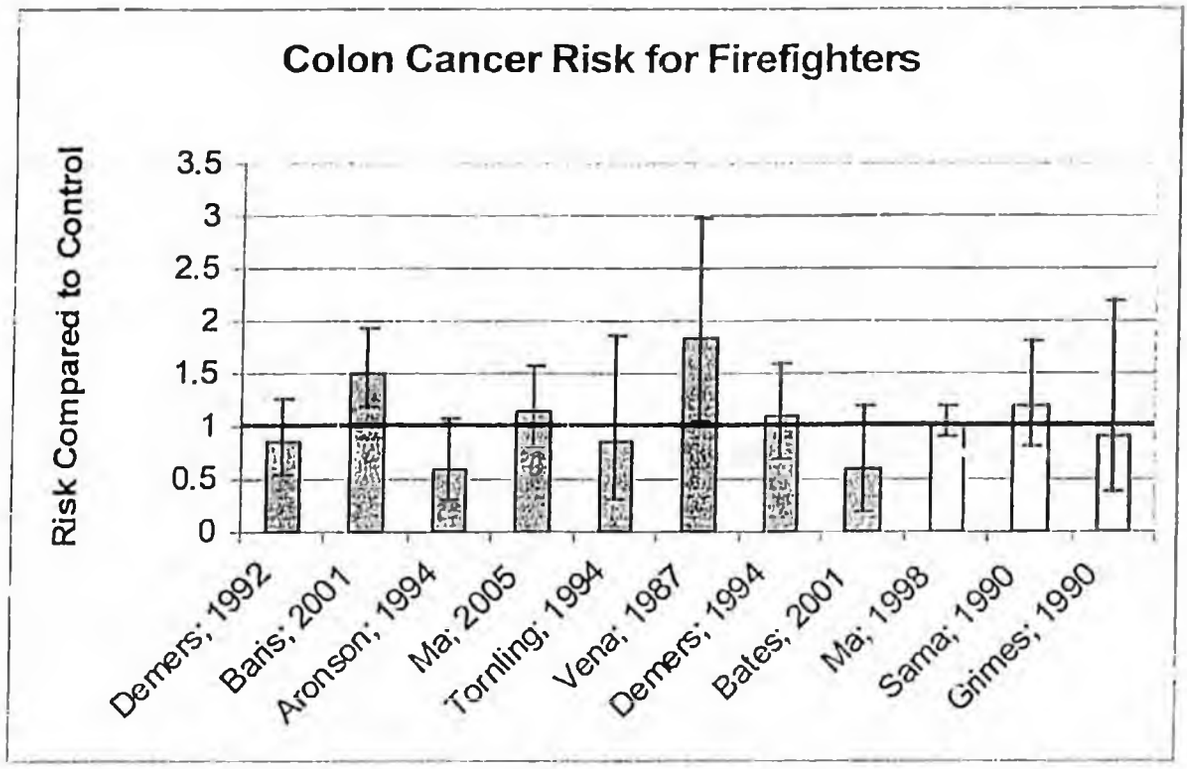
The evidence for an exposure – response trend is presented below. Generally, studies are controlled for age of the firefighter and referent population. Age is a confounder in testicular cancer studies and is generally controlled for in the analysis phase.

Table E: Testicular Cancer and Measures of Exposure-Response Relationship

Duration of Employment			
Bates; 2001	< 10 years	11 - 20 years	> 20 years
Cases	3	4	2
SIR	1.46 (0.3 - 4.31)	3.51 (1.0 - 9.0)	4.14 (0.50 - 14.9)
Aronson; 1994	< 15 years	15 - 29 years	30 + years
Cases	3	0	0
SMR	3.66 (0.75 - 10.69)	0 (0.0 - 14.19)	0.0 (0.0 - 36.89)

Time since First Employment			
Aronson; 1994	< 20 years	20 - 29 years	30 + years
Cases	3	0	0
SMR	3.26 (0.67 - 9.53)	0 (0.0 - 24.59)	0 (0 - 30.74)

Age of Occurrence		
Aronson; 1994	< 60 years	> 60 years
Cases	3	0
SMR	2.[illegible]3 (0.57 - 8.04)	0.0 (0.0 - 40.99)



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control stu Green shading are studies reporting proportionate mortality ratios (PMR).

- An association between firefighting and colon cancer is inconsistent and varies across studies.
- Two studies report a statistically significant increased risk of colon cancer in firefighters -Vena SMRs 1.83 (1.05-2.97) and Baris 1.51 (1.18-1.93).
- A recent study by McMasters GK JOEM 48(11):1189-1202 reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for colon cancer:
    - Meta SMR – 1.34 (1.01 – 1.79)
    - Meta SIR –0.9 (0.69 – 1.17)
    - Meta Summary – 1.21 (1.03 – 1.41)
- Several studies measure the association between firefighting and any intestinal or colorectal cancer. (See below for summary).
- Dubrow and Wegman (1983) reported a statistically significant 'aggregate observed-expected ratio' of 1.28. The data was part of a survey of >200 occupational categories to explore occupational cancers.
- Risk factors reported by the National Cancer Institute for colon cancer include increasing age, diet, cigarette smoking, family history, and inflammatory bowel disease and other medical diseases. Other than age, these factors are not controlled in the research studies and are only relevant if the factor is either more or less present in firefighters compared to the referent population.
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect and the inclusion of non-employed individuals in the referent group, or others), and other study design limitations.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMOR1/, for all Washington State deaths from 1950-1999 reports a PMR of 0.94 for male firefighters and colon cancer. The result did not meet statistical significance. No data is available for female firefighters.

Colon Cancer and Evidence for an Exposure-Response Trend:

The evidence for an exposure – response trend is presented below. Generally, studies are controlled for age of the firefighter and referent population. Age is a confounder in colon cancer studies and is generally controlled for in the analysis phase. Diet, cigarette smoking, family history, and inflammatory bowel disease are potential uncontrolled confounders in these analyses.

Table F: Colon Cancer and Measures of Exposure-Response Relationship

Duration of Employment

Baris; 2001	< 9 years	10 - 19 years	> 20 years
Cases	18	16	30
SMR	1.78 (1.12 - 2.82)	1.11 (0.68 - 1.81)	1.68 (1.17 - 2.40)

Vena; 1987	< 9 years	10 - 19 years	20 - 29 years	30 - 39 years	40 + years
Cases	0	1	2	5	8
SMR	xx	1.25	0.87	1.43	4.71

Bates; 2001	< 10 years	11 - 20 years	> 20 years
Cases	1	1	5
SIR	0.41 (0.0 - 2.3)	0.46 (0.0 - 2.6)	1.37 (0.4 - 3.2)

Demers; 1992	< 10 years	10 - 19 years	20 - 29 years	30 + years
Cases	4	2	9	9
SIR	1.40 (0.4 - 3.6)	0.54 (0.1 - [illegible])	0.62 (0.3 - 1.2)	1.21 (0.6 - 2.3)

Date of Hire

Baris; 2001	< 1935	1935 - 1944	> 1944
Cases	16	28	20
SMR	1.00 (0.61 - 1.63)	2.00 (1.38 - 2.90)	1.60 (1.03 - 2.49)

Vena; 1987	< 1930	1930 - 1939	1940 - 1949	1950+
Cases	10	4	2	0
SMR	2.27	2.35	1.11	0

Number of Runs

Baris; 2001	Low (<3,323 runs)	Medium	High (> 5,099 runs)
Cases	23	16	9
SMR	1.93 (1.29 - 2.91)	2.22 (1.36 - 3.62)	1.22 (0.64 - 2.35)

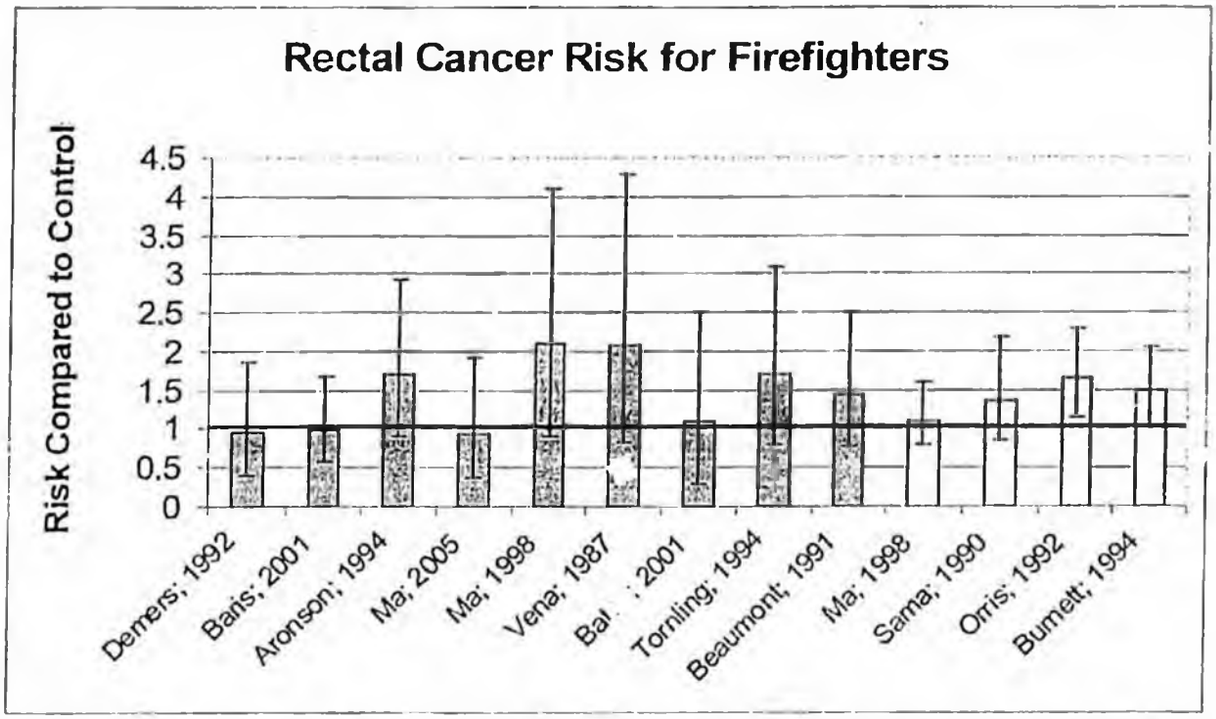
Time since First Employment

Vena; 1987	< 20 years	20 - 29 years	30 - 39 years	40 - 49 years	50 + years
Cases	0	2	4	7	3
SMR	xx	1.3	1.51	2.65	2.85

Demers; 1992	< 20 years	20 - 29 years	30 + years
Cases	1	3	20
SMR	0.51 (0.1 - 2.9)	0.66 (0.1 - 1.9)	0.91 (0.6 - 1.4)

Age of Occurrence

Demers; 1992	18-39 years old	40 - 64 years old	≥ 65 years old
Cases	1	10	13
SMR	1.38 (0.1 - 8.2)	0.78 (0.4 - 1.4)	0.86 (0.5 - 1.5)



Purple shading are cohort studies (SMR, SIR, RR); Yellow shading are case control studies; Green shading are studies reporting proportionate morta''v ratios (PMR).

- Results of an association between firefighting and rectal cancer are inconsistent. There are multiple studies with point estimates approaching statistical significance to the level of 1.5-2.0 times increased risk.
- A statistically significant increased risk of rectal cancer was reported in two studies - Burnett PMR 1.48 (1.05 – 2.05) and Orris PMR 1.64 (1.14 – 2.30).
- A recent study by McMasters (2006) reported a summary risk estimate from several published studies - this study uses a methodology which was not used by WA State to determine if cancers were associated with firefighting. This analysis reports the following risk estimates for rectal cancer:
  - Meta SMR – 1.33 (1.00 – 1.73)
  - Meta SIR –1.14 (0.81 – 1.54)
  - Meta Summary – 1.29 (1.10 – 1.51)
- All studies are potentially limited by one or more of the following: small size of the study population, the small number of cases, potential misclassification of occupation at the time of death, the control of the presence or absence of other cancer risk factors, limitations of the exposure measures to general occupation, the general health status of firefighters compared to the referent population (i.e. the healthy worker effect, the inclusion of non-employed individuals in the referent group, the presence or absence of colorectal cancer risk factors – family history, high fat diet, or others), and other study design limitations.
- The Washington State Occupational Mortality Database, at http://www3.doh.wa.gov/OCCMORT/, for all Washington State deaths from 1950-1999 reports a PMR of 1.05 for male firefighters and rectal cancer. The result did not meet statistical significance. No data is available for female firefighters.

Rectal Cancer and Evidence for an Exposure-Response Trend:

The evidence for an exposure – response trend is presented below.

Table G: Rectal Cancer and Measures of Exposure-Response Relationship

Duration of Employment

Baris; 2001	< 9 years	10 - 19 years	> 20 years
Cases	3	6	5
SMR	0.86 (0.28 - 2.66)	1.16 (0.52 - 2.58)	0.92 (0.38 - 2.22)

Aronson; 1994	< 15 years	15 - 29 years	30 + years
Cases	0	5	8
SMR	0 (0.00 - 4.67)	2.35 (0.76 - 5.48)	1.74 (0.75 - 3.43)

Bates; 2001	< 10 years	11 - 20 years	> 20 years
Cases	2	2	4
SIR	1.22 (0.1 - 4.4)	1.38 (0.2 - 5.0)	1.61 (0.4 - 4.1)

Beaumont; 1991	3 - 9 years	10 - 19 years	20 - 29 years	30 + years
Cases	0	2	6	5
RR	0	2.19	1.45	1.42

Demers; 1994	< 10 years	10 - 19 years	20 - 29 years	30 + years
Cases	2	3	5	2
SIR	1.4 (0.2 - 4.9)	1.9 (0.4 - 5.4)	0.7 (0.2 - 1.6)	1.5 (0.2 - 5.6)

Date of Hire

Baris; 2001	< 1935	1935 - 1944	> 1944
Cases	7	3	4
SMR	1.05 (0.50 - 2.21)	0.73 (0.23 - 2.26)	1.20 (0.45 - 3.20)

Number of Runs

Baris; 2001	Low (<3,323 runs)	Medium	High (> 5,099 runs)
Cases	5	1	1
SMR	1.37 (0.51 - 3.29)	0.51 (0.07 - 3.59)	0.54 (0.08 - 3.85)

Time since First Employment

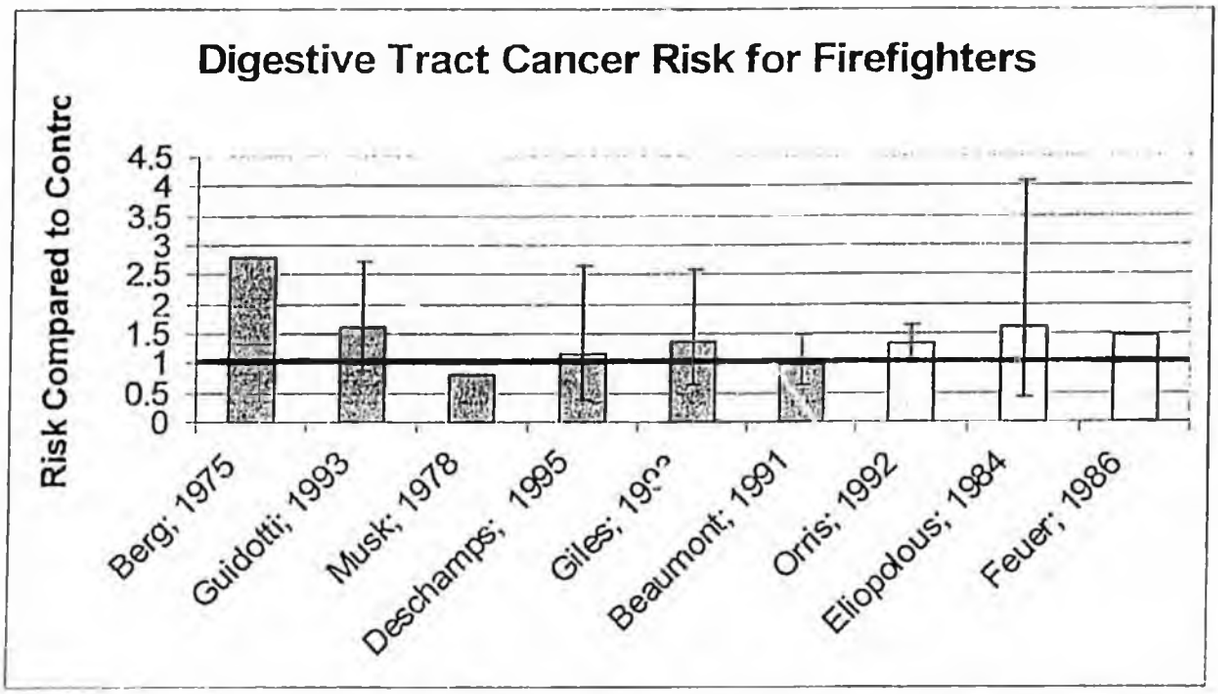
Beaumont; 1991	3 - 19 years	20 - 29 years	30 - 39 years	40 + years
Cases	2	2	3	6
RR	2.64	1.05	1.04	1.77

Aronson; 1994	< 15 years	15 - 29 years	30 + years
Cases	1	2	10
SMR	1.34 (0.034 - 7.53)	1.46 (0.18 - 5.27)	1.82 (0.87 - 3.36)

Demers; 1994	< 20 years	20 - 29 years	30 + years
Cases	0	4	8
SMR	0.0 (0.0 - 8.8)	2.2 (0.6 - 5.7)	0.8 (0.4 - 1.7)

Age of Occurrence

Burnett; 1994	< 65 years
Cases	18
PMR	1.86 (1.10 - 2.94)



Purple shading are cohort studies (SMR, SIR, RR); Green shading are studies reporting proportionate mortality ratios (PMR).

- Additional studies for digestive cancers likely include cancers of the colon, rectum and other organs in the gastrointestinal tract. The descriptions of the cancers included in these studies are Digestive (Musk, Deschamps and Feuer), Colorectal (Berg, Guidotti, and Giles), Intestinal (Eliopolous, Orris) and Intestinal except Rectum (Beaumont).
- The study by Berg reported a statistically significant increased risk of colorectal cancer SMR – 2.79.
- The study by Orris reported a statistically significant increased risk of intestinal cancer SMR – 1.31 (1.04-1.65).

Digestive Cancer Studies and Evidence for an Exposure-Response Trend:
The evidence for an exposure – response trend is presented below.

Table H: Other Digestive Cancers and Measures of Exposure-Response Relationship

Duration of Employment

Feuer; 1986	< 20 years	11 - 20 years	> 20 years
Cases	5	5	10
PMR	1.24	0.96	1.15

Beaumont; 1991	3 - 9 years	10 - 19 years	20 - 29 years	30 + years
Cases	1	4	7	12
RR	0.92	1.67	0.64	1.22

Time since First Employment

Beaumont; 1991	3 - 19 years	20 - 29 years	30 - 39 years	40 + years
Cases	4	2	8	10
RR	2.27	0.45	1.06	0.94

Feuer; 1986	< 22 years	22 - 27 years	>27 years
Cases	4	7	9
PMR	0.92	1.28	1.1

Guidotti: 1994	< 20 years	20 - 29 years	30 - 39 years	40 - 49 years	50+ years
Cases	2	5	3	2	2
SMR	1.48	2.68	1.24	1.2	1.46

Age of Occurrence

Giles; 1993	> 65 years
Cases	6
SIR	3.65 (1.13 - 7.94)

Discussion:
Workers' compensation laws for presumptive coverage of cancer in firefighters vary considerably across the US states and the Canadian provinces.[5,6] Many states have laws which identify specific cancer types presumed to be related to the firefighting occupation, while some states do not have presumptive coverage for any cancer. A likely explanation for the state-to-state variability is the blending of public policy goals with the epidemiologic research suggesting causality between selected cancers and firefighting.

Generally, epidemiologic research would support an occupational cause for a disease, if the following criteria were satisfied:[7]

- The chemical, physical and biologic exposure precedes the disease;
- The association between the exposed population and the disease or injury outcome is of a sufficient magnitude to support an individual presumption. The stronger the association the more likely it is that its relation is causal. Typically, the estimate of increase occupational risk is more than twice the expected risk of the control population. This estimate allows the presumption to apply to any one individual;
- The association is consistent across a number of studies in different populations and study designs. Evidence of an association may occur due to statistical chance in any one study, whereas this is reduced if there are multiple studies demonstrating a statistically significant increased risk;
- There is biologic plausibility that the chemical, physical, or biological occupational exposures are associated with the disease. The research studies would have to allow some estimation of, or actual measurement of the suspected occupational exposures in the individuals under study and in the control population to which they are being compared;
- That there is a dose-response relationship, such that an increasing amount of exposure increases the risk.
- Elimination or control of alternative explanations for the potential relationship between the disease and the occupation. In other words, if an additional factor is related to both the exposure and the disease, then it should be accounted for either in the study design or analysis.
- The association is compatible with the existing theory or knowledge.

In reviewing the above epidemiologic research criteria, to support presumption based on a review of the scientific literature, one would optimally like many high quality research studies, which control for bias, chance and confounders, which demonstrate a strong consistent dose response effect of firefighting to a cancer. The causation of that cancer would be consistent with known firefighting exposures to known carcinogens.

However, almost all scientific research is subject to criticism regarding the study design and limitations of the research findings. Studies looking for an association between cancer incidence/mortality and firefighters are no exception. Almost all firefighter studies are retrospective cohort studies or case control studies which do not account for potential differences between firefighters and the reference population regarding alternative causes or risks of cancer. For example, firefighters may be in better physical condition and more healthy than the comparison population, a 'healthy worker' thus blunting an association or there may be differences in the diet of a firefighter to a referent population, e.g. a high fat, low fiber diet is associated with colorectal cancer. The duration of follow-up for firefighters, the misclassification of disease and exposure may underestimate the number of cases attributable to firefighters and firefighting and suggest a negative association when in fact one exists. There are few, if any, exposure assessment on an individual level.

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[5] The statutory presumption shifts both the burden of production and the burden of persuasion to the party claiming that the disability is not work-related. Evidence that a disability is not caused by work is insufficient to rebut the presumption; the evidence must show that the disability was more probably than not caused by a non-work-related cause and identify the cause.

[6] A review of the firefighter presumptive coverage laws across US states and Canadian Provinces is available from the International Association of Firefighters (http://www.iaff.org/safe/content/presumptive/Presumptive_Laws.htm). For example, California and Texas cover all cancers if there is exposure to a known carcinogen related to the individual cancer type, Oregon, Michigan and Idaho do not have firefighter presumptive coverage laws for cancer. New York specifies a list of cancers - digestive, hematological, urinary, neurological, breast, reproductive, or prostate systems which would be covered.

[7] Hills Criteria of Causation outlines the minimal conditions needed to establish a causal relationship between two items.

There are some general limitations of the firefighter studies that should be considered when individual studies are applied to the entire firefighter population, either throughout Washington State or nationally. In general, research studies regarding cancer incidence or mortality are performed in urban populations with career firefighters. Almost all studies are focused on male firefighters and thus information on the health risks to female firefighters is poorly understood. There are several studies that overlap in both the geographic area studied and the largest population cohort analyzed is included in the summaries. The studies are from a diverse number of countries and US municipalities. Exposure conditions for firefighters likely differ among countries, because of differing firefighting techniques. Additionally, exposure conditions likely vary due to the time period captured in the populations under study. Building materials and their combustion products likely differ from the pre- and post- WW II eras. The use of asbestos, plastic building materials, and other construction materials has changed over time likely affecting the mix of potential carcinogens present.

Given the limitations of the scientific studies, there is a level of scientific uncertainty associated with determining the association between firefighting and occupational cancers. Yet, this scientific uncertainty intersects with and must be considered in relation to the public policy goals of developing firefighter presumption laws.

The public policy goals for firefighter presumption laws likely reflect:

- An appreciation of the personal risk and sacrifice of public safety personnel,
- A recognition of the unique nature of work as a firefighter with regards to uncontrolled exposures to chemical, biological and physical hazards including known and unknown carcinogens, and
- That in order to avoid serious or irreversible potential harm to firefighters, despite lack of scientific certainty as to the likelihood, magnitude, or causation of that harm, that protective public policy measures may be warranted.

Blending both the public policy goals with the epidemiologic research studies related to firefighters and cancer is difficult and subject to individual interpretation. Ultimately, the Washington State legislature will have to determine which cancers qualify for presumption in firefighters.

A Brief History of Firefighter Presumption in Washington State

Washington State is one of many states with firefighter presumption laws. The first benefit for presumption was in 1987, when presumption was granted for firefighters with respiratory disease (RCW 51.32.185).

In 2001, with the introduction of an expanded firefighter presumption statute to include all cancers, the primary review of the peer-reviewed literature for cancer presumption was based on the combination of the following three criteria:

- there was a statistically significant increased association between firefighting and cancer,
- the association demonstrated that firefighters had twice the risk of the reference population, and
- the findings were consistent across at least three independent studies.

The 2001 legislation was not passed.

In 2002, after the events of September 11, 2001, there was a renewed public policy attention to the personal risk firefighters encounter on the job. On review of the existing literature, the cancers where there were multiple studies demonstrating a statistically significant increased risk to firefighters of at least 1.5 times that of the referent were included in legislation. The rationale for lowering the threshold from twice the risk was the suspicion that firefighters likely were a healthier population than the referent controls and as well were exposed to significant levels of known and unknown carcinogens. A rationale for this approach is guided by regulatory policy where a decision 'may be fully supportable if it is based on the inconclusive but suggestive results of numerous studies. By its nature, scientific evidence is cumulative: the more supporting, albeit inconclusive

evidence available, the more likely the accuracy of the conclusion."[8] Cancers included into RCW 51.32.185 were primary brain cancer, leukemia, non-Hodgkins lymphoma, kidney, ureter, bladder, and melanoma.

In 2007, the legislature is considering expanding the presumption to include stomach, intestinal (colon/rectal), prostate, testicular, and multiple myeloma.

Criterion Used by Other Workers' Compensation Boards

In 1994, the Industrial Disease Standards Panel of the Ontario Workers' Compensation Board reviewed the association between the firefighter occupation and selected cancers (IDSP, 1994; Guidotti, 2003). The internal criteria used were:

- An SMR that is statistically significant,
- An SMR that achieves a level of 170 (1.7x) whether or not it is statistically significant,
- A lower end of the 95% confidence interval that falls between 90 and 100, and
- A dose-response relationship or evidence from other sources and jurisdictions.

An independent analysis by Guidotti (1995) using different criterion was published and widely cited as a rationale approach to the relationship of selected cancers and firefighting. The criterion blended expert opinion mixed with the epidemiologic criterion for causality plus an evaluation of the strengths and weakness of the individual studies.[9] His approach was similar to the Institute of Medicine's committee's approach assessing the role of Agent Orange on human health -

> The evaluation of evidence to reach conclusions about statistical associations goes beyond quantitative procedures at several stages: assessing the relevance and validity of individual reports; deciding on the possible influence of error, bias, confounding, or chance on the reported results; integrating the overall evidence within and between diverse fields of research; and formulating the conclusions themselves.

Guidotti updated his work in 2003 as a rationale for Canadian provincial legislation for firefighter cancer presumption (Guidotti, 2003). The approach by IDSP and Guidotti derived a list of cancers similar to Washington's existing firefighting presumption – kidney, ureter, bladder, primary brain cancer, leukemia, and non-Hodgkin's lymphoma.[10]

Summary of Epidemiologic Research Data for Selected Cancers for Firefighter Presumption

In reviewing the information in the summary of cancer studies (above), we can consider some of the epidemiologic criteria that may be helpful in influencing the public policy decision of which cancers to include in the presumption. In 2002, the 'criteria' used in Washington State were based on having multiple studies demonstrating a statistically significant increased association with firefighting. By having multiple statistically significant studies which demonstrate a positive association, it excludes the possible spurious result obtained from one study, a 'false positive,' and can demonstrate some level of consistency across studies. In 2002, we did not consider whether there was an exposure response relationship between firefighting duration of employment and cancer. Information on the dose response can support qualification for presumption and is considered further in this review.

Intestinal - Colon: Of the 11 independent colon cancer studies in this review, there are two studies which estimated a statistically significant increased risk of colon cancer in firefighter cohorts of $\geq$1.5 times the referent

[8] DC Circuit Court ethylene oxide decision, Public Citizen v Tyson, 1986.

[9] A more formalized evaluative process for reviewing individual studies has been developed by the American Academy of Neurology. See Edlund W, Gronseth G, So Y, Franklin G. (2004) Clinical Practice Guideline Process Manual, 2004 Ed., American Academy of Neurology. St. Paul MN. Available at http://www.aan.com/professionals/practice/pdfs/2004_Guideline_Process.pdf.

[10] Washington includes malignant melanoma whereas this cancer is not included in Canadian legislation.

population (Vena, 1987; Baris, 2001). A third study by Berg (1975) reviewing colon and rectal cancer reported an increased risk of 2.79. Two study cohorts demonstrated an increased association of colon cancer due to duration of employment (Vena, 1987; Baris, 2001). Generally, the studies do not control for confounders such as diet, family history, inflammatory bowel disease and smoking. Whether controlling these factors would influence the result is unknown.

Despite the limitations of the research studies and considering the additional evidence associated with an exposure response relationship, the epidemiologic evidence approximates the criteria used in 2002 to support a presumption in firefighters for colon cancer.[11]

Intestinal – Rectal: Of the 13 independent rectal cancer studies in this review, there are two studies which estimated a statistically significant increased risk of rectal cancer in firefighter cohorts of ≥1.5 times the referent population (Orris, 1992; Burnett, 1994). Both of these studies have a weaker study design, reporting a PMR, than the other studies noted. A third study by Berg (1975) reviewing colon and rectal cancer reported a statistically significant increased risk of 2.79 times control. No study demonstrated an increased association of rectal cancer due to duration of employment. Two epidemiologic cohort studies approached statistical significance (95% Lower CI ≥ 0.9) and had an estimate of ≥ 1.5 times the risk. Generally, the studies do not control for confounders such as diet, family history, inflammatory bowel disease and smoking.

Despite the limitations of the research studies and considering the studies approaching statistical significance but limited due to sample size, the epidemiologic evidence approximates the criteria used in 2002 to support a presumption in firefighters for rectal cancer.

Multiple Myeloma: Of the 6 independent multiple myeloma cancer studies reviewed, there was only one study demonstrating a statistically significant increased risk of multiple myeloma in a firefighter cohort from 27 states of ≥1.5 times the referent population (Burnett, 1994). This study has a weaker study design, reporting a PMR, than the other studies noted but has the advantage of a large number of observed cases. The study by Baris reported a result approaching statistical significance (lower 95% CI ≥0.90) with an estimate of increased risk at 1.68 times the referent population. This same study reported an statistically significant exposure response trend. Firefighters with ≥ 20 years of employment as a firefighter had a statistically significant increased risk of ≥1.5 times the risk of the comparison population.

Two additional studies, which aggregate data across studies, suggest a statistically significant increased risk for firefighters for multiple myeloma of ≥ 1.5 times the control population (Dubrow, 1983; LeMasters, 2006). These studies combine data sources to estimate risk in firefighters. If the lists of cancers potentially eligible for presumption are derived from such studies – the suggestion might be to adopt the entire methodology for determining cancer presumption. This is not a recommended approach given that some individual studies may have sufficient number of cancer cases to estimate an increased or decreased risk. Nevertheless, these studies do provide information that may be considered valuable by public policy makers and researchers. The primary advantage of combining cases is to overcome the small number of observed cases in the study population. Multiple myeloma has the lowest incidence rate of the selected cancers (Table A). Additionally the evidence may be viewed in the light of the absence of known alternative risk factors that would significantly bias the result towards a positive association.

The evidence from research studies supporting a positive association between firefighters and multiple myeloma is inconsistent with the criteria used in 2002 to support a presumption in firefighters for multiple myeloma. Some supportive evidence of an association between multiple myeloma and the firefighting occupation is derived from the studies described above.

[11] A rationale for Canadian legislation for firefighter presumption for cancer (Guidotti, 2003) supports the inclusion of colorectal cancer.

Testicular Cancer: Of the 4 independent testicular cancer studies reviewed, none demonstrated a statistically significant increased testicular cancer risk in firefighters of ≥ 1.5 times the risk of the referent population. The study by Bates when restricted to firefighters with testicular cancer developing from 1990-1996, found an elevated incidence of 2.97 times the comparison population. The entire cohort from 1977 – 1996 had a non-significant elevated risk of 1.55 times the comparison population. No studies reported a result approaching statistical significance (lower 95% CI 0.90) with a risk estimate ≥ 1.5.

One additional study, which aggregates data across studies, suggests a statistically significant increased incidence of testicular cancer in firefighters at ≥ 1.5 times the incidence of the control population (LeMasters, 2006). The summary risk estimate was statistically significant and > 2.0 times the risk. The primary advantage of combining cases is to overcome the small number of observed cases in the study population. Testicular cancer has a low incidence rate (Table A). There are a couple of known alternative risk factors that could influence the result (e.g. cryptorchidism and family history) however these risk factors would be readily apparent for a rebuttal of the presumption.

The quantity of the available research studying the association between firefighters and testicular cancers is insufficient to meet the 2002 criteria. There is supportive evidence of a positive association between testicular cancer and the firefighting occupation but it relies on the aggregation of studies and restriction to subgroups of firefighters. Additional evidence is likely needed for a more complete assessment.

Stomach Cancer: Of the 14 independent stomach cancer studies reviewed, there was only one study demonstrating a statistically significant increased risk of stomach cancer in a firefighter cohort. Swedish firefighters had a 1.9 times increased risk of cancer compared to the referent population (Tornling, 1994). The same study reported an exposure response trend with firefighters with ≥ 30 years of employment as a firefighter. One additional cohort from San Francisco reported a statistically significant increased risk ≥ 1.5 times the referent population for firefighters with ≥ 40 years since first employment. No studies reported a result approaching statistical significance (lower 95% CI 0.90).

One additional study, which aggregates data across studies, suggest a statistically significant increased risk for firefighters for stomach cancer of ≥ 1.5 times the control population (LeMasters, 2006). The primary advantage of combining cases is to overcome the small number of observed cases in the study population. Stomach cancer has a low incidence rate of the selected cancers (Table A). There are a few known alternative risk factors may influence the result, including diet, and smoking status.

The evidence from research studies supporting a positive association between firefighters and stomach cancer is inconsistent with the criteria used in 2002 to support a presumption in firefighters for stomach cancer. Given the large number of studies, there is minimal supportive evidence of an association between stomach cancer and the firefighting occupation.

Prostate Cancer: Of the 15 independent prostate cancer studies reviewed, there was only one study of Honolulu firefighters demonstrated a statistically significant increased risk of prostate cancer (Grimes, 1990). This study had a weaker study design, reporting a PMR, than the other studies noted. However, one study demonstrated a 60% reduction in the risk of prostate cancer in San Francisco firefighters (Beaumont, 1991). The risk in Honolulu firefighters was 3.7 times the Hawaiian comparison population. No cohorts demonstrated a meaningful exposure response trend. No studies reported a result approaching statistical significance (lower 95% CI 0.90) with a risk estimate ≥ 1.5. See section above which report results for estimated risk ≤ 1.5.

Race is a known Alternative risk factor for prostate cancer, which may influence the result. African Americans have higher rates and Asian Americans have lower rates when compared to Caucasian populations. The

Hawaiian study does not define the demographics and race characteristics of the study population or the referent population for a determination of the influence of race on the estimates of risk.

The evidence from research studies supporting a positive association between firefighters and prostate cancer is inconsistent with the criteria used in 2002 to support a presumption in firefighters for prostate cancer. Conflicting evidence of any meaningful association between prostate cancer and the firefighting occupation is derived from the studies described above.

HB 200

Sec

SENATE FINANCE COMMITTEE REPORT

DATE: 4/6/08

FURTHER:

DATE TURNED IN TO OFFICE: 4-10-08

Finance Committee considered CS FOR HOUSE BILL NO. 200(FIN)

HB 200 WORKERS' COMP: DISEASE PRESUMPTION

"An Act relating to the presumption of coverage for a workers' compensation claim for disability as a result of certain diseases for certain fire fighters."

and recommends:

[ ] be **replaced** with [ ] **SCS** or [ ] **CS** _____ (_____)

[ ] adopt **previous** [ ] **SCS** or [ ] **CS** _____ (_____)

[ ] attached amendment(s)

[ ] adopt _____ Letter of Intent

[ ] further referral to _____ Committee

SENATE BILL:
[ ] Same Title
[ ] New Title

HOUSE BILL:
[ ] Same Title
[ ] Technical Title Change
[ ] New Title w/ SCR #_____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
ADM	12/4/07		✓		3
LWF	12/13/08		✓		4

[ ] **APPROPRIATION - no fiscal note**

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Elton	✓			
	Thomas	✓			
	Hillyard	—			
	Olson				✓
CO-CHAIR:	Hoffman			✓	
CO-CHAIR:	Stedman			✓	

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSHB 200(FIN)
(H) Publish Date: 3/4/08

Identifier (file name): HB200CS(JUD)-DOA-RM-12-04-07
Dept Affected: Administration
Title: An Act relating to presumption of coverage for w/c claims for certain occupations
RDU: Risk Management
Component: Risk Management
Sponsor: Representative Dahlstrom et al,
Requester:
Component Number: 71

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING		**0.0**					
CAPITAL EXPENDITURES							
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 Interagency Receipts							
TOTAL		**0.0**					

Estimate of any current year (FY2008) cost:

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

Risk Management (RM) will be financially impacted 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 by this new presumption of coverage will increase to 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: 12/4/07 12:00 AM
Approved by: Kevin Brooks, Deputy Commissioner
Date: 12/4/2007
Department of Administration

(Revised 11/16/2007 OMB)

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSHB 200(FIN)
(H) Publish Date: 3/4/08

Identifier (file name): HB200CS-DOLWD-WC-02-13-08
Dept. Affected: Labor and Workforce Development
Title: Workers' Comp: Disease Presumption
RDU: Workers' Compensation
Component: Workers' Compensation
Sponsor: Representative Dahlstrom
Requester: House Finance
Component Number: 344

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	•	**0.0**	•	•	•	•	•
CAPITAL EXPENDITURES							
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 Interagency Receipts							
TOTAL	•	**0.0**	•	•	•	•	•

Estimate of any current year (FY2008) cost: None

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

The broadly applicable presumptions included in the bill could result in numerous claims. The seriousness of the covered conditions would involve large amounts of benefits, and those factors coupled with the broad scope of defenses (like heredity and other life exposures) could lead to extensive, complicated hearings.

• The costs of this proposed legislation cannot be determined in advance as there are no comparable Workers' Compensation Act provisions at present. Increased costs, if any, would consist of additional personnel needed to resolve disputed claims for benefits based upon the new presumptions.

Prepared by: Paul Lisankie, Director
Phone 465-6059
Division: Workers' Compensation
Date/Time 2/13/08 7 39 AM
Approved by: Click Bishop, Commissioner
Date 2/13/08
Department of Labor and Workforce Development

(Revised 11/15/2007 OMB)

ALASKA STATE LEGISLATURE

Co-Chair:
Joint Armed Services Committee

Vice-Chair:
Legislative Council

Member:
Judiciary Committee
Oil and Gas Committee
Military and Veterans Affairs Committee
Community and Regional Affairs Committee

Session:
Alaska State Capitol
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REPRESENTATIVE NANCY DAHLSTROM

ELMENDORF AFB • FORT RICHARDSON • BIRCHWOOD • FIRE LAKE • GOVERNMENT HILL • MULDOON

Representative_Nancy_Dahlstrom@legis.state.ak.us

Sponsor Statement

House Bill 200, "An Act relating to the presumption of coverage for a workers' compensation claim for disability as a result of certain diseases for certain firefighters," establishes a presumption in the Worker's Compensation program for professional and volunteer firefighters who have had a qualifying medical exam and have been on the job at least seven years.

It grants benefits to firefighters stricken with certain types of cancer and heart disease due to their exposure to toxic chemicals, and high levels of carbon monoxide. Silent killers like asbestos and benzene can appear after they leave the job. The requirements of this bill are that the claims must be made within five years after the last day of employment.

Firefighters take great risks every day to protect our lives and the lives of our loved ones. They protect themselves the best that they can but do not think twice before responding to an emergency. They are regularly exposed to dangerous elements such as carcinogenic substances and carbon monoxide that can lead to chronic and debilitating illnesses later in their life.

There was concern the bill was too broad, so in a compromise the House Finance Committee adopted a new version that deleted the inclusion of EMT's and First Responders. A great deal of thought has been put into this legislation in order to create defined parameters of who qualifies for these benefits. I ask for the committee's favorable consideration for House Bill 200.

Staff Contact: Kelly Goode
Phone: 465-6598

LEGISLATIVE RESEARCH REPORT

FEBRUARY 26, 2007

REPORT NUMBER 07.125

PRESUMPTIVE DISABILITY LAWS

PREPARED FOR SENATOR HOLLIS FRENCH

BY PATRICIA YOUNG, MANAGER

You asked for information on presumptive disability laws in other states. As you may know, such laws link certain occupations with the occurrence of diseases and conditions known to be associated with those occupations. These laws establish a presumption that, for example, the death or disability of a firefighter from a cardiovascular disease, certain cancers, or certain infectious diseases is job-related for purposes of worker's compensation and disability retirement. The presumption shifts the burden of proof from the employee to the employer, who must attempt to prove that the disease or condition arose from causes other than the occupation.

18/41 infectious disease

Lawmakers in 41 states have enacted some form of presumptive disability law according to the International Association of Fire Fighters (IAFF).[1] We attach a chart, provided by the IAFF, which gives some detail on coverage among states.[2] The statutes vary widely, but as you will see, most of these laws cover heart and lung diseases; laws in only ten states cover certain cancers and certain infectious diseases as well as the cardiovascular diseases.[3]

Many states' laws allow for pre-employment screening. Nevada law, for example, requires that police officers, firefighters and emergency medical attendants submit to a blood test to screen for hepatitis C upon employment, upon the commencement of coverage, and annually thereafter during employment. Also, unless such individuals have been vaccinated, they must submit to similar testing for hepatitis A and B.

---

[1] The following ten jurisdictions have no presumptive disability law: Alaska, Arkansas, Delaware, District of Columbia, Mississippi, Montana, New Mexico, North Carolina, West Virginia, and Wyoming.

[2] Attachment A: "International Association of Fire Fighters: State Presumptive Disability Laws." The International Association of Fire Fighters represents more than 280,000 professional fire fighters and emergency medical responders across the U.S. and Canada.

[3] States covering some form of each category of disease or condition are Alabama, Illinois, Indiana, Minnesota, Nevada, North Dakota, Oklahoma, Texas, Virginia, and Washington. According to the National Volunteer Fire Council, at Pennsylvania provides workers compensation benefits to *volunteer* emergency service responders as well as to career responders who contract hepatitis C while on the job. We attach copies of statutes from Minnesota, Nevada, Virginia, and Washington as Attachments B through E, respectively. Preceding each set of statutes, we include the IAFF description from that organization's website, *http://www.iaff.org/safe/content/presumptive/intselect.asp*.

907.465.3991
907.465.3908 (fax)

Alaska Legislature
Legislative Research Services
w3.legis.state.ak.us/Research/research_home.htm

State Capitol
Juneau, AK 99801

In some states, factors that can be used to rebut the presumption are explicit in statute or regulation. Washington law, for example, specifies that the presumption of occupational disease may be rebutted by a preponderance of the evidence. Evidence may include factors such as use of tobacco products, physical fitness and weight, lifestyle, hereditary factors, and exposure from other employment or nonemployment activities.

As Attachment F we include copies of model presumptive disability laws provided by the International Association of Fire Fighters. As you will see, these model laws include coverage for cardiovascular diseases, cancer, and infectious diseases related to the line of duty for fire fighters and emergency medical providers. Also included is an IAFF model law relating to death benefits for the dependents of public safety officers who die while or from acting in line of duty. For the purpose of this law, *public safety officer* includes individuals serving in a public agency in an official capacity, with or without compensation, as a law enforcement officer, fire fighter, or member of a public rescue squad or ambulance crew.

We hope this information is useful. Please let us know if you have questions or need additional information.

Alaska Professional Fire Fighters Association

LEGISLATIVE FACT SHEET

April 2, 2007

HB 200

FIRE FIGHTER PRESUMPTIVE DISABILITY LAW

BACKGROUND

Fire fighters serve as the state's leading provider of emergency medical services, exposing them to infectious diseases, heat and stress, and various toxic substances in uncontrolled environments. As a result of these exposures, fire fighters contract heart and lung diseases, infectious diseases and cancers at a much higher rate than any other class of workers. Studies show that these diseases are occupational hazards of the profession and among the leading causes of death and disability for fire fighters.

In recognition of this, 40 other states have "Presumptive Disability" laws, which provide the necessary protections for fire fighters and emergency workers engaged in hazardous occupations. No such laws exist to cover fire fighters in Alaska.

AKPFFA POSITION

AKPFFA strongly **supports HB 200** which recognizes and supports Alaskan fire fighters.

AKPFFA ARGUMENTS

- HB 200 does not guarantee coverage for an illness, HB 200 provides a disability presumption. The employer has the right to contest a claim.
- This is fiscally responsible legislation that disclaims any fire fighter with less than 7 years of service, is in poor physical shape, or uses tobacco products.
- This bill includes any fire fighter, either volunteer or paid, who meets the standards set forth and verified by a medical doctors finding.
- Fire fighters facing these diseases are literally fighting for their lives. This bill insures that they don't have to concurrently fight for their rights

CURRENT BILL STATUS

HB 200 was introduced on March 14, 2007 and is currently assigned to the Labor & Commerce Committee.

AKPFFA Legislative Director Mike Davidson at (907)230-4960

Attachment A

International Association of Fire Fighters
"State Presumptive Disability Laws"

State Presumptive Disability Laws

The following states have presumptive disability laws which recognize that fire fighters are at increased risk for certain illnesses. The laws create a presumption that the specified diseases are job related. Because the laws vary greatly from state to state, readers should review the specific state laws to determine the law's application.

State	Heart Disease	Lung Disease	Cancer	Infectious Diseases
Alabama	✓	✓	✓	✓*
Alaska				
Arizona			✓*	✓*
Arkansas				
California	✓		✓	✓
Colorado	✓	✓		✓
Connecticut	✓			
Delaware				
District of Columbia				
Florida	✓	✓*		✓*
Georgia	✓	✓		
Hawaii	✓	✓		
Idaho	✓	✓		
Illinois	✓	✓	✓	✓*
Indiana	✓	✓	✓	✓*
Iowa	✓	✓		
Kansas	✓	✓	✓	
Kentucky	✓	✓		
Louisiana	✓	✓	✓*	
Maine	✓	✓		✓
Maryland	✓	✓	✓*	
Massachusetts	✓	✓	✓	
Michigan	✓	✓		
Minnesota	✓	✓	✓	✓
Mississippi				

State	Heart Disease	Lung Disease	Cancer	Infectious Diseases
Missouri	✓	✓		
Montana				
Nebraska			✓	
Nevada	✓	✓	✓	✓*
New Hampshire	✓	✓		
New Jersey		✓		
New Mexico				
New York			✓*	
North Carolina				
North Dakota	✓	✓	✓	✓*
Ohio	✓	✓		
Oklahoma	✓	✓	✓	✓*
Oregon	✓	✓		
Pennsylvania	✓	✓		✓*
Rhode Island		✓	✓	✓
South Carolina	✓	✓		
South Dakota	✓	✓	✓	
Tennessee	✓**	✓**	✓**	
Texas	✓	✓	✓	✓*
Utah	✓	✓		✓*
Vermont	✓*			
Virginia	✓	✓	✓*	✓*
Washington	✓	✓	✓	✓
West Virginia				
Wisconsin	✓	✓	✓*	
Wyoming				

* *Indicate that only specified diseases in these categories are covered*
** *Applies only to certain localities*

18 December 2006

From: Rich Duffy, IAFF Assistant to the General President

To: Kelly Bach, President, Oregon State Fire Fighters Council

Ref: Presumptive Cancer Costs

I am pleased to provide you specific information regarding the claims experience of States that currently have presumptive cancer legislation.

As you are aware, I represent the 274,000 members of the International Association of Fire Fighters (IAFF) for occupational health, medicine and safety issues. I have been with the IAFF for over 28 years. Additionally, I have been personally involved in every state and provincial effort to obtain cancer compensation benefits for our members, whether through direct testimony or developing data and information to support legislative efforts.

During this vast experience, it became quite obvious to me that the fiscal impact and other financial information provided by opponents to fire fighter cancer legislation might be incomplete. This is not surprising since fire fighters throughout the United States are not universally covered by State Worker's Compensation Programs. Many states, by statute, allow fire departments to cover their employees for worker compensation benefits through the individual retirement systems. Hence, any claims made and or paid would not be recorded by the State Worker Compensation Bureau, but would be recorded by the individual retirement system. This would be the case in a number of other states that currently have cancer presumptive legislation. This data is more easily obtainable from those States that have statewide fire fighter pension systems, since the system collects and records the data. The only exception would be when the employer challenges the presumptive nature of the claim. In this case the State Worker Compensation program would record the claim.

We believe that it is reasonable to suggest that there would be some claims experience related to this type of coverage. Therefore, we were able to obtain some additional numbers on fire fighter disabilities and cost experience from around the country.

In the State of California, which has the largest career sector of fire fighters in the country (30,000) and one of the largest volunteer sectors (33,000) the addition of cancer presumptive benefits has had "no impact" on the actuarial assumptions or funding of the state's fire fighter retirement system (Assemblyman Sal Cannella, California Legislature). An actuary for the California Public Employee Retirement System (CALPERS), the largest retirement system in the United States, has

declared that the addition of presumptive cancer benefits for fire fighters has had "minimal effect" on the actuarial costs to the retirement system. In fact, the financial implications were so minimal, that CALPERS never had to perform an actuarial impact study after the implementation of the benefit by the California legislature (David DuBois, Contract Services Department, CALPERS). During the first three years, an average of 45 annuitant claims were paid for cancer related disabilities. This is .07% of the active fire fighting workforce. The average claim for total cancer benefits was $14,075.00.

In 1984, the State of Illinois added cancer presumption language to its worker compensation statute. The City of Chicago employs over 50% of the 10,700 career fire fighters in the State of Illinois. During the 6 year period following the implementation of the statute the average number of beneficiaries receiving occupational disability benefits was 8.3% lower than the average number of beneficiaries in the six years prior to passage. Thus the inclusion of cancer benefits in 1984 obviously had no impact on the funding requirements for the occupational disability benefits portion of the Chicago Firemen's Annuity and Benefit Fund (Firemen's Annuity and Benefit Fund of Chicago Actuarial Statement).

In the first six years that they had fire fighter cancer legislation in Oklahoma, they had 22 claims paid statewide or 6% of the 378 disability claims paid. This averages to 4 claims per year for a rate of cancer claims of .03% at an average cost to the pension system of $10,409.00 per total cancer claim (Bob Hollander, Executive Director, Oklahoma Firefighters Pension and Retirement System). There are 3,420 career fire fighters and 9,000 volunteer fire fighters.

In Nevada, there were 3 cancer claims paid in the first four years that the legislation was enacted. None of these cases include lung cancer, which is covered under separate legislation (S. Mark Balen, President, Nevada Fire Fighters Association). There are 1,790 career fire fighters and 2,200 volunteer fire fighters in Nevada. This averages to less than 1 claim per year for a rate of cancer claims of .02%.

In Rhode Island, which passed the legislation in 1986, there were 6 claims paid in the first 8 years. This averages to less than 1 claim per year for a rate of cancer claims of .02% (Theodore Scrapsack, Chairman, Rhode Island Firefighter's Relief Board). There are 2,200 career fire fighters and 2,800 volunteer fire fighters in Rhode Island.

In the first four years that they had cancer legislation in Massachusetts, there were 34 cancer claims paid (15 disability and 19 death benefits) (Joseph Martin, Deputy Director, Public Employee Retirement Agency). This averages to less than 9 claims per year at a rate of .03% of the active fire fighting workforce.

There are 14,500 career fire fighters and 11,400 volunteer fire fighters in Massachusetts.

In Florida there 22,445 active career fire fighters. Using the assumption that Florida has a rate that does not exceed the average of the above States' cancer related disabilities -- .034% of the active fire fighting workforce -- the expected number of annual cancer claims for career fire fighters would be 8 fire fighters.

Based on the above information on actual experience, the cost per cancer claim for those states having presumptive occupational disease statutes is substantially less than the unsubstantiated figures asserted by other parties. The reason for this, unlike benefits for other occupations, is the higher mortality rate and significantly shorter life expectancy associated with fire fighting. Fire fighters are dying too quickly from cancer and other occupational diseases, unfortunately producing a significant pension annuity saving for states and municipalities.

I hope this information is helpful. If you need any additional assistance, please do not hesitate to contact us.

Municipality of Anchorage

Medical Examination, Testing, And Evaluation Services for Anchorage Fire Department Personnel

Medical Examination Components

The criterion used to determine if a candidate or current employee is fit for duty will be based on NFPA 1582. A majority of the criteria is provided in this section.

1. Medical History Questionnaire

An initial pre-employment medical history questionnaire including occupational history must be completed by the candidate to provide baseline information with which to compare future medical concerns. A yearly update of medical and occupational history and significant exposures must be completed to provide follow-up information to the reviewing medical professional for current members. Periodic questionnaires focus on changes in health status.

2. Annual Fitness Evaluation Review

Response personnel are subjected to annual fitness assessments as outlined in the IAFF/IAFC Wellness-Fitness Initiative and replicated in Annex C of NFPA 1582. The current member would need to provide this information to the health care professional at the time of their exam.

3. Hands on Physical Examination

Height and weight

Vital Signs

Head, Eyes, Ears, Nose, and Throat

Neck

Cardiovascular

Inspection, auscultation, percussion, and palpation.

Pulmonary

Inspection, auscultation, percussion, and palpation.

Gastrointestinal

Inspection, auscultation, percussion, and palpation.

Genitourinary

Hernia exam (Also, see cancer screening).

Endocrine and metabolic systems

Rectal

(See cancer screening).

Lymph Nodes

The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, axillary, and inguinal regions.

Neurological

The neurologic exam must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes).

Musculoskeletal

Includes an overall assessment of range of motion (ROM) of all joints.

4. Blood Analysis (Note: blood should be drawn at time of exam.)
At a minimum, laboratory services must provide the SMAC 24 components in their automated chemistry panel and complete blood count (CBC) protocols. The following lists some components of the blood analysis.

White Blood Cell Count
Differential
Red Blood Cell Count (Hematocrit)
Platelet Count
Liver Function Tests
Includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin
Triglycerides
Glucose
Blood Urea Nitrogen
Creatinine
Sodium
Potassium
Carbon Dioxide
Total Protein
Albumin
Calcium
Cholesterol
Includes Total Cholesterol, Low Density Lipoprotein (LDL-C) level, high Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio

5. Urinalysis
Dip Stick
Includes pH, Glucose, Ketones, Protein, Blood, and Bilirubin

Microscopic
Includes WBC, RBC, WBC Casts, RBC Casts, and Crystals

6. Vision Tests
Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders including cataracts, macular degeneration, glaucoma, and diabetic retinopathy.

7. Hearing (Audiogram)
See page 1.

8. Pulmonary (Spirogram)

9. Chest X-Ray
Initial Baseline
Repeat Chest X-Ray (Every three years – optional)
Repeat Chest X-Ray (Every five years – mandatory for response personnel)

10. Back Evaluation
Initial Baseline Lumbar Spine X-ray
Repeat (Every five years – mandatory for response personnel)

11. EKG (Resting)

12. Cancer Screening Elements
Non-invasive bladder cancer test (Maritech NMP22 Bladderchek) or equal
Digital Rectal Exam
Fecal Occult Blood Testing
Skin Exam
Testicular Exam
Prostate Specific Antigen
Annual after age 40 for positive family history, African-American or if otherwise clinically indicated; annual after age 50 for all other male members.
Clinical Breast Examination
CA-125 Ovarian Screen (Optional by employee)
Pap Smear (Optional by employee)
Mammogram (Optional by employee)
Annual beginning at age 40
Screening Colonoscopy Services
For all members above the age of 50 or earlier if clinically indicated.

13. Infectious Disease Screening
Tuberculosis Screen (Mandatory annual PPD for response personnel)
The fire department has this test administered at one of our facilities during the winter over a three day period, one day for each shift for our response personnel, with interpretation of the test site 48 hours later. In addition, the PPD needs to be available for post exposure evaluations. The influenza immunization may also be provided at this time (see immunizations below).
Hepatitis B Virus Screen
Surface Antigen Type
Hepatitis C Virus Screen
Anti-HCV (antibody to HCV)
- *EIA (enzyme immunoassay) This test is usually done first. If positive, it should be confirmed*
- *RIBA(recombinant immunoblot assay) A supplemental test used to confirm a positive EIA test*

HIV Screening (Required to be offered)

14. Treadmill Stress Test
If clinically indicated.

15. Individualized Health Risk Appraisal
Provide written feedback in the form of a letter mailed to current members that address the results of their medical exam. The letter shall report abnormal findings and risks and suggest plans for making modification to these risks. Data from the lipid panel, triglyceride level, and PSA test (if applicable) will be included in the appraisal. In addition, comments (ie: Within normal limits; Negative; Positive; Positive for immunity; High, Low) shall be made for each of the following components: glucose, renal function,

liver function tests, CBC, urinalysis, audiogram, vision, pulmonary function test, EKG, purified protein derivative, HIV, and hepatitis B and C. Also, comments will be provided whenever chest and/or lumbar x-rays are made.

If any serious medical conditions are discovered as a result of an exam, the member must be immediately informed of this.

16. Written Opinion
The physician will provide a HIPAA compliant written opinion to the Municipality which states whether or not a candidate or current employee is medically certified for performing the tasks of their job duties.

Heavy Metals Analysis Components

Baseline testing for heavy metals will be conducted to candidates who have been invited to join the hazardous materials team. In addition, team members who are leaving the team will also be tested for heavy metals and tests may also be conducted on an "as needed" basis.

1. Heavy Metal and Special Exposure Screening

Arsenic (urine)
Mercury (urine)
Lead (blood)
Aluminum
Antimony
Bismuth
Cadmium
Chromium
Copper
Nickel
Zinc
Organophosphates (RBC cholinesterase)
Polychlorinated Biphenyl's (blood)

2. Employee Notification
Written feedback concerning the results of the heavy metals test shall be provided to the employee.

3. Written Opinion
The physician will provide a HIPAA compliant written opinion to the Municipality that states whether or not the employee is medically certified for performing assigned tasks as a hazardous materials team member.

Additional Services

Immunizations

Employees who receive the Medical Exam are to also be offered the following immunizations as needed.

Influenza

The fire department has these provided at one of our facilities over a three day period, one day for each of our shifts, while response members are on duty.

Hepatitis B Virus Vaccine (Mandatory)

All current employees who have response duties have been vaccinated for Hepatitis B unless they declined. However, for those who need a booster and for any employees who have not been immunized but now wish to be, the vaccine shall be offered.

Tetanus-Diphtheria-Pertussis Vaccine (Tdap)

(Booster every 10 years)

This vaccine shall be made available to all response employees who are in need.

Hepatitis A Vaccine

All employees should be vaccinated for Hepatitis A.

Varicella Vaccine (Required to be offered)

Made available to employees who have not previously had varicella.

MMR

Data Collection and Reporting (at MOA's option)

At the option of the MOA at a later time, the health care provider will electronically compile and submit medical data obtained from Type II and III exams to the International Wellness-Fitness database for firefighters. If the MOA wishes to execute this option, it will provide the software to accomplish this task.

Following is an overview of the medical data that would be submitted annually:

- Date of exam
- Medical history
- Smoking history (packs/year)
- Smoking in the past year
- Tobacco (chew) use
- Tobacco cessation program participation
- Alcohol use (drinks/week)
- Family history of disease and cancer
- Personal history of past disease, disorders, or cancer
- Blood pressure and pulse
- ICD9 codes for physician assessment
- Height and weight
- Blood analysis results
- Urinalysis results
- Vision
- Hearing
- Spirometry
- Chest X-ray
- Cardiogram
- Aerobic/Cardiopulmonary results
- Cancer screening results
- Immunizations

Kelly Huber

From: Matthew McSorley [mcsorley@alaskapffa.org]
Sent: Wednesday, May 02, 2007 4:37 PM
To: Kelly Huber; jbriggs@IAFF1264.COM; johnstonsinak@gci.net; lozano@alaskapffa.org; drygas@alaskapffa.org; paulson@alaskapffa.org
Subject: FW: hello and need Help

From: dan grimes [mailto:dan_757@yahoo.com]
Sent: Wednesday, May 02, 2007 3:58 PM
To: Matthew McSorley
Subject: Re: hello and need Help

Hi Matt,
Dan Grimes here - Numbers for the Fairbanks Int. Airport Police & Fire are below. Thanks for spending time and effort on this, it is beneficial to all!

Fairbanks Int. Airport Police & FIre

12 Members with 7 at least seven years and Firefighter I. This is everyone who has at least seven years, as we require firefighter I for all new hires

Matthew McSorley <mcsorley@alaskapffa.org> wrote:

> Hello,
>
> I am Matt McSorley I am currently a Fire Fighter/Engineer in Anchorage. I have worked for the City of Fairbanks, University Fire Department and Capital City Fire Rescue also.
>
> I am writing because I need help in getting a piece of legislation passed that would grant presumptive workers comp coverage for Fire Fighters and First responders with 7 years experience. There are coverage's in the bill for Cancer, Heart and Lung, and Blood Born Pathogens for FF and first responders with 7 years service.
>
> The Bill is HB 200 and SB 177
>
> http://www.legis.state.ak.us/basis/get_bill.asp?session=25&bill=hb+200&submit=Display+Bill+Root
>
> I need some help to get this passed and only people from all around the State can help me. I think this may be easier than calling 200+ departments.
>
> I need the number of fire fighters in your respective FD's that have both 7+ years of service and their FFI certificate.
>
> I also need to know how many first responders in your department have 7+ years of service.

Kelly Huber

From: Matthew McSorley [mcsorley@alaskapffa.org]
Sent: Thursday, May 03, 2007 8:13 PM
To: jbriggs@IAFF1264.COM; johnstonsinak@gci.net; lozano@alaskapffa.org; 'Mike Davidson'; Kelly Huber
Subject: FW: hello and need Help

From: Rocky Jones [mailto:Rocky.Jones@matsugov.us]
Sent: Thursday, May 03, 2007 7:30 PM
To: Matthew McSorley
Subject: RE: hello and need Help

MLFD (Mat-Su Valley) has 24 firefighters on our roster. Of that 6 have both, at least 7 years experience AND at least FFI certification. We have an additional 5 that are FFI certified but less than the 7 years. We also have 3 that have the 7 years but are not certified at a state firefighter level.

Rocky Jones, Fire Chief
Meadow Lakes Fire Dept.
Station 7-1 (907) 376-9790
Home (907) 373-5069

From: Matthew McSorley [mailto:mcsorley@alaskapffa.org]
Sent: Wed 5/2/2007 1:27 PM
To: fire_service_training@list.state.ak.us
Subject: hello and need Help

Hello,

I am Matt McSorley I am currently a Fire Fighter/Engineer in Anchorage. I have worked for the City of Fairbanks, University Fire Department and Capitol City Fire Rescue also.

I am writing because I need help in getting a piece of legislation passed that would grant presumptive workers comp coverage for Fire Fighters and First responders with 7 years experience. There are coverage's in the bill for Cancer, Heart and Lung, and Blood Born Pathogens for FF and first responders with 7 years service.

The Bill is HB 200 and SB 177

http://www.legis.state.ak.us/basis/get_bill.asp?session=25&bill=hb+200&submit=Display+Bill+Root

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I need the number of fire fighters in your respective FD's that have both 7+ years of service and their FFI certificate.

ALASKA FIRE CHIEF'S ASSOCIATION

2358 Bradway Road, North Pole, AK 99705

EIN #92-0098649

Phone (907) 488-3400 FAX (907) 488-6118

March 25, 2007

Representative Nancy Dahlstrom
Alaska House of Representatives
State Capital, Room 409
Juneau, Alaska 99801-1182

Ref HB 200

Dear Representative Nancy Dahlstrom

The Alaska Fire Chief's Association is in support of HB 200 which would provide presumption coverage for our fire fighters for respiratory disease, heart attacks and cancers that are occupational hazards in the fire service

The fire chiefs of Alaska see the need to provide this coverage for our employees that are protecting Alaska, in order to provide for those that have served our communities in their time of need We encourage the passage of House Bill 200 with the endorsement of the Alaska Fire Chief's Association

Sincerely,

Warren B Cummings, Fire Chief
President AFCA

Public Safety Employees Association, Inc.

"Representing Alaska's Finest"

Position Paper
HB 200 and SB 117
Presumption of Coverage – Workers' Compensation

By the nature of their work, public safety employees from time to time are exposed to dangerous viruses and diseases and to unhealthy and life threatening smoke, chemicals and other hazardous materials. If exposure leads to acquisition of a disease or disability, the employee faces lengthy treatment and recovery time and expense.

Currently, contagious diseases such as human immunodeficiency virus; acquired immunodeficiency syndrome; all strains of hepatitis; meningococcal meningitis, and mycobacterium tuberculosis are not covered as a disability under workers' compensation. In addition, respiratory disease; heart problems that are experienced 72 hours after exposure to smoke, fumes, or toxic substances; and the following cancers: primary brain cancer; malignant melanoma; leukemia; non-Hodgkin's lymphoma; bladder cancer; urethra cancer, and kidney cancer are not covered by workers' compensation.

Passage of HB 200 or SB 117 will provide our public safety employees who are exposed to these potentially dangerous diseases or viruses valuable workers' compensation coverage should they contract a disease or disability as a result.

The Public Safety Employees Association recommends the passage of this legislation and furthermore, expresses its thanks to the sponsors of this important legislation.

4300 Boniface Parkway, Suite 116, Anchorage, Alaska 99504
Phone (907) 337-1979 FAX (907) 337-1753 E-Mail psea@psea.net

Anchorage Firefighters Local 1264

P.O. Box 242041 • Anchorage, AK 99524-2041
(907) 349-1264 • (907) 349-5580 (fax)

Senator French
Representative Dahlstrom

I would like to personally thank you both for your support of SB117 and HB200 respectively. As a newly hired Firefighter/ Paramedic w/ the Anchorage Fire Department, it is comforting that you both are looking out for the interest of my family and brothers of the IAFF Local 1264. It is comforting for me to know that your diligence and representation in the House and Senate is for the betterment of Firefighters in our great state of Alaska.

Sincerely,

Don L. Wagner
Firefighter/ Paramedic
Anchorage Fire Department

ALASKA CORRECTIONAL OFFICERS ASSOCIATION

"Walking Alaska's Toughest Beat"

April 5, 2007

Representative Nancy Dahlstrom
Alaska State Legislature
State Capitol, Room 409
Juneau, Alaska 99801-1182

Dear Representative Dahlstrom,

The Alaska Correctional Officers Association and Correctional Officers state-wide thank you for your sponsorship and support of House Bill 200. Firefighters, peace officers and emergency medical and rescue personnel work in environments where they are regularly exposed to the specific health risks addressed in your Bill. These diseases are serious line of duty hazards for these Officers and passage of this Bill is vitally important to all Correctional Officers around the state. If there is anything we can do to assist in the passage of this very important Bill, please feel free to contact us.

Sincerely,

Brad Wilson
Business Manager

P.O. Box 210290 • Anchorage, Alaska 99521
Phone 1 (907) 646-2262 • Fax 1 (907) 646-2286
Website www.acoa.us

ALASKA STATE
FIREFIGHTERS ASSOCIATION
P.O. Box 22092 • Juneau, AK 99802

April 4, 2007

Representative Nancy Dahlstrom
Alaska House of Representatives
State Capital, Room 409
Juneau, Alaska 99801

Ref HB 200

Dear Representative Dahlstrom,

On behalf of the Alaska State Firefighters Association, I would like to thank you for your introduction and support of HB 200. Alaska's fire service is in reality, an "all hazards" service. On a daily basis firefighters respond into situations where there are unknown hazards in an effort to assist the Alaskans we serve. This important legislation will provide presumptive coverage for occupational illnesses such as, respiratory disease, heart attacks, and certain cancers.

State of the art hazard identification and personal protective equipment used by Alaska firefighters, while effective, do not and can not protect us from all hazards. The Alaska State Firefighters Association endorses the passage of House Bill 200.

Sincerely,

Carol R. Reed
President
Alaska State Firefighters Association
907 841-4757

From: Parry, Richard [mailto:ParryRN@ci.anchorage.ak.us]
Sent: Wednesday, May 02, 2007 3:20 PM
To: Matthew McSorley
Subject: RE: hello and need Help

Hi Matt from Rich Parry here in Girdwood. We currently have 9 people with 7 or more years of service but only 4 of them have a FFI certification. One of those is the Chief of the Whittier Tunnel fire brigade so you will have to be careful not to count him twice if they also respond to your survey. Good luck with this project. So far I have had 4 coworkers, who struggled with the workers comp. people over BBP issues (all Hep C). One of them prevailed, one is deceased, and the other two are still battling over coverage years after they became ill. Rich

-----Original Message-----
From: Matthew McSorley [mailto:mcsorley@alaskapffa.org]
Sent: Wednesday, May 02, 2007 1:27 PM
To: fire_service_training@list.state.ak.us
Subject: hello and need Help

Hello,

I am Matt McSorley I am currently a Fire Fighter/Engineer in Anchorage, I have worked for the City of Fairbanks, University Fire Department and Capitol City Fire Rescue also.

I am writing because I need help in getting a piece of legislation passed that would grant presumotive workers comp coverage for Fire Fighters and First responders with 7 years experience. There are coverage's in the bill for Cancer Heart and Lung, and Blood Born Pathogens for FF and first responders with 7 years service.

The Bill is HB 200 and SB 177

http://www.legis.state.ak.us/basis/get_bill.asp?session=25&bill=hb+200&submit=Display+Bill+Root

I need some help to get this passed and only people from all around the state can help me. I think this may be easier than calling 200+ departments.

I need the number of fire fighters in your respective FD's that have both 7+ years of service and their FFI certificate.

I also need to know how many first responders in your department have 7+ years of service.

I do not need names or any personal information. We are going to use these numbers in testimony in Juneau.

Thanks for your help, hopefully we can get this passed
Matt McSorley

International Association of Fire Fighters

HAROLD A. SCHAITBERGER
General President

VINCENT J. BOLLON
General Secretary Treasurer

SENATOR HOLLIS TAGGART / REPRESENTATIVE DAMSTRA

THANK YOU FOR SUPPORTING HOUSE BILL 200 AND SENATE BILL 157. AS A FIRE FIGHTER I WANT TO THANK YOU FOR HELPING TO FIGHT FOR OUR HEALTH BENEFITS.

AFD FIREFIGHTER
DAVID Belleville

ANCHORAGE FIRE FIGHTERS UNION
IAFF — LOCAL 1264

ANDY MULLEN

HOME 907 696 0160
CELL 907 980 1313
EMAIL eb2@iaff1264.com

OFFICE 907 349 1264
P O Box 242041
ANCHORAGE, AK 99524

Senator French & Rep. Dahlstrom

I enjoyed my first trip to Juneau last month. Thank you for meeting with us and for all the work you have put into our presumptive disability legislation.

All of us at Anchorage Fire Dept really have our fingers crossed that HB [illegible] & SB 117 pass quickly.

Thank you, thank you, thank you!

Andy Mullen

[illegible]

[illegible] / [illegible]

I just wanted to let you know that I appreciate your continued support for House Bill 200 and Senate Bill 117.

Respectfully,
Ted [illegible], [illegible] Fire Dept

Anchorage Firefighters Local 1264
P.O. Box 242041 • Anchorage, AK 99524-2041
(907) 349-1264 • (907) 349-5580 (fax)

Senator French and Representative [Dahlstrom?],

I would like to thank you for sponsoring this very important legislation, HB200 and SB117. I'm thankful you realize the need and importance of this legislation to my colleagues and I. As a 12 yr firefighter in Anchorage Fire Dept, I'm concerned with the inherent risks of my job [illegible], to my health care costs, and how these will affect my family and I in the future.

Thanks for your efforts

Sincerely,

[Robert Tuttle?]

[illegible]

Tim Molle
Station 4 Engineer
Anchorage Fire Department

It is with great admiration that I write this letter to express my deep felt appreciation for the legislation that Rep. Nancy Dahlstrom and Senator Hollis French have put forward to help first responders to cope with the inherent dangers of their job. I have worked for the Anchorage Fire Department for sixteen years, and this legislation will be a comfort for the present and future first responders who have committed to a career of helping people. Thank you once again and I hope that the position that you have taken will be viewed as a fair legislation by all that must act.

Yours Sincerely,

Tim Molle

James R Veatch
3141 Vadla Way
Anchorage, AK 99504

Senator Hollis French and
Representative Nancy Dahlstrom
State Capitol room #417
Juneau, AK 99801-1182

March 19, 2007

Dear Senator French and Representative Dahlstrom,

I would like to thank you both for sponsoring Senate Bill 117 and House Bill 200 respectively. History has proven time and again that long after we hang up our helmets and retire from this career we cannot escape the long term health risks and problems associated with this line of work. I am a 49 year old Captain who has been a firefighter with the city of Anchorage for 23 years. I have worried about the future of my health and I'm glad steps are being taken to assist us with health benefits.

I won't make this a long letter but please accept my gratitude and that of my family for moving this bill through the long and tedious process. The Anchorage Fire Fighters will not forget you.

Sincerely,

James R Veatch